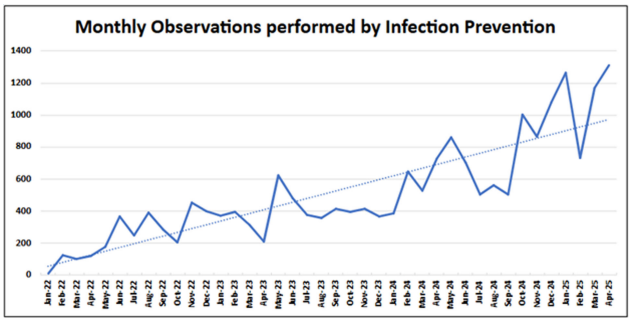


and maintaining established Leapfrog goals for hand hygiene observations for inpatient units systemwide. Nursing leadership, in conjunction with IP and the Hand Hygiene Steer Committee, became actively involved with monitoring and meeting these goals. The Hand Hygiene Steer Committee initiated active conversations with individual units, as well as established real-time reporting of progress towards 95% goal to units. IP also initiated a robust recognition program, recognizing units as well as individual caregivers for their successes in hand hygiene observations and meeting goals. **Results:** Between Oct 2022-June 2023, the percentage of units meeting their Leapfrog observation goal rose from 37.4% to 96.2% (Figure 1). From July 2023 onwards, the average Leapfrog goal compliance for inpatient units was 96.2% (a 58.8% increase; Figure 2). In addition, the average monthly number of observations performed by the Infection Prevention Department was 690 (a 235% increase). A total of 8 inpatient units and 7 individual caregivers were recognized systemwide for their hand hygiene efforts, successes, and improvements. **Conclusion:** Maintaining hand hygiene compliance and a systemwide hand hygiene observation program requires commitment and significant effort throughout the organization. Continued monitoring, ongoing discussions, and targeted interventions have demonstrated ChristianaCare's ability and commitment to hand hygiene and meeting The Leapfrog Group's goals for patient safety.

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Presentation Type:
Poster Presentation
Subject Category: Hand Hygiene
Evaluation of an Organic Bioethanol Based Hand Rub: User Acceptance and Skin Tolerability Study‡

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Introduction: Hand hygiene compliance in healthcare settings is significantly influenced by the acceptability and skin tolerability of hand sanitisers. Conventional alcohol-based hand rubs have been associated with increasing incidences of skin dryness, irritation, and contact dermatitis with repeated application, leading to reduced compliance and limited alternatives for staff with skin sensitivities. This challenge has become more prominent with the convergence of occupational skin health and environmental sustainability goals in healthcare settings worldwide, underscoring the need for alternative hand hygiene solutions that protect skin integrity whilst supporting compliance targets and staff well-being. Objectives: To assess healthcare workers' acceptance and tolerability of an organic bioethanol-based hand rub as a potential alternative to conventional alcohol-based hand sanitisers. **Methods:** A non-blinded study was conducted over one-month with 41 healthcare workers (29 nurses, 4 doctors, 6 ancillary staff, and 2 allied health workers) recruited through convenience sampling at Singapore General Hospital. Participants received a bioethanol-based hand rub (Saniswiss Sanitizer H1) containing bioethanol (72% concentration), moisturising agents, and super-fatting agents (perfume- and fragrance-free) in 100mL or 500mL bottles with ongoing replenishment. Data collection occurred at three time points: baseline (initial skin integrity assessment), 3-5 days post-implementation (follow-up questionnaire), and one month (final questionnaire and hand rub consumption calculation). Questionnaires were administered via FormSG platform with data analysed using Microsoft Excel. **Results:** Average consumption was 380mL per participant, with nurses demonstrating highest usage at 400mL. Initial skin assessment identified 17 participants with pre-existing dry skin and/or redness, which decreased to 6 participants reporting mild symptoms by study completion. User acceptance was high: 98% rated colour as pleasant or very pleasant, 95% approved of smell, 76% reported no sticky residue, 95% experienced no stinging sensation, 71% found the hand rub non-drying, and 90% rated drying speed as fast or very fast. Overall satisfaction reached 98% after 3-5 days and maintained 92% after one month. Notably, 82% believed the product could enhance hand hygiene compliance, and 68% preferred the bioethanol-based hand rub over conventional sanitiser. **Conclusion:** Bioethanol-based hand rub demonstrated excellent user acceptance and skin tolerability among healthcare workers. The significant reduction in skin-related complaints, combined with high satisfaction rates and improved skin condition despite frequent use, supports its potential implementation as an effective alternative hand hygiene solution for healthcare workers, particularly those with contact dermatitis. Figure 1: Progression of skin scale scores during study period Figure 2: Breakdown of Product Preferences Across Professional Group

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Impact of a Hand Hygiene Education Class Targeting Onboarding Dietary Staff on Hand Hygiene Compliance Rates‡

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Background: Proper hand hygiene (HH) is a fundamental practice for reducing healthcare-associated infection transmission and a cornerstone of infection prevention. Dietary technicians, non-clinical food service workers who deliver patient meal trays, routinely move between patient rooms. Although many healthcare institutions have established multimodal HH compliance programs, dietary staff have historically demonstrated lower HH compliance compared with clinical personnel. HH interventions targeting this group remain understudied. We implemented an infection prevention–led HH education class for onboarding dietary staff and evaluated its association with overall dietary HH compliance. **Methods:** We conducted a quasi-experimental study at a large academic medical center. The onboarding dietary HH class began on March 4, 2024, and was delivered intermittently, averaging twice monthly, with pauses due to operational constraints, through February 28, 2025. Newly hired dietary technicians attended a single in-person, one-hour session during orientation, with no subsequent reinforcement. Instruction was conducted in an empty patient room and emphasized HH upon room entry and exit, appropriate use of alcohol-based hand rub versus soap and water, and correct personal protective equipment use aligned with transmission-based precautions. HH observations for all dietary staff were collected by trained auditors using standardized direct observation protocols. Baseline data were obtained from March 1, 2022, to February 29, 2024, and intervention data from March 1, 2024, to February 28, 2025. **Results:** Approximately 80 newly hired dietary technicians participated across 21 total classes. Mean HH compliance increased from 80 percent at baseline (95 percent CI, 76.4–84.6; 4,971 observations) to 89 percent during the intervention period (95% CI, 87.2–90.4; 2,932 observations; $p < 0.05$ by Wilcoxon

‡The abstract titles in this supplement have been corrected since original publication. A notice detailing the changes has been published at https://doi.org/10.1017/ash.2026.10802.

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