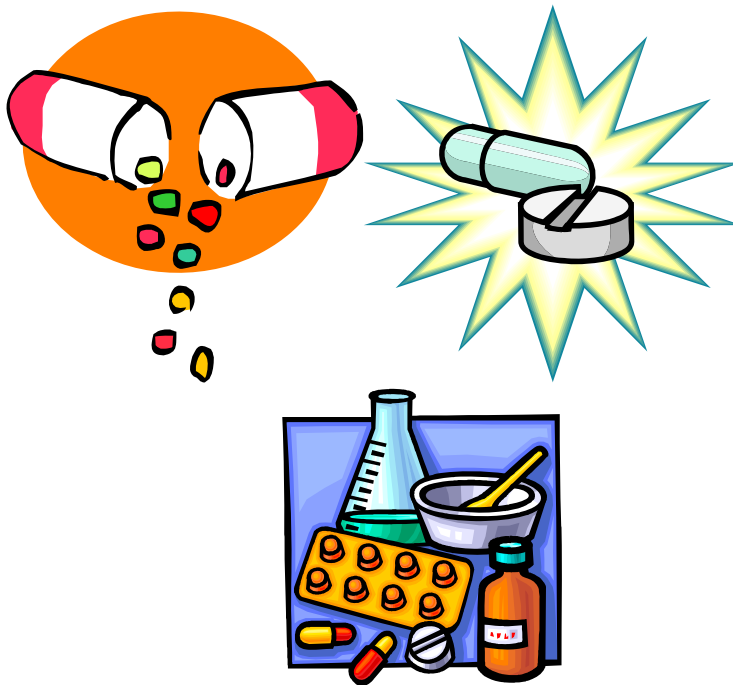


# Medication Administration Video Handbook



Revised March 2012

Health Facilities and Emergency Medical Services Division  
Colorado Department of Public Health and Environment  
4300 Cherry Creek Drive South  
Denver CO 80246-1530  
(303) 692-2800 phone  
[www.HealthFacilities.info](http://www.HealthFacilities.info)

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# PURPOSE AND OBJECTIVES

## PURPOSE:

The purpose of the medication administration video and discussion manual is to review with staff how to safely administer medications authorized by law. It is not intended to replace a state approved Medication Administration Course. The video may be used as a refresher course for staff that are qualified medication administration persons. The manual highlights the areas covered in the video and provides hand-outs that can be used for additional training or for reviewing your facility policies and procedures related to medication administration practices.

## OBJECTIVES:

- To administer medications according to written physician orders.
- To maintain proper documentation of the administration of both prescription and non-prescription drugs.
- To use the proper techniques when administering medications by the various routes.
- To safely and accurately fill and administer medications to and from medication reminder boxes with oversight from a licensed person or qualified manager.

## LEGAL IMPLICATIONS

Successful completion of a state approved medication administration course does not lead to certification or a license. Upon completion of the medication administration training course, the individual is considered qualified to administer medications and is referred to as a Qualified Medication Administration Person, or QMAP.

Successful completion of a state approved medication course does not allow an individual to make any type of judgment, assessment or evaluation of a client.

Successful completion of a state approved medication course does **not** allow an individual to administer medication by injection or tube. QMAP's are **not** allowed to draw insulin or other medication into syringes or dial up the dosage of an insulin PEN.

*(Note: there is a special exception in the law that authorizes individuals trained and employed in residential or day program services for person with developmental disabilities to administer medications through gastrostomy tubes or naso-gastric tubes. Such residential and day program services must be provided through service agencies approved by the Colorado Department of Human Services.)*

Giving medications to a client from a medication reminder box is considered administering medications, and therefore, can only be done upon successful completion of a state approved medication administration course.

If it is determined upon an inspection or complaint investigation that the QMAP is not administering medications according to the training regimen established in a state approved training course, retraining as a remedial measure may be required.

