

# Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings

## Module 2: Hand Hygiene Facilitator Guide

Hand Hygiene: This form is intended to aid an ICAR facilitator in the review of a healthcare facility's hand hygiene practices and policies (Part A) and guide hand hygiene-based facility (Part B) and healthcare personnel (Part C) observations. Additional information and resources for hand hygiene in healthcare settings are available at: <https://www.cdc.gov/clean-hands/hcp/clinical-safety/index.html>

### Part A. Hand Hygiene Interview Questions

1. In most clinical situations, how do healthcare personnel (HCP) clean their hands?

Alcohol-based Hand Sanitizer (ABHS)

Handwashing with soap and water

Unknown

Not assessed

Other (*specify*): \_\_\_\_\_

"Unless hands are visibly soiled, an alcohol-based hand rub is preferred over soap and water in most clinical situations due to evidence of better compliance compared to soap and water. Hand rubs are generally less irritating to hands and are effective in the absence of a sink."

Source: <https://www.cdc.gov/infection-control/hcp/core-practices/>

2. When are HCP expected to clean their hands? (*select all that apply*)

At room entry and exit

Immediately before touching a patient

Before performing an aseptic task

Before moving from work on a soiled body site to a clean site on the same patient

After touching patient or the patient's immediate surroundings

After contact with blood, body fluids, or contaminated surfaces

Immediately after glove removal

Unknown

Not assessed

Other (*specify*): \_\_\_\_\_

The CDC Core Infection Prevention and Control Practices for Safe Healthcare Delivery in All Settings lists indications for hand hygiene that are generally consistent with the WHO 5 moments for hand hygiene.

"Use an alcohol-based hand rub or wash with soap and water for the following clinical indications:

a. Immediately before touching a patient.

b. Before performing an aseptic task (e.g., placing an indwelling device) or handling invasive medical devices.

c. Before moving from work on a soiled body site to a clean body site on the same patient.

d. After touching a patient or the patient's immediate environment.

e. After contact with blood, body fluids or contaminated surfaces.

f. Immediately after glove removal."

Source: <https://www.cdc.gov/infection-control/hcp/core-practices/>

3. Are there certain times when HCP must wash their hands with soap and water? (*select all that apply*)

When hands are visibly soiled

Before eating

After using the restroom

Unknown

Not assessed

Other (*specify*): \_\_\_\_\_

Handwashing with soap and water is specifically recommended when hands are visibly soiled and, "before eating and after using a restroom, wash hands with a non-antimicrobial soap and water or with an antimicrobial soap and water."

Source: CDC 2002 Guideline for Hand Hygiene in Healthcare Settings: <https://www.cdc.gov/infection-control/hcp/hand-hygiene/>



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4. Are sinks used only for hand washing (i.e., not used to dispose of waste)?

- Yes
- No
- Unknown
- Not assessed

Disposal of nutritive waste (e.g. excess tube feedings, breast milk) in handwashing sinks may promote the development of biofilms.

**Sources:**

Parkes LO, Hota S, Current Infectious Disease Reports (2018) 20: 42: <https://doi.org/10.1007/s11908-018-0648-3>

Grabowski et al, J Hosp Infection (2018) e115-e122: <https://doi.org/10.1016/j.jhin.2018.04.025>

5. Is there a process to ensure hand hygiene supplies are readily available/restocked and that dispensers are properly functioning?

- Yes
- No
- Unknown
- Not assessed

Facilities should, “ensure that supplies necessary for adherence to hand hygiene are readily accessible in all areas where patient care is being delivered.” Inaccessibility to hand hygiene supplies is perceived as a barrier to hand hygiene practice.

Responsibility for maintaining supplies for hand hygiene may be assigned to individuals or departments at the facilities discretion. Healthcare personnel should know who is responsible and who to contact if supplies are needed.

“Do not add soap to a partially empty soap dispenser. This practice of “topping off” dispensers can lead to bacterial contamination of soap (IA) (187,419)

**Source:** <https://www.cdc.gov/infection-control/hcp/hand-hygiene/>

As part of fire safety for ABHS dispenser:

“The dispenser shall:

- Not release its contents except when the dispenser is activated, either manually or automatically by touch-free activation.
- Not dispense more solution than the amount required for hand hygiene consistent with label instructions.
- Be designed, constructed and operated in a manner that ensures accidental or malicious activation is minimized.
- Be tested in accordance with the manufacturer’s care and use instructions each time a new refill is installed.

