

Centers for Disease Control and Prevention (CDC) Patient Hand Hygiene Audit Information and Instructions

You have agreed to help the Network by doing a very important Hand Hygiene Audit. We **thank you** for your willingness to help improve the quality of care in your dialysis facility. The Network knows that infection prevention is very important to you. It is also important to us, as well as your fellow patients. We appreciate your help in monitoring our hand hygiene practices. With your help, we can reduce infections.

Hand Hygiene for Staff

Please note that all staff are **required to:**

- Wear gloves when caring for you or touching any equipment at the dialysis station.
- Remove gloves and complete hand hygiene between each patient or station.
- Change gloves often during patient care.
- **Wash hands with soap and water when hands or gloves are visibly soiled with:**
 - Blood.
 - Body fluids (i.e., urine, stool, or vomit).
 - Greasy substances.

Things to Watch for When Conducting Your Audit

Are staff completing hand hygiene **before:**

- Touching you or any patient?
- Touching your vascular access?
- Moving from a potentially unclean body site to another, e.g., from a wound to touching a dialysis catheter?
- Handling medication?
- Preparing food?

Are staff completing hand hygiene **after:**

- Touching any patient?
- Contact with:
 - Body fluids?
 - Mucous membranes (e.g., inside the mouth/nose)?
 - Broken skin?
 - Wound dressings?
 - Dialysate?
 - Surfaces and objects, such as medical equipment or the dialysis machine?
- Removal of gloves?

Instructions for Audit Completion (See *SAMPLE*):

For each audit you conduct, please:

- Step 1** Write your facility name and the date of your audit at the top of your audit sheet.
 - You do not need to fill out any of the other information at the top of the page.
- Step 2** Use each row on the table as one observation.
- Step 3** Enter the letter that corresponds to the staff member's position (*e.g.*, *N= Nurse or T= Technician*) for each observation.
- Step 4** Enter a check mark for each opportunity observed in the "Hand Hygiene Opportunity" column:
 - If you observed **successful hand hygiene**, enter a check mark for that opportunity. (Successful hand hygiene is achieved when you have observed that the staff meet the requirements as stated in the instructions on the previous page.)
 - If you observed that hand hygiene was **not performed/successful**, leave the opportunity column blank and make a note in the "Describe Any Missed Attempts" column.
- Step 5** Return your audit sheet to the charge nurse or facility manager at the end of your treatment, prior to leaving the dialysis facility.

Important Note: While you are conducting an audit, please do not speak directly to staff about missed opportunities, unless they relate to your own care.

If you have any questions, contact Ruth Dawson at Network 7 at 813.865.3343 or rdawson@nw7.esrd.net.

CDC Dialysis Collaborative Facility Name: **ABC Dialysis** Date: **4/19/14** Start time: _____ AM / PM

Day: M W F Tu Th Sa Shift: 1st 2nd 3rd 4th Observer: _____ Location within unit: _____

Audit Tool: Hemodialysis hand hygiene observations

(Use a “√” for each ‘hand hygiene opportunity’ observed. Under ‘opportunity successful’, use a “√” if **successful**, and **leave blank if not successful**)

Discipline	Hand hygiene		Describe any missed attempts (e.g., during medication prep, between patients, after contamination with blood, etc.):
	Hand hygiene opportunity	Opportunity successful	
N	√	√	
T	√		Tech went from one patient station to another without washing hands
D	√	√	
W	√		Social worker touched one patient then another without washing first

Discipline: **P**=physician, **N**=nurse, **T**=technician, **S**=student, **D**=dietician, **W**=social worker, **O**=other

Duration of observation period = _____ minutes Number of successful hemodialysis hand hygiene observations = _____

Total number of patients observed during audit = _____ Total number of hand hygiene observations observed during audit = _____

** See hand hygiene opportunities on backpage



Making dialysis safer for patients

National Center for Emerging and Zoonotic Infectious Diseases



Guide to Hand Hygiene Opportunities in Hemodialysis

Hand hygiene opportunity category	Specific examples
1. Prior to touching a patient	<ul style="list-style-type: none"> • Prior to entering station to provide care to patient • Prior to contact with vascular access site • Prior to adjusting or removing cannulation needles
2. Prior to aseptic procedures	<ul style="list-style-type: none"> • Prior to cannulation or accessing catheter • Prior to performing catheter site care • Prior to parenteral medication preparation • Prior to administering IV medications or infusions
3. After body fluid exposure risk	<ul style="list-style-type: none"> • After exposure to any blood or body fluids • After contact with other contaminated fluids (e.g., spent dialysate) • After handling used dialyzers, blood tubing, or prime buckets • After performing wound care or dressing changes
4. After touching a patient	<ul style="list-style-type: none"> • When leaving station after performing patient care • After removing gloves
5. After touching patient surroundings	<ul style="list-style-type: none"> • After touching dialysis machine • After touching other items within dialysis station • After using chair-side computers for charting • When leaving station • After removing gloves

Please make note of the following during this session.