## **PERTINENT DEFINITIONS**

### **MONITORING:**

The law defines monitoring as “reminding the client to take medication at the time ordered by the physician or other authorized practitioner (dentist, physician assistant, nurse practitioner, podiatrist); handing a resident a container or package of medication lawfully labeled for the person by a licensed physician or other authorized licensed practitioner; visual observation of the client to ensure compliance; making a written record of the client’s compliance with regard to each medication including the time taken, notification to the physician or other authorized practitioner if the client refuses to or is not able to comply with the physician’s instructions.”

### **ADMINISTRATION:**

The law defines administration as “assisting a person in the ingestion, application, or using universal precautions, rectal or vaginal insertion of medication, includes prescription and non-prescription drugs, according to the written or printed directions of a licensed physician or other authorized practitioner, and making a written record thereof with regard to each medication administered, including the time and amount taken.”

### **SELF-ADMINISTRATION:**

The law defines self-administration as “the ability of a person to take medication independently without any assistance from another person. Such a person is personally responsible for medication administration.”

### **MEDICATION REMINDER BOXES OR SYSTEMS:**

A medication reminder box or system (“med minder”) or customized patient medication package is a device that is compartmentalized and designed to house medications according to some time element (day or week or portions thereof).

### **QUALIFIED MANAGER:**

A qualified manager is defined as a person who is the owner or operator of the facility or a supervisor designated by the owner or operator of the facility; and has completed training in the administration of medications (is a QMAP) or is a licensed nurse, licensed physician, or licensed pharmacist. This definition pertains to the facility/agency use of unlicensed staff filling medication reminder boxes. Qualified managers must complete a state approved medication administration competency test every four years.

## AUTHORIZED SETTINGS

The law specifically identifies the settings under which a qualified medication administration staff person can administer medications. These settings are limited to the following.

1. The correctional facilities under the supervision of the executive director of the department of corrections including, but not limited to: those facilities provided for in article 20 of title 17, C.R.S.; minimum security facilities provided for in article 25 of title 17, C.R.S.; minimum security facilities provided for in article 25 of title 17, C.R.S.; jails provided for in article 26 of title 17, C.R.S.; community correctional facilities and programs provided for in article 27 of title 17, C.R.S.; the regimented inmate discipline and treatment program provided for in article 27.7 of title 17, C.R.S.; and the Denver regional diagnostic center provided for in article 40 of title 17, C.R.S.
2. Institutions for juveniles provided for in article 2 of title 19, C.R.S.
3. Assisted living residences.
4. Adult foster care facilities.
5. Alternative care facilities.
6. Residential childcare facilities for children.
7. Secure residential treatment centers.
8. Facilities that provide treatment for mentally ill persons, except for those facilities that are publicly or privately licensed hospitals.
9. Services funded through and regulated by the department of human services in support of persons with developmental disabilities.
10. State certified adult day programs.

## **SIX COMPONENTS OF A PHYSICIAN ORDER**

There must be a written physician's order for prescription and non-prescription medications. To have a complete order, the following six items must be included:

1. The client's full name
2. The date of the order
3. Name of the medication
4. Dosage and administration information
5. Route of administration
6. Physician's signature

## COMMON ABBREVIATIONS

<b>ac</b>	before meals
<b>pc</b>	after meals
<b>bid</b>	twice a day
<b>tid</b>	three times a day
<b>qid</b>	four times a day
<b>HS</b>	hour of sleep
<b>po</b>	by mouth
<b>q</b>	every
<b>qd</b>	every day
<b>qh</b>	every hour
<b>q6h</b>	every 6 hours
<b>qod</b>	every other day
<b>DC</b>	discontinue
<b>ml</b>	milliliter
<b>Gm</b>	gram
<b>kg</b>	kilogram
<b>OU</b>	both eyes
<b>OS</b>	left eye
<b>OD</b>	right eye
<b>prn</b>	as needed
<b>tsp</b>	teaspoon
<b>Tbsp</b>	tablespoon
<b>oz</b>	ounce
<b>tab</b>	tablet
<b>cap</b>	capsule
<b>SL</b>	sublingual
<b>EC</b>	enteric coated
<b>meq</b>	milliequivalent
<b>otic</b>	ear
<b>oint</b>	ointment
<b>supp</b>	suppository
<b>sol</b>	solution
<b><u>s</u></b>	without
<b><u>p</u></b>	post
<b><u>c</u></b>	with
<b>x</b>	times