Any activation of the dispenser shall only occur when an object is placed within 4 inches (100mm) of the sensor. An object placed within the activation zone and left in place shall not cause more than one activation.”

**Source:** <https://www.cdc.gov/clean-hands/hcp/clinical-safety/>

6. Is facility approved hand lotion supplied for use on units?

- Yes
- No
- Unknown
- Not assessed

The 2002 CDC Guideline for Hand Hygiene in Healthcare recommends provision of hand lotions or creams to minimize the occurrence of irritant contact dermatitis associated with hand antisepsis or handwashing. Facility approved lotions or creams should be evaluated for compatibility with ABHS or if applicable, other antiseptics used by HCP at the facility (e.g. chlorhexidine gluconate). Fragrances in ABHS and lotions are the most frequent cause of allergic dermatitis among HCP.

**Source:** <https://www.cdc.gov/infection-control/hcp/hand-hygiene/>

7. Does the facility hand hygiene policy include elements related to fingernails? (*select all that apply*)

- Fingernail length
- Use of nail polish
- Use of artificial nails/gel nails
- None are included
- Unknown
- Not assessed
- Other (*specify*): \_\_\_\_\_

The 2002 Guidelines for HH in Healthcare state that artificial fingernails or extenders should not be worn during contact with patients at high risk (e.g., those in intensive-care units or operating rooms). Natural nails tips should be kept less than ¼ in long.

**Source:** <https://www.cdc.gov/infection-control/hcp/hand-hygiene/>

8. How do patients, residents and visitors clean their hands? *(select all that apply)*

ABHS

Antimicrobial-impregnated wipes (specify antiseptic e.g., alcohol): \_\_\_\_\_

Handwashing with soap and water

Unknown

Not assessed

Other *(specify)*: \_\_\_\_\_

Towelettes may provide an additional mode of dispensing hand antiseptics including alcohol sanitizer. While these may be provided to patients, "Antimicrobial-impregnated wipes (i.e., towelettes) may be considered as an alternative to washing hands with non-antimicrobial soap and water. Because they are not as effective as alcohol-based hand rubs or washing hands with an antimicrobial soap and water for reducing bacterial counts on the hands of HCWs, they are not a substitute for using an alcohol-based hand rub or antimicrobial soap."

**Source:** <https://www.cdc.gov/infection-control/hcp/hand-hygiene/>

9. When are patients, residents and visitors encouraged to clean their hands? *(select all that apply)*

Upon arrival at the facility

Before entering the patient/resident care area

During their visit, before and after assisting the patient/resident with care

Unknown

Not assessed

Other *(specify)*: \_\_\_\_\_

Healthcare personnel should educate patients/residents and visitors about hand hygiene and encourage frequent hand hygiene prior to entering the patient room and during care before and after touching items in the care area.

**Source:** <https://www.cdc.gov/infection-control/hcp/core-practices/>

**Notes**

## Part B: Hand Hygiene Environment of Care Observations

**Note: The following elements evaluating hand hygiene stations should be made in at least 3 units/rooms and common care areas. Hand hygiene observations are also incorporated into other procedure-specific audit tools.**

Elements to be assessed	Notes/Areas for Improvement
<p>1. Alcohol-based hand sanitizer (ABHS) used in the facility contains 60%-95% alcohol.</p> <p>Yes No ABHS is not used by the facility</p>	
<p>2. Alcohol-impregnated wipes are stored in a manner that prevents evaporation.</p> <p>Yes No Alcohol-impregnated wipes are not used by the facility</p>	
<p>3. How is ABHS dispensed? <i>(select all that apply)</i></p> <p>Wall-mounted dispensers Free-standing dispensers Individual pocket-sized containers Other <i>(specify)</i>: _____</p>	
<p>4. Individual pocket-sized dispensers of ABHS remain in the control of HCP (i.e., patients/residents are unable to access these dispensers)</p> <p>Yes No Individual pocket-sized containers are not used by the facility</p>	

