

AT A GLANCE

Hand Hygiene Product Placement

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Introduction

A hand hygiene program will only work if the environment is set up to support hand hygiene. The purpose of this document is to ensure that hand hygiene products (alcohol-based hand rub dispensers (ABHR), liquid soap dispensers, lotion dispensers, paper towel dispensers, glove box holders and waste receptacles) are located where they are needed, visible, within reach, fully stocked and functional. This document introduces two checklists and an activity to support this.

The following checklists should be used by an IPAC lead or designated leader.

- **Checklist 1:** [Hand Hygiene Product Placement Checklist: Patient, Resident or Client and Hallway Area¹](#)
Considerations for your facility to assess the placement of hand hygiene products in order to make them accessible and convenient for health care providers in patient/resident/client care and hallway areas. This checklist can be used on a minimum annual basis or as decided by your organization.
- **Checklist 2:** [Maintenance of Hand Hygiene Products and Equipment Checklist²](#)
Considerations to ensure hand hygiene products are available, functioning and safe for use. This checklist can be used on a regular basis, such as monthly, or as decided by the organization.

Sticker Placement Activity: Information on engaging staff in indentifying the placement of hand hygiene products

Before Using the Checklists

1. Become familiar with the concept/definition of point of care (refer to the top of Checklist #1).
2. Verify local fire regulations regarding placement of ABHR. Consultation with the Fire Marshall may be required regarding placement and storage decisions related to ABHR.³
3. Conduct a risk assessment related to placement of ABHR dispensers in care areas to identify any issues that relate to patient/resident/client or staff safety, including accidental or intentional ingestion or other misuse. In those areas where it is unsafe to provide ABHR because of a risk of misuse, health care providers should consider carrying ABHR with them to facilitate hand hygiene.
4. After Completion of Checklists, review results. Prioritize the most important and feasible environmental changes that can be made, and draft an action plan to address all findings.

5. Consult frontline staff on appropriate placement after the completion of Checklist #1. Consider using the Sticker placement activity to determine where hand hygiene products would be most useful for staff. Consider using a temporary means of securing the dispensers for the trial period to test the positioning to verify it is in the correct place. Secure the dispensers once the staff confirm that the placement is correct for workflow patterns.

Staff Engagement Activity

Objective

To engage staff in deciding on the placement of hand hygiene products. Participation from different staff groups will ensure that identified locations will be aligned with various user workflows.⁴

Supplies

- Blue stickers to identify locations for ABHR
- Yellow stickers to identify locations for gloves
- Pink stickers to identify locations for soap dispensers
- White stickers to identify locations for lotion dispensers
- Black stickers to identify locations for waste receptacles (optional)

Ensure stickers are easy to remove from various surfaces prior to starting this activity.

Duration

Approximately 7-10 days for activity and pre/post meeting.

How to Perform This Activity

- Distribute different coloured stickers to all affected staff including physicians, nurses, nursing assistants, personal support workers, housekeeping, and allied health care providers such as physiotherapists and occupational therapists.²
- Staff will use the appropriate coloured stickers to identify places where they would like ABHR, glove box holders, soap dispensers, lotion dispensers and waste receptacles to be located.² This may include existing hand hygiene product locations to validate current locations.
- To identify optimal locations, instruct staff members to go about their days as usual. While doing so, each time they would like to clean their hands but ABHR is unavailable, instruct them to mark the location where they would like one installed.²

Step 1: Sticker Placement

- Communicate with staff to explain the purpose of this activity and how they can get stickers.
- Instruct the staff to place stickers in locations where different hand hygiene products should be installed to better support and improve their hand hygiene.
- Provide staff with an overview to keep in mind when identifying product placement (see Consideration section below when identifying product locations).
- Provide staff an opportunity to identify locations over a one-week period.

Step 2: Discussion

- Hold a follow-up staff meeting/discussion/communication to discuss the locations that have been identified for each product.
- Discuss the rationale behind each identified location to explore how it is optimal for all staff.
- Determine and finalize the locations where each type of product should be installed.
- Note the exact locations, heights and orientations of the products.
- Wherever possible, use staff feedback to help standardize the location of products.
- Coordinate with the necessary people such as Maintenance and Facilities, to carry out the installation and remove the stickers.

Considerations When Identifying Product Locations ABHR should:

- be available at point of care (within reach of where the health care provider is providing care).
- be located away from ignition sources (electric outlet or switch).
- be located away from soap or lotion dispensers.
- be located away from patients/residents/clients at risk for misuse.

Other considerations include:

- Locate product dispenser at a convenient height (approximately 1 m from the floor) and place to avoid reaching over a patient/resident/client.
- Avoid impacting a critical field of view.
- Use structures other than walls where necessary (e.g. footboards, IV poles, tables, medication carts and pillars).

Conclusion

The hand hygiene product placement checklists and activity help the IPAC lead and staff monitor, evaluate and improve the use of hand hygiene products by accessing the location, accessibility and functionality. It is important that staff are engaged and provide input in the process to achieve buy-in and support.

References

1. Ontario Agency for Health Protection and Promotion (Public Health Ontario). Hand hygiene product placement checklist: patient, resident or client and hallway area [Internet]. Toronto, ON: King's Printer for Ontario; 2023 [cited 2023 Sep 21]. Available from: https://www.publichealthontario.ca/-/media/Documents/H/2023/hh/hand-hygiene-product-placement-patient-resident.pdf?&sc_lang=en
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