## COMMON DRUG MEASUREMENTS

**METRIC** - decimal system of weights and measures using the gram, meter and liter.

LIQUID: cubic centimeter (cc) = milliliter (ml)

SOLID: 1 gram (gm) = 1000 milligrams (mg)

**HOUSEHOLD** - system based on common, though not standard, measuring devices.

tsp. = teaspoon

Tbsp. = tablespoon

oz. = ounce

1 tsp. = 5 cc

3 tsp. = 1 Tbsp. = 15 cc

2 Tbsp. = 30 cc = 1 oz.

## **RULES FOR DOCUMENTATION - MEDICATION ADMINISTRATION RECORD**

1. Chart after giving the medication; not before.
2. Only chart what you give - never document medications given by another person and never allow another person to document for you. Never pre-pour medications for another QMAP to administer.
3. Chart as soon as possible after giving the medication.
4. Write your initials in the designated box on the MAR to initial the medications given.
5. Use black ink, never pencil.
6. Never use white-out, erase, or scratch out.
7. If the medication cannot be given or a client refuses a medication then initial the appropriate box, circle initials, provide an explanation on the back of the MAR and notify the appropriate person as outlined in your facility procedures.
8. If a charting mistake occurs, draw a single line through the mistaken entry and initial and date error, and explain on the back of the MAR.
9. Transcribe new medications or order changes at the bottom of the MAR and draw X's through the dated boxes up to the start date.
10. Draw one line through discontinued medications and highlight with a yellow transparent marker; then draw a line through the remaining boxes for the month.
11. When creating a new MAR, it is important to copy only from the current physician orders, and not from the old or previous month's MAR.
12. When documenting the administration of PRN medication, record the time given, the number of tablets, the reason for the medication, and then follow-up with an update of the results.

## PROCEDURE FOR FILLING MEDICATION REMINDER BOXES (MRBs)

**NOTE:** A licensed person or a qualified manger who is a QMAP must oversee a QMAP filling medication reminder boxes.

1. MRB's should be filled in a safe, quiet, secured area, free from interruptions from staff, clients, and telephone.
2. Check all MRB's prior to filling for cleanliness and good repair. Make sure the tabs or lids on each slot close securely.
3. Wash hands before filling MRB's and between clients. Do not handle pills with fingers. You may use gloves or rounded nose tweezers to transfer medications from bottle lid to MRB.
4. Cross-checking the MRB label with the physician orders and the medication administration record (MAR).
  - The label on each MRB must be verified with the physician orders and the MAR.
  - Any discrepancies must be resolved prior to proceeding with filling.
  - The label on the MRB must reflect the information contained on the MAR and the number(s) of each medication to be place in the MRB so staff knows the number of medications that should be observed in each slot when administering from the MRB.
5. Fill the MRB one client at a time. The MRB's should not be filled for more than 1 week at a time to minimize mistakes. (Regulations prohibit filling of MRB's for more than 2 weeks at a time).
6. Using an organized system, each medication on the MRB label is filled, one at a time, until all medications for a client have been completed. Count the number of medications in the MRB and compare to the MRB's label.
7. Document the filling of the MRB on the MAR, including date, time, initials and signature.

- 8. ALWAYS ask for assistance when unsure of an order, a medication, a label or the procedure used in filling MRB's. You are responsible to know your facilities policies and procedures for filling and for administration of medications from MRB's.
- 9. The qualified manager should check the filling of the MRB's weekly during at least the first 2 times the MRB's are filled by a new QMAP, or a QMAP who is a new employee.
- 10. Periodic crosschecking of the MRB label and the contents to the MAR should be done for accuracy.