	Yes	No	Comments
There is a sufficient supply of alcohol-based hand sanitizer			
There is a sufficient supply of soap at hand-washing stations			
There is a sufficient supply of paper towels at hand-washing stations			
There is visible and easy access to hand washing sinks or hand sanitizer			



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CDC Dialysis Collaborative

Facility Name: _____

Date: _____ Start time: _____ AM / PM

Day: M W F Tu Th Sa Shift: 1st 2nd 3rd 4th Observer: _____

Location within unit: _____

Audit Tool: Arteriovenous fistula/graft cannulation observations

(Use a "√" if action performed correctly, a "Φ" if not performed. If not observed, leave blank)

Discipline	Site cleaned with soap and water	Hand hygiene performed (staff)	New, clean gloves worn	Skin antiseptic applied appropriately	Skin antiseptic allowed to dry	No contact with fistula/graft site (after antiseptics)	Cannulation performed aseptically	Connect to blood lines aseptically	Gloves removed	Hand hygiene performed	Comments

Discipline: **P**=physician, **N**=nurse, **T**=technician, **S**=student, **O**=other

Duration of observation period = _____ minutes

Number of procedures performed correctly = _____

Total number of procedures observed during audit = _____

ADDITIONAL COMMENTS/OBSERVATIONS:



National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion



CDC Dialysis Collaborative Facility Name: _____ Date: _____ Start time: _____ AM / PM
 Day: M W F Tu Th Sa Shift: 1st 2nd 3rd 4th Observer: _____ Location within unit: _____

Audit Tool: Arteriovenous fistula/graft decannulation observations

(Use a "√" if action performed correctly, a "Φ" if not performed. If not observed, leave blank)

Discipline	Hand hygiene performed (staff)	New, clean gloves worn	Disconnect from blood line aseptically	Needles removed aseptically	Clean gloves worn (by patient/staff) to compress site	Clean gauze /bandage applied to site	If other activities performed between needle removals, hand hygiene is performed and new, clean gloves are worn	Staff gloves removed	Staff hand hygiene performed	Patient gloves removed and hand hygiene performed (if applicable)	Comments

Discipline: **P**=physician, **N**=nurse, **T**=technician, **S**=student, **O**=other

Duration of observation period = _____ minutes

Number of procedures performed correctly = _____

Total number of procedures observed during audit = _____

ADDITIONAL COMMENTS/OBSERVATIONS:



National Center for Emerging and Zoonotic Infectious Diseases
 Division of Healthcare Quality Promotion



CDC Dialysis Collaborative

Facility Name: _____

Date: _____

Start time: _____ AM / PM

Day: M W F Tu Th Sa Shift: 1st 2nd 3rd 4th Observer: _____

Location within unit: _____

Audit Tool: Catheter connection and disconnection observations

(Use a "√" if action performed correctly, a "Ø" if not performed. If not observed, leave blank)

Procedure observed, C=connect D=disconnect	Discipline	Mask worn properly (if required)	Hand hygiene performed	New clean gloves worn	Catheter removed from blood line aseptically (disconnection only)	Catheter hub scrubbed	Hub antiseptic allowed to dry	Catheter connected to blood lines aseptically (connection only)	New caps attached aseptically (after disconnecting)	Gloves removed	Hand hygiene performed

Discipline: **P**=physician, **N**=nurse, **T**=technician, **S**=student, **O**=other

Duration of observation period = _____ minutes

Number of procedures performed correctly = _____

Total number of procedures observed during audit = _____

ADDITIONAL COMMENTS/OBSERVATIONS:



National Center for Emerging and Zoonotic Infectious Diseases
Division of Healthcare Quality Promotion

CDC Dialysis Collaborative

Facility Name: _____

Date: _____ Start time: _____ AM / PM

Day: M W F Tu Th Sa Shift: 1st 2nd 3rd 4th Observer: _____

Location within unit: _____

Audit Tool: Hemodialysis hand hygiene observations

(Use a "✓" for each 'hand hygiene opportunity' observed. Under 'opportunity successful', use a "✓" if successful, and leave blank if not successful)

Discipline	Hand hygiene		Describe any missed attempts (e.g., during medication prep, between patients, after contamination with blood, etc.):
	Hand hygiene opportunity	Opportunity successful	

Discipline: **P**=physician, **N**=nurse, **T**=technician, **S**=student, **D**=dietitian, **W**=social worker, **O**=other
 Duration of observation period = _____ minutes Number of successful hand hygiene opportunities observed = _____
 Total number of patients observed during audit = _____ Total number of hand hygiene opportunities observed during audit = _____

** See hand hygiene opportunities on back page



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Guide to Hand Hygiene Opportunities in Hemodialysis

