

Fall 11-17-2021

Hand Hygiene and COVID Education at Women's Shelter

Anastasiya Yerina
Seattle Pacific University

Cristal Garibay
Seattle Pacific University

Henok Tewolde
Seattle Pacific University

Muskan Priya
Seattle Pacific University

Jeannie Lee
Seattle Pacific University

Follow this and additional works at: https://digitalcommons.spu.edu/shs_nlce



Part of the [Public Health and Community Nursing Commons](#)

Recommended Citation

Yerina, Anastasiya; Garibay, Cristal; Tewolde, Henok; Priya, Muskan; and Lee, Jeannie, "Hand Hygiene and COVID Education at Women's Shelter" (2021). *Nursing Leadership in Community Engagement Projects*. 6. https://digitalcommons.spu.edu/shs_nlce/6

This Article is brought to you for free and open access by the Health Sciences, School of at Digital Commons @ SPU. It has been accepted for inclusion in Nursing Leadership in Community Engagement Projects by an authorized administrator of Digital Commons @ SPU.

Hand Hygiene and COVID Education at Women's Shelter

Garibay, C., Lee, J., Priya, M., Tewolde, H., Yerina, A.

School of Health Sciences, Seattle Pacific University

NUR 4153: Nursing Leadership in Community Engagement

Dr. Carol Redfield

November 14, 2021

Introduction

In 2020, there were around 580,000 people experiencing homelessness in the US with about 39% of them in unsheltered locations (Montgomery et al., 2021). Many homeless women experience safety issues and have severely impacted physical and mental health, so finding shelter is crucial in efforts to improve their well-being (Sarla, 2020). Women's Shelter is a shelter for single homeless women in downtown Seattle that provides daily meals, laundry services, and overnight shelter. After assessing the women by visiting Angeline's, the group found that hand hygiene was an issue among the women. Then, the group decided to focus on hand hygiene, COVID-19/infection education.

Background

Women's Shelter is located in Seattle, Washington and currently housing 50 women at their shelter. The mission is to provide a thriving community that empowers women towards affordable housing. Women's shelter has overnight shelter for single adult women in addition to the day center. The shelter provides and connects the women with different resources including employment, housing and stability resources. The shelter's services include breakfast, lunch, showers, laundry, personal storage lockers, group activities and referrals to community services. Accessing shelter is an important step in infection prevention because those experiencing homelessness are at risk for COVID-19 and may experience barriers to hand hygiene (Montgomery et al., 2021). Research has stated that during the pandemic among people experiencing homelessness in Atlanta; it was found that the primary barrier to hand hygiene was limited access to facilities and supplies and the lack of access has been exacerbated during the COVID-19 as the result of public services and business. The group discussed that hand hygiene could be an issue for the women at Angeline as well and planned to focus their project on hand

hygiene education. Assessment data was gathered through surveying the women, asking the manager, and receiving recommendations from the instructor (see Figure E). All the data was evaluated and identified that hand hygiene was one of major health-related issues that the woman was experiencing. Hand hygiene is one of the most effective methods to prevent infections and lower risk of COVID infection. The group determined that the women would benefit from hand hygiene education. The group discussed how to successfully carry out the implementation and decided to add hand spa to the hand hygiene education as well as perform it with a one-to-one interaction with each of the residents. The main purpose of the project was to prevent COVID-19 among the women by providing them with hand hygiene education (see Figure D). Other goals of this project were to provide the women with the social interaction that they are lacking as a result of the pandemic and provide them therapeutic touch by providing them hand spa/hand hygiene.

Activities with Rationale

The most important factor in helping prevent the spread of COVID-19 is to “empower the people with the right information” (Reddy & Gupta, 2020). Therefore, vulnerable populations should not be ignored, instead have effective communication to decrease gaps between populations (Wen et al., 2007). All of CDC’s work has been aimed to combat COVID infection and therefore to assist with doing so, establishing effective communication through education is a direct way to do so. The group came to the decision that they will be doing education and hand hygiene through one-to-one interaction which includes touch because making an individual trust and feel cared for is crucial in connection with them. It has been seen that “feelings of dehumanization were frequently evoked by unwelcoming health care encounters, suggesting that participants felt treated as an object and in a manner not recognizing their worth and personhood

(Wen et al., 2007). This was seen with the women at the shelter, as they expressed their feelings that they do not get a lot of interaction because so many individuals see them as a threat, crazy, or less than human. The group focused on making sure that these ladies did not feel dehumanized, instead getting treated like anyone else would at a spa. Throughout research it was seen that with welcoming health care encounters, it was associated with feelings of humanization and the individual's feeling cared for. (Wen et al., 2007).