**NOTES:**

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## **SOURCES OF INFORMATION ABOUT DRUGS**

There are a variety of reference books available that provide information about specific medications, including the therapeutic effect, uses, side effects and special administration instructions. Each facility or program should have such a reference guide for use by staff.

Some examples of such reference books include:

- Physician Desk Reference (PDR)
- Mosby's Nursing Drug Reference

Other sources of drug information include:

- Your local or consulting pharmacist
- Medication inserts
- Various Internet sites

## **CHECKLIST FOR COMPLETING PROPER STEPS IN THE ADMINISTRATION OF MEDICATIONS**

- ❑ Washes hands using proper technique.
- ❑ Does not handle pills with bare hands.
- ❑ Checks the medication 3 times during preparation.
- ❑ Ensures they have identified the right client.
- ❑ Explains the administration procedure(s) to the client.
- ❑ Adheres to the 5 Rights of Medication Administration.
- ❑ Observes the client take the medication(s).
- ❑ Documents the administration of each medication on the MAR.
- ❑ Documents the administration of PRN medications including, time given, number of tablets, and effectiveness.
- ❑ Returns medications to locked storage area.

### **WHEN USING MRBs:**

- ❑ Checks for cleanliness and good repair.
- ❑ Checks the medications in the MRB to ensure there are the correct number of tablets and the correct medications in the slot as consistent with the label on the MRB, the MAR and the physician orders.

## **SIX RIGHTS OF MEDICATION**

Knowledge and adherence to the SIX RIGHTS of medication is the foundation to ensuring that medications are given safely. Breaking one or more of the five rights can easily result in a medication error.

The six rights of medication include:



Prior to the administration of any medication, the QMAP must take the time to ensure that they are giving the medication to the correct client at the correct time, that it is the correct medication in the correct dose and with the proper route, as prescribed in the physician order.

# **GENERAL PROCEDURES OF ADMINISTERING MEDICATIONS BY THE VARIOUS ROUTES**

## **Preparation:**

1. Compare the physician order with the MAR consistency. Resolve any discrepancy in accordance with facility/agency policies before proceeding with the administration of the medication(s).
2. Obtain the necessary supplies needed for the type of medication(s) to be administered such as medication cups, proper measuring devices, cotton balls, disposable gloves, tissues, crushing or splitting device, round nose tweezers.

## **Procedure:**

1. Wash hands.
2. Obtain the ordered medication from the medication storage area.
3. Read the label 3 times as medications are prepared for administration as follows:  
  
When removing the container from the storage area (also check expiration date)  
When pouring the medication from the container  
When returning the medication to the storage area
4. Take the medication and supplies needed to administer the medication to the client.
5. Identify the client by verifying their name.
6. Explain the procedure to the client.
7. Administer the medication.
8. Document the administration of the medication by initializing the medication administration record in the designated box.
9. Dispose of supplies.
10. Wash hands.



## MEDICATION ROUTES

There are various routes by which a QMAP is authorized to administer medications. The proper route for administration should be specified in the physician order. The authorized routes of administration are as follows:

- Oral = swallowed by mouth
- Sublingual = dissolved under the tongue
- Topical = applied to the skin
- Eye = drops or ointments applied to the eye
- Ear = drops placed in the ear
- Rectal = inserted in the rectum
- Vaginal = inserted in the vagina
- Inhalant = taken in through mouth or nose by breathing in or inhaling
- Transdermal = absorbed through skin through application of a patch

# PROPER TECHNIQUE - ADMINISTERING MEDS BY THE VARIOUS ROUTES

## ORAL MEDICATIONS

Oral medications are those medications that are taken by mouth.