**Observe the location and accessibility of hand hygiene supplies on multiple units or rooms and common areas according to scope of assessment.**

Specify unit of observation	Unit/Room #1:	Unit/Room #2:	Unit/Room #3:
Easily accessible outside patient/resident room	Sink ABHS dispenser Not available	Sink ABHS dispenser Not available	Sink ABHS dispenser Not available
Inside room at threshold	Sink ABHS dispenser Not available	Sink ABHS dispenser Not available	Sink ABHS dispenser Not available
Inside room near the bed(s)	Sink ABHS dispenser Not available	Sink ABHS dispenser Not available	Sink ABHS dispenser Not available
Inside patient/resident restroom	Sink ABHS dispenser Not available	Sink ABHS dispenser Not available	Sink ABHS dispenser Not available

### Notes

**Common Areas (e.g., facility entrances, radiology, phlebotomy room)**

Specify unit of observation	Location
Area #1 (specify):	Sink ABHS dispenser Not available
Area #2 (specify):	Sink ABHS dispenser Not available
Area #3 (specify):	Sink ABHS dispenser Not available
Area #4 (specify):	Sink ABHS dispenser Not available

**Audit of Alcohol-Based Hand Sanitizer Dispensers -**

*Assess at least 3 different ABHS dispensers, including at least 1 in patient/resident/exam room*

Location/Unit/Room	Ready to dispense (i.e., not empty)	Dispenses adequate volume*
	Yes No	Yes No
	Yes No	Yes No
	Yes No	Yes No

\*A single activation dispenses a volume that covers all surfaces of the hands and that requires a minimum of 20 seconds to rub before drying.

**Audit of Hand Hygiene Sinks -**

*Assess at least 3 different sinks, including at least 1 in patient/resident/exam room*

Location/Unit/Room	Soap available	Paper towels available	Does the sink drain? (no evidence of back-up)	Sink basin free from clutter	Clean supplies are not stored within the splash zone
	Yes No	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No	Yes No

**Notes**

**Part C. Hand Hygiene Adherence Observations**

**Complete as many observations as possible during the visit. If observed, note hand conditions that increase risk of colonization with pathogens (e.g., dermatitis, use of artificial nails) in comments.**

Location/Unit	Staff type	Type of opportunity	HH performed?	Comments
		Room entry Room exit Before patient/resident contact* Before clean/aseptic procedure After patient/resident contact* After glove removal Other (specify):	ABHS Hand Wash No hand hygiene done	
		Room entry Room exit Before patient/resident contact* Before clean/aseptic procedure After patient/resident contact* After glove removal Other (specify):	ABHS Hand Wash No hand hygiene done	
		Room entry Room exit Before patient/resident contact* Before clean/aseptic procedure After patient/resident contact* After glove removal Other (specify):	ABHS Hand Wash No hand hygiene done	
		Room entry Room exit Before patient/resident contact* Before clean/aseptic procedure After patient/resident contact* After glove removal Other (specify):	ABHS Hand Wash No hand hygiene done	
		Room entry Room exit Before patient/resident contact* Before clean/aseptic procedure After patient/resident contact* After glove removal Other (specify):	ABHS Hand Wash No hand hygiene done	

\*In semi-private rooms observe hand hygiene adherence when moving between residents/patients

Location/Unit	Staff type	Type of opportunity	HH performed?	Comments
		Room entry Room exit Before patient/resident contact* Before clean/aseptic procedure After patient/resident contact* After glove removal Other ( <i>specify</i> ):	ABHS Hand Wash No hand hygiene done	
		Room entry Room exit Before patient/resident contact* Before clean/aseptic procedure After patient/resident contact* After glove removal Other ( <i>specify</i> ):	ABHS Hand Wash No hand hygiene done	
		Room entry Room exit Before patient/resident contact* Before clean/aseptic procedure After patient/resident contact* After glove removal Other ( <i>specify</i> ):	ABHS Hand Wash No hand hygiene done	
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\*In semi-private rooms observe hand hygiene adherence when moving between residents/patients

**Notes**