Outcomes

Once the group successfully implemented the intervention, the next step was to evaluate the effectiveness of the intervention (see Figure E for evaluation). After the group demonstrated the proper hand hygiene to the women, the group used the teach back method to evaluate how well the individuals learned. Each individual got the chance to show how they would wash their hands and what they learned from the demonstration. The group gave the ladies feedback by watching them do proper hand hygiene. Once the demonstration of hand hygiene was done, the group moved on to doing the hand massage and spa. As the group was massaging their hands, they talked to them about useful tips for preventing COVID and infection. After talking and discussing different ways to prevent COVID and staying safe throughout this time, a teach back method was used to evaluate their understanding. The ladies were encouraged to explain back what they learned about specific ways we discussed about COVID/infection prevention. It was surprising to see how well the ladies processed the presented information and how knowledgeable they were prior to our intervention. After our implementation (see Figure D for protocol of implementation) and COVID education (see Figure F) the women verbalized positive emotions (see Figure A). This indicates that the women had a positive experience. One of the goals of the group was to build trust and this was met as indicated that the women demonstrated

experience of feeling welcomed arises through interpersonal interaction and that contributes to the creation of trust. They acknowledged how helpful it was to have this reminder to keep doing what they currently are doing. The ladies verbalized that although those around them know the right safe infection prevention techniques, they do not always implement it in daily tasks. With the group being at the facility demonstrating and verbalizing information was a motivating factor for them to keep up on safe practices and protecting each other.

Conclusion

Several limitations arose due to the COVID outbreak at the shelter that caused a one-week shutdown. This had shifted the group's plan and hand education for a week later. Since this COVID outbreak had happened, it was difficult for the group to communicate with the clients. When doing the hand spa, it felt as if the ladies had some fear regarding being so close to some of them and being hands on. Some ladies chose not to participate due to the fact that they did not feel comfortable with someone being so close to them. For more accurate evaluation, there needs to be more thorough verbalization or a longer post survey to see the depth of how much they learned and the difference between their knowledge before and after the hand spa education. Being able to come back another week and implement at least two more weeks would have been an amazing opportunity to be able to see how much the women would have opened and felt more comfortable interacting and participating. A more organized setup of the hand spa layout would have made it easier to replicate in the future for other groups. Also, more time would have been very beneficial to both the group and the ladies at the shelter to feel more comfortable and for the group to feel more confident in the planning. It would be very encouraging to see future SPU students to consider the recommendations (see Figure E) and come back to the shelter and replicate this project and work on carrying it out even further.

References

- Montgomery, M. P., Carry, M. G., Garcia-Williams, A. G., Marshall, B., Besrat, B., Bejarano, F., Carlson, J., Rutledge, T., & Mosites, E. (2021). Hand hygiene during the COVID-19 pandemic among people experiencing homelessness-Atlanta, Georgia, 2020. *Journal of Community Psychology*, 49(7), 2441–2453. <https://doi.org/10.1002/jcop.22583>
- Reddy, B.V., & Gupta, A. (2020). Importance of effective communication during COVID-19 infodemic. *Journal of Family Medicine and Primary Care*, 9(8), 3793-3796. https://doi.org/10.4103/jfmprc.jfmprc_719_20
- Sarla, G.S. (2020). COVID 19: Myths and Facts. *Research and Review: Management of emergency and trauma nursing*. 2(2), 5-8. <http://doi.org/10.5281/zenodo.3742655>
- Tsai, J., & Wilson, M. (2020). COVID-19: A potential public health problem for homeless populations. *The Lancet Public Health*, 5(4), 186-187. [https://doi.org/10.1016/S2468-2667\(20\)30053-0](https://doi.org/10.1016/S2468-2667(20)30053-0)
- Wen, C. K., Hudak, P. L., & Hwang, S. W. (2007). Homeless people's perceptions of welcomeness and unwelcomeness in healthcare encounters. *Journal of General Internal Medicine*, 22(6), 1011-1017. <https://doi.org/10.1007/s11606-007-0183-7>

Appendix A

Verbal reviews from the ladies at the shelter

Figure A

Reviews from the Ladies that received hand spa/hand hygiene education:

- “I finally felt like someone cared for me”
- “Wow, this is something I would love to have done again”
- “Thank you so much for doing this for me”
- “It’s been so long since someone has taken care of me”
- “I enjoyed this”

Figure B

Supply List:

- Blue Chucks
- 10 grey tubs
- 2 large bottles of hand soap
- 20 mini hand lotions
- 20 hand wash cloths
- Package of nail filers
- 20 nail brushes
- 4 hand sanitizer bottles
- 2 packs of Band-aids
- COVID Education paper



Figure C

Assessment:

- Windshield survey: looked around to see what stores were nearby, transportation, the atmosphere of the area, what kind of people were around, determine if it was a safe area
- Spent time at the facility for about hours each week to get to know the women in the facility for about two weeks
- Got to spend time with the facility manager and the team to understand their mission and ask them any questions we had

Figure D

Implementation procedure:

1. Created a flyer and post it around the facility 2 weeks before implementation to gain interest. (see **Figure G**)
2. Gathered all supplies from the health science building (See instructions list **Figure B**).