1. When pouring tablets/capsules use the lid of the container to pour the medication, then drop the medication into a medicine cup. Do not handle medications with your fingers. Use a round nosed tweezer if necessary to move or touch medications.
2. For clients who have difficulty in swallowing medications, the following techniques may be helpful to gain cooperation, as well as assist the client to take all medications:
  - ❑ Have the client in a sitting position for easier swallowing.
  - ❑ Offer tablets/capsules one at a time. If necessary, place medication in the client's mouth toward the back of the tongue.
  - ❑ Offer a drink of liquid after each medication. Use a straw if necessary.
  - ❑ Allow the client to rest a short time after each medication is taken.
  - ❑ Allow enough time for the client to swallow each medication.
  - ❑ Tablets or capsules may be easier to swallow if given in a teaspoon of jelly or applesauce, if permitted on the client's diet. Be sure to tell the client that there is medication in the jelly or applesauce. Do not trick the client with disguising the medications.
  - ❑ Some clients request their medication to be crushed. Do not crush enteric coated tablets or open capsules. Meds may only be crushed after obtaining a signed physician order for each crushed medication.
  - ❑ if the client has continued difficulty taking oral medications, report this to the person in charge of client care. The physician may need to be consulted. Many medications are available in another form.
3. Remain with the client to be certain all oral medications have been swallowed. This also ensures that the medication is taken on time. In some instances, checking the client's mouth may be necessary to verify the client has swallowed the medication.
4. Troches or lozenges are not to be swallowed. Instruct the clients to allow the medication to dissolve in the mouth. Drinking liquids should be avoided until the medication has completely dissolved. These medications should be given last, after other oral medications.

## **SUBLINGUAL TABLETS**

These are medications that are placed under the tongue.

1. Instruct client to place tablet under the tongue in the front part of the mouth. If several medications are being given, give the sublingual tablet last.
2. Advise the client not to swallow until the tablet is entirely dissolved.
3. For nitroglycerin tablets:
  - Instruct the client to sit down upon the first indication of chest pain.
  - Advise the client to relax for 15-20 minutes after taking the medication to prevent dizziness or fainting. Headaches are a side effect of the drug and should last no longer than 20 minutes. If headaches persist, notify the physician.
  - Follow written instructions from physician on additional administration of tablet.
  - If chest pain persists, follow the facility protocol that may include calling the physician or calling 911 for immediate assistance.
  - Stay with the client for reassurance and to calm anxiety.
  - Tightly close the medication container and store in a cool, dry place. The container may be kept in a pocket or purse for easy access to the client if the client can safely administer the medication.

## **ORAL LIQUIDS**

These are medications that are poured, measured and swallowed.

1. Check to see that the cap of the bottle is on securely.
2. Read instructions to determine if contents are to be shaken as with a suspension. A rotating wrist movement will ensure a more thorough mixture.
3. Remove the cap and place it with the open side up.
4. Hold the bottle with the label toward the palm of the hand to avoid soiling the label.
5. Locate the marking on the medication cup for the amount to medication to be poured.
6. Pour the medication at eye level, on a flat surface. Take care to not pour more than is needed.
7. Clean the lip of the bottle, if necessary, with a moist paper towel before recapping.

## **TOPICAL MEDICATIONS**

These are medications that are applied to the skin.

### **Ointments, Lotions, Liniments, Aerosols, Gargles**

1. Gloves should be worn whenever coming into contact with medication or a client's skin.
2. Directions for application of the medication should be a part of the physician's order or included with the instructions accompanying the medication.
3. Ointments are applied directly to the skin or placed on a dressing that is then applied to the skin.
4. An applicator or tongue blade may be used to remove ointments from a jar or container.
5. Gloves should be worn to apply medicated creams/ointments to the client's skin.
6. Lotions are applied/swabbed on the skin for their antiseptic and/or astringent effects.
7. Liniments are rubbed into the skin quite vigorously to relieve soreness of the muscles and joints.
8. Aerosols are sprayed onto the skin. Not touching the skin has advantages when skin is irritated or burned.
9. Gargles are solutions that are bubbled in the throat by keeping the solution in the upper throat, tilting the head back and exhaling air to create bubbling. Check directions with gargles to know whether the medication should be diluted prior to administration.

