

Module 1: Hand Hygiene for EVS Staff Instructor Checklist

Instructions for facility educators: Use this instructor checklist to provide hands-on training and reinforce learned concepts in the slide presentation. Select one or more topics to review with your EVS staff and use the check boxes to indicate if the topic was reviewed with staff. Elements of this guide may be adapted for use in a huddle, in-service, just-in-time training, or formal presentation to accommodate schedules or training needs. You may also use this tool to orient new EVS Managers or Infection Preventionists on your team.

All training topic discussions are meant to be opportunities for collaboration where everyone is able to learn. As the instructor, it is essential to create a safe and supportive teaching environment. Use this time to improve processes and offer support to staff so that they will feel comfortable coming to leadership when needed. There are prompts throughout this resource to help you engage staff in discussion. Happy training!

Contents

Hand Sanitizer	2
Hand Washing Sink	2
Hand Lotion	
Hand Hygiene Policy: Expectations	3
Adherence Monitoring and Feedback to Frontline Staff	4

Hand Sanitizer	
Demonstration Prompts Walk through the facility with your staff when applicable.	Rationale
 □ Look for access to alcohol-based hand rub (ABHR) in the EVS closet. □ Look for access to ABHR in the EVS cart. □ Look for an ABHR dispenser outside of the resident rooms. 	 Access to ABHR ensures that staff are able to perform hand hygiene before touching clean supplies. EVS staff are prompted to perform hand hygiene with ABHR if it is accessible on their cart. Placement on the cart ensures easy access to ABHR. Ensure ABHR containers are replaced as needed.

Hand Washing Sink	
Hand Washing Sink Demonstration Prompts Walk through the facility with your staff when applicable. ☐ Check location: Is there a hand washing sink available in the room or in the bathroom? ☐ Check supplies: Is there enough soap or paper towels available near each sink?	Location plays a role in adherence to hand hygiene. When there is no easy access to a hand washing sink, there is potential for poor hand hygiene adherence. Staff may not go back to the bathroom to wash their hands. Note that each facility policy should allow for staff to do the best option considering their unique barriers.
	 Ensure there are enough supplies (e.g., soap, paper towels) by each sink. Staff may not perform proper hand washing if supplies are not available.

Hand Lotion	
Demonstration Prompts Walk through the facility with your staff when applicable.	Rationale

□ Encourage staff to use facility- approved lotions. Only facility-approved hand lotions should be used. Ensure lotion is readily available for staff to use.	 Facilities choose lotions that are compatible with their gloves and other products. If staff are unable to use the facility approved lotion due to allergy or other reason, they should contact the facility's Occupational Health and Safety department for alternative products. Staff with red, irritated hands should have access to evaluation and alternative products.
 Check if staff bring in and use personal hand lotion. 	Staff should not bring in or use personal hand lotion during their shift. Lotions that are not facility-approved may become contaminated or damage gloves; scented lotions may irritate or cause respiratory issues in residents or staff.

Hand Hygiene Policy: Expectations	
Demonstration Prompts Review your hand hygiene policy with staff	Rationale
Read your hand hygiene policy on use of alcohol-based hand rub, handwashing, and artificial nail use.	 The facility should follow their own hand hygiene policy; ensure contractors are educated and following facility hand hygiene policy. The policy should reflect best practices as seen CDC Clinical Safety: Hand Hygiene for Healthcare Workers (www.cdc.gov/cleanhands/hcp/clinical-safety/index.html). It is recommended for your nail policy to include requirements for short, natural nails. Artificial nails, extenders, and overlays should not be allowed. Unchipped nail polish may be allowed. Nails should not extend beyond the fingertip.

Review type and frequency of hand hygiene education and training	All staff should receive hand hygiene education on new hire, at least annually, and when new products are introduced.
Assess who performs hand hygiene education. Who provides education for EVS contractors? Encourage staff to follow your facility's policies.	 Artificial nails inhibit performing good hand hygiene. Broken, cracked, or chipped artificial nails and chipped nail polish provide reservoirs for bacteria/germs. Bacteria live in the ungual space between the fingernail and the nail. Cleaning the area under the nail is much more difficult as nail length increases.

Adherence Monitoring and Feedback to Frontline Staff	
Demonstration Prompts Walk through the facility with your staff when applicable. ☐ Use a hand hygiene adherence monitoring tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of resident care location. See Adherence Monitoring Tool: Hand Hygiene for EVS (PDF) (www.cdph.ca.gov/Programs/CHCQ/HA I/CDPH Document Library/AdherenceMonitoringHandHygi eneForEVS.pdf)	 Periodic monitoring of hand hygiene helps to identify gaps in practices and prevent transmission. A common issue with hand hygiene is that staff change their gloves but do not perform hand hygiene between tasks. This contributes to cross-contamination. Adherence monitoring helps you understand this issue at your facility.
 Ensure adherence monitoring data is shared with staff, so they understand the results. 	 Regular monitoring with feedback of results to staff can improve hand hygiene adherence.
 Coordinate adherence monitoring efforts. 	 Multiple departments may perform hand hygiene adherence monitoring.