



Just Clean Your Hands
Implementation Guide

Ontario's step-by-step guide to implementing a hand hygiene program in your long-term care home

Ontario is at the leading edge of a worldwide initiative to improve patient and staff** safety through better hand hygiene.

The Ministry of Health and Long-Term Care has developed *Just Clean Your Hands*: a multifaceted hand hygiene program.

This guide describes how to implement the program and comes with tools specifically designed for long-term care homes.

Hand hygiene is key to health of residents, staff, families and visitors.

Health care associated infections have a significant impact on health care costs and can adversely affect residents' health and quality of life. As a result of the emergence of antibiotic-resistant microorganisms, health care settings are spending more on staff time, laboratory testing, surveillance and outbreak management, antibiotics, other treatments, supplies such as personal protective equipment (PPE) and cleaning supplies. In a long-term care home, the median cost associated with methicillin-resistant *Staphylococcus aureus* (MRSA) infection can be almost two times higher than the cost of a methicillin-sensitive *Staphylococcus aureus* infection.*

Outbreaks in long-term care homes create significant costs for the home.*

For example:

- \$200,000 CAD to control a scabies outbreak
- \$29,527 US to control an outbreak of adenoviral conjunctivitis
- \$12,061 CAD to control a VRE outbreak
- \$968 to \$1,806 US for a case of influenza-like illness.

A recent study at Sunnybrook Health Sciences Centre, Long-Term Care, in Toronto has demonstrated the higher the hand hygiene compliance rate the lower the norovirus attack rate.

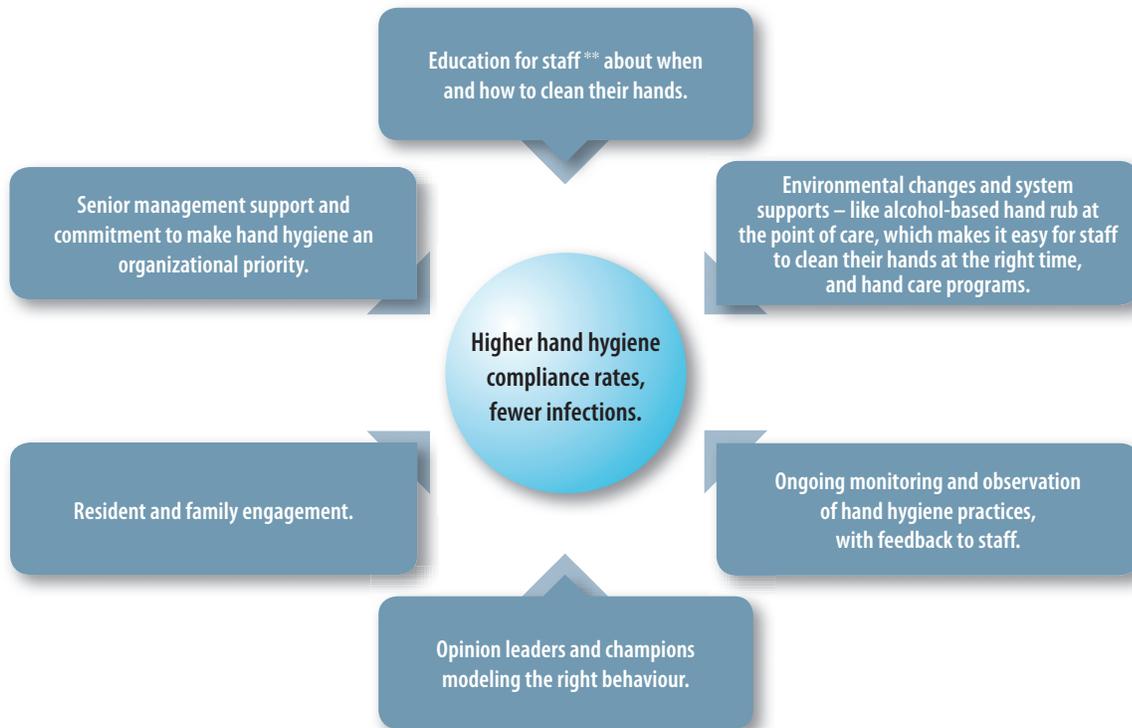
Hand hygiene is the single most important way to prevent infections and outbreaks, and reduce the need for expensive, time-consuming precautions. Investing time and energy in developing an effective hand hygiene program can reduce the burden of illness and associated costs in long-term care homes.

* Reference: PIDAC Best Practices for Infection Prevention and Control Programs in Ontario in All Health Care Settings, page 16, September 2008.

** Staff: Anyone conducting activities in settings where health care is provided. (PIDAC definition)

It takes more than a poster campaign to improve hand hygiene.

To change hand hygiene behaviour, long-term care homes need an evidence-based, multifaceted hand hygiene program.



It takes time and resources to change hand hygiene behaviour.

Each long-term home will be at a different starting point. It may take up to twelve months to plan and implement a hand hygiene program in a long-term care home. The long-term care home should identify a point person to coordinate the program – ideally the person will be a well respected member of the team who understands how the home operates and which resources will be required to support program planning and implementation. It will be very helpful for the point person to have access to resources experienced in infection prevention and control and/or quality and safety. It does not need to be the Infection Prevention and Control Practitioner.

Other resources include: a supply of alcohol-based hand rub, time to monitor practice and collect data on hand hygiene compliance, and time for staff, resident and family education.

Adapting *Just Clean Your Hands* to the Long-Term Care Home

Direct care is defined as providing hands-on care such as: bathing, washing, or turning a resident; changing clothes or continence care; changing dressings and caring for open wounds/lesions; and toileting.

The *Just Clean Your Hands* program was originally designed for in-patient settings in hospitals. In hospitals, two environments were clearly defined; the patient environment and the hospital environment. This worked well as patients spent most of their time in their rooms. Long-term care homes are different from hospitals because they are homes – places where people live – as well as care settings. Many of the activities in long-term care homes are shared activities. In order to reduce the transmission of organisms beyond the resident room, the approach to hand hygiene in long-term care has been adapted to incorporate these shared activities.

1. When to clean

Residents' rooms.* In the residents' rooms, staff, volunteers and family members are to clean hands following “Your 4 Moments for Hand Hygiene.”

*Note: In a single room this is defined as everything in the resident's room. In a multiple room this is defined as everything in immediate proximity to the resident (e.g., area inside his/her privacy curtain).

Shared or group activities. In common areas where residents gather, the environment is shared by many people. To reduce the spread of organisms, residents, staff, volunteers and family members are to clean hands before beginning and after ending the activity. Some residents may need help cleaning their hands before they begin and after they end an activity.

If staff, volunteers or families provide any “**direct care**” in areas where shared or group activities occur, the “4 Moments for Hand Hygiene” are to be followed.

Your 4 Moments for Hand Hygiene

1 BEFORE INITIAL RESIDENT / RESIDENT ENVIRONMENT CONTACT	WHEN? Clean your hands when entering: • before touching resident or • before touching any object or furniture in the resident's environment WHY? To protect the resident/resident environment from harmful germs carried on your hands
2 BEFORE aseptic procedures	WHEN? Clean your hands immediately before any aseptic procedure (e.g., oral dental care, eye drops, catheter insertion and changing a dressing) WHY? To protect the resident against harmful germs, including the resident