**Transdermal Patches:** Medication is absorbed through the skin

1. A transdermal skin patch is impregnated with medication which, when applied to the skin, releases a continuous and controlled dosage over a specified time period.
2. Gloves should be worn to apply/remove transdermal patches.
3. Remove the old patch, if present.
4. Wash client's skin with soap and water (both new site and removal site).
5. Rotate application sites to avoid skin irritation.
6. Peel backing off the patch, press on skin and apply pressure to assure skin adherence.
7. Include the site of application with documentation.

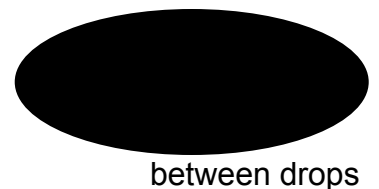
## APPLICATION OF EYE DROPS/OINTMENTS

1. Instruct the client about the procedure. Assist the client to sit or lie down with head tilted back. Wash hands and apply gloves.
2. Cleanse the eye(s) with a clean tissue, clean and wet washcloth or cotton ball. Always cleanse from the inside of the eye, near the nose, to the outside. Use a clean tissue or cotton ball for each wipe.
3. Remove cover of container, place lid with open side up.
4. Instruct client to look upward toward the top of their head.

**EYE OINTMENT:** Retract lower lid. (Make a pocket.) Approach eye from out of field of vision. With due care to avoid contact with the eye, apply the ointment in a thin ribbon, into the lower lid pocket.

**EYE DROPS:** Retract lower lid. (Make a pocket.) It may be necessary to separate the eyelids. Approach eye from out of field of vision. With due care to avoid contact with the eye, apply eye drop gently to the center of the lower lid. Do not allow the drop to fall more than one inch before it contacts the eye.

5. Following application, instruct client to look downward and then close eye(s) for a short time.
6. Wipe the excess ointment/drops with a clean tissue/cotton ball.
7. If multiple eye drops are to be administered, wait at least three to five minutes between drops.



between drops

## **EAR DROPS - wash hands, apply gloves.**

1. Position the client:
  - If lying in bed, have bed flat and turn head to opposite side.
  - If sitting up, tilt head sideways until ear is as horizontal as possible.
2. Clean external ear canal with a clean tissue or cotton ball.
3. Hold ear lobe in such a manner to allow visualization of the ear canal.
4. Instill ordered number of drops without touching dropper to the client's external ear.
5. When instilling eardrops into both ears, place a cotton ball in the external portion of the first ear before turning the head to instill drops into the other ear.
6. Instruct client to lay quietly a short time to allow the medication to reach the eardrum.

## **NOSE DROPS/SPRAYS - wash hands, apply gloves.**

1. For nose drops, instruct the client to lie down with their head extended over a pillow. The client may sit up for nasal sprays.
2. Avoid touching the dropper or spray nozzle to the client's nose.

**NOSE DROPS:** Place the nose dropper just inside the nostril, and instill the correct number of drops. Instruct the client to remain with head back for a short time.

**NASAL SPRAYS:** Instruct the client to sniff on the count of three as you squeeze the nasal spray. This will help to coordinate the client's sniffing with the application of the medication.

Optional: Close one nostril while spray is applied to the other nostril.

## **INHALANTS**

These medications are inhaled by the client using a dispenser commonly referred to as an inhaler.