3. Set up all the supplies and tables to prepare to conduct hand spa/hand hygiene education
 - 3a: Set up 4 tables to have one student per each and be able to have a resident sit across from them
4. First fill up the grey bin with warm water (about $\frac{1}{3}$) full
5. Soak hands in the warm water for 2 minutes
6. During those 2 minutes, do a demonstration of how to do proper hand hygiene and then have the resident demonstrate back to you what they learned and how to do hand hygiene with hand sanitizer as soap
7. Put 4 drops of soap into the warm water in the grey bin and gently wash their hands
8. Take out the hands from the warm water and place on a clean washcloth on the table
9. Gently tap dry the hands
10. Have one member of the group get a new grey tub with clean warm water
11. After drying their hands, file down nails as preferences by the individual and use the nail brush to get any dead skin off from the hands
12. Dip their hands in to the fresh grey bin of warm water and rinse them off, gently massage their hands for 2 minutes with warm water
13. Take out their hands from the water and place on a clean washcloth and dry hands
14. Take some moisturizing hand lotion and massage lotion into the hands for 2 minutes

15. While massaging hands refer to the COVID-19 education to prevent infection and how to protect yourself and others around you
16. After finished with massaging, thank the individuals for their time and hand them the rest of the bottle of hand lotion
17. Throw away all used supplies and wash the grey bins

Figure E

Evaluation:

- Gathered evaluation during the day of implementation by getting feedback from the women while implementing it and after the implementation
- The women demonstrated a positive result as evidenced by them verbalized that they gained knowledge from the hand hygiene and COVID prevention education
- Hand hygiene education was effective as evidence by women demonstrated the proper hand hygiene after the education
- The women had a positive social interaction from the one-to-one interaction
- The women had therapeutic touch and therapeutic communication during the hand spa and felt cared “I finally felt like someone cared for me”
- The group discussed and reflected the process and outcomes of the intervention after successfully implementing the intervention
- The group wrote ideas on the whiteboards and discussed with each other
- Everyone in the group was given 5 sticky notes with titles of “surprised, not surprised, successful, not successful and recommendation” and everyone wrote their ideas and evaluation of the intervention on these titled sticky notes

- The group then discussed the summary of the notes and summarized the notes as follows:
- **Surprised:** were surprised that more women participated
- **Not surprised:** we expected that the women would enjoy it and gained knowledge from the project
- **Successful:** women gained knowledge as evidenced by women demonstrated back proper hand hygiene, enjoyed the 1:1 hand spa and benefited positive outcome from the social interaction as evidenced by women expressed feeling cared
- **Unsuccessful:** Some women didn't participate
- **Recommendation:** Announce the implementation as early as possible so more women can participate; rehearse the project in your group before the actual implementation; repeat the implementation for at least twice or more

Figure F

Covid-19 Education handout

PLEASE PROTECT ONE ANOTHER FROM COVID-19

FACTS
 COVID-19 IS A NEW VIRUS THAT SPREADS FROM PERSON TO PERSON

- IT CAN CAUSE MILD ILLNESS LIKE THE COMMON COLD
- IT CAN CAUSE SEVERE ILLNESS LIKE PNEUMONIA
- CURRENTLY, VACCINE IS AVAILABLE
- TREATMENT IS NOT AVAILABLE

SYMPTOMS

- COUGH
- FEVER OR CHILLS
- HEADACHE
- CONGESTION OR RUNNY NOSE
- LOSS OF SMELL
- LOSS OF TASTE
- SHORTNESS OF BREATH
- SORE THROAT

HOW IS IT SPREAD?

BY AN INFECTED PERSON

- WITHIN 6 FEET OF YOU
- THAT COUGHS OR SNEEZES NEAR YOU

FROM SURFACES

- TOUCHING AN OBJECT THAT HAS THE VIRUS ON IT

PREVENTION

- GET VACCINATED
- STAY AWAY FROM CROWDS
- WEAR A MASK OR FACIAL COVERING
- MAINTAIN 6 FOOT DISTANCE AT ALL TIMES
- CLEAN & DISINFECT SURFACES FREQUENTLY
- AVOID CONTACT FROM SOMEONE WHO HAS SYMPTOMS
- DO NOT SHARE FOOD FROM THE SAME PLATE OR SHARE DRINKS
- WASH HANDS WITH SOAP & WATER AT LEAST 10 SECONDS OR USE HAND SANITIZER

VACCINE LOCATIONS

- Go to [Vaccines.gov](https://www.vaccines.gov) → Click "Find COVID-19 Vaccines" → Enter your Zip Code (08121) → Choose the nearest COVID-19 location → Make an appointment



Handout that was made available to each of the ladies that participated in the Hand spa

Figure G