Hand hygiene opportunity category	Specific examples
1. Prior to touching a patient	<ul style="list-style-type: none"> • Prior to entering station to provide care to patient • Prior to contact with vascular access site • Prior to adjusting or removing cannulation needles
2. Prior to aseptic procedures	<ul style="list-style-type: none"> • Prior to cannulation or accessing catheter • Prior to performing catheter site care • Prior to parenteral medication preparation • Prior to administering IV medications or infusions
3. After body fluid exposure risk	<ul style="list-style-type: none"> • After exposure to any blood or body fluids • After contact with other contaminated fluids (e.g., spent dialysate) • After handling used dialyzers, blood tubing, or prime buckets • After performing wound care or dressing changes
4. After touching a patient	<ul style="list-style-type: none"> • When leaving station after performing patient care • After removing gloves
5. After touching patient surroundings	<ul style="list-style-type: none"> • After touching dialysis machine • After touching other items within dialysis station • After using chairside computers for charting • When leaving station • After removing gloves

Please make note of the following during this session.			
	Yes	No	Comments
There is a sufficient supply of alcohol-based hand sanitizer			
There is a sufficient supply of soap at handwashing stations			
There is a sufficient supply of paper towels at handwashing stations			
There is visible and easy access to hand washing sinks or hand sanitizer			



Facility Name: _____ Observer: _____ AM / PM
 Date: _____ Day: M W F Tu Th Sa Shift: 1st 2nd 3rd 4th Start time: _____

Audit Tool: Hemodialysis station routine disinfection observations *

(Use a “√” if action performed correctly, a “Φ” if not performed/ performed incorrectly. If not observed, leave blank. All applicable actions within a row must have “√” for the procedure to be counted as successful.)

*This audit tool applies when there is no visible soil on surfaces at the dialysis station. If visible blood or other soil is present, surfaces must be cleaned prior to disinfection.

Discipline	All supplies removed from station and prime bucket emptied	Gloves removed, hand hygiene performed	Station is empty before disinfection initiated**	New clean gloves worn	Disinfectant applied to all surfaces and prime bucket	All surfaces are wet with disinfectant	All surfaces allowed to dry	Gloves removed, hand hygiene performed	No supplies or patient brought to station until disinfection complete

Discipline: **P**=physician, **N**=nurse, **T**=technician, **S**=student, **O**=other

Duration of observation period: _____ Number of procedures performed correctly = _____
 Total number of procedures observed during audit = _____

ADDITIONAL COMMENTS/OBSERVATIONS:

** Ensure the patient has left the dialysis station before disinfection is initiated.



CDC Approach to BSI Prevention in Dialysis Facilities

(i.e., the Core Interventions for Dialysis Bloodstream Infection (BSI) Prevention)

1. Surveillance and feedback using NHSN

Conduct monthly surveillance for BSIs and other dialysis events using CDC's National Healthcare Safety Network (NHSN). Calculate facility rates and compare to rates in other NHSN facilities. Actively share results with front-line clinical staff.

2. Hand hygiene observations

Perform observations of hand hygiene opportunities monthly and share results with clinical staff.

3. Catheter/vascular access care observations

Perform observations of vascular access care and catheter accessing quarterly. Assess staff adherence to aseptic technique when connecting and disconnecting catheters and during dressing changes. Share results with clinical staff.

4. Staff education and competency

Train staff on infection control topics, including access care and aseptic technique. Perform competency evaluation for skills such as catheter care and accessing every 6-12 months and upon hire.

5. Patient education/engagement

Provide standardized education to all patients on infection prevention topics including vascular access care, hand hygiene, risks related to catheter use, recognizing signs of infection, and instructions for access management when away from the dialysis unit.

6. Catheter reduction

Incorporate efforts (e.g., through patient education, vascular access coordinator) to reduce catheters by identifying and addressing barriers to permanent vascular access placement and catheter removal.

7. Chlorhexidine for skin antisepsis

Use an alcohol-based chlorhexidine (>0.5%) solution as the first line skin antiseptic agent for central line insertion and during dressing changes.*

8. Catheter hub disinfection

Scrub catheter hubs with an appropriate antiseptic after cap is removed and before accessing. Perform every time catheter is accessed or disconnected.**

9. Antimicrobial ointment

Apply antibiotic ointment or povidone-iodine ointment to catheter exit sites during dressing change.***

* Povidone-iodine (preferably with alcohol) or 70% alcohol are alternatives for patients with chlorhexidine intolerance.

** If closed needleless connector device is used, disinfect device per manufacturer's instructions.

*** See information on selecting an antimicrobial ointment for hemodialysis catheter exit sites on CDC's Dialysis Safety website (<http://www.cdc.gov/dialysis/prevention-tools/core-interventions.html#sites>). Use of chlorhexidine-impregnated sponge dressing might be an alternative.



For more information about the Core Interventions for Dialysis Bloodstream Infection (BSI) Prevention, please visit <http://www.cdc.gov/dialysis>