1. The client should be in a sitting position. Wash hands and apply gloves.
2. Read instructions on the inhaler to determine if the medication is to be shaken.
3. Grasp the medication dispenser and remove the mouthpiece.
4. Hold the dispenser's mouthpiece approximately 1 inch from the client's mouth. If spacer is used, the spacer of the dispenser may be placed into the mouth between the teeth.
5. Instruct the client to exhale, and, on the count of three, to breathe in deeply as you dispense the medication, then hold their breath for 10 seconds, if possible, before exhaling.
6. Wipe off the mouthpiece or spacer before replacing the mouthpiece cover.



## INSERTION OF VAGINAL AND/OR RECTAL MEDICATIONS

### Rectal Suppositories

1. Provide privacy for the client.
2. Gloves are worn for the administration of suppositories.
3. Assist the client to lie down, preferably on their left side. (The colon is on the left side of the body and the suppository will enter the lower GI tract easier)
4. Remove protective covering of suppositories and place in a medicine cup.
5. Obtain lubricant for suppositories to apply before insertion.
6. Visualize the anal opening, lubricate and insert the suppository approximately 3 inches. The suppository should be inserted beyond the internal sphincter muscle of the rectum to prevent the suppository from being expelled.
7. Instruct the client to retain the suppository for as long as possible.

### Vaginal Creams/Suppositories

1. Provide privacy for the client.
2. Put on disposable gloves.
3. Instruct the client to lie on her back in a frog leg position.

**Vaginal suppositories:** Insert 2-3 inches into the vaginal orifice. Body temperature will melt the suppository to aid in the absorption of the medication.

**Vaginal cream:** To insert, grasp the barrel of the applicator. Place the thumb on the plunger. Pointing the applicator slightly downward, insert the applicator into the vagina as far as it will comfortably go. Push the plunger with the thumb as the applicator is slowly removed from the vagina.

4. Instruct the client to remain lying down for 15-30 minutes for absorption of the medication. Vaginal creams/suppositories are best administered at bedtime.

## APPENDIX

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- Effective Hand Washing Tips
- Medication Administration Record (MAR) examples
- Chapter XXIV - Medication Administration Regulations. Also available on the Internet at <http://www.cdphe.state.co.us/regulations/healthfacilities/index.html>

## Effective Hand Washing Tips to Prevent the Spread of Disease

Effective hand washing is one of the most important means of preventing infections that are spread through direct contact between people or between people and infected substances they might come in contact with, and for preventing contamination.

### Hand Washing Technique

1. Remove jewelry
2. Prepare paper towel before washing by pushing dispense handle for amount needed
3. Use warm running water
4. Wet hands – apply soap or anti-microbial agent with hands lower than elbows
5. Wash all surfaces of both hands – between the fingers, tops of the fingers and fingernails, and backs of the hands for a minimum of 10 seconds
6. Rinse under warm running water, letting water drip from fingers
7. Dry hands with paper towels
8. Use dry paper towel to turn off faucet
9. Apply hand lotion if necessary, but do not apply right after washing or before giving direct care. Hand lotion can interfere with the cleansing action or an anti-microbial agent

### When to Hand Wash

1. When you arrive at or leave work
2. Between contacts with different residents
3. Before putting gloves on and after removing gloves – gloves do not replace hand washing
4. Before contact with people who may be susceptible to infections such as older people and babies
5. After coughing, sneezing or blowing your nose
6. After using the bathroom
7. After smoking cigarettes
8. Before and after food preparation
9. Before and after eating

**Studies have shown that the best way to get others to wash their hands is to be a role model. When your residents and staff observe you washing your hands, they are more inclined to do the same.**

### Disinfect Other Common Surfaces in Your Facility

Throughout the day, people in your facility may come into contact with the telephone, door knobs, sink handles and toilet handles, countertops and appliances. Be sure to disinfect these surfaces on a regular basis by wiping them with anti-bacterial cleaners or common household products such as chlorine bleach.

**A note of caution:** Store disinfectants in safe areas that provide only limited access. You do not want your residents to be injured by the inappropriate use of such products. Also, state regulations prohibit the storage of disinfectants, bleach, household cleaning supplies, etc. with food products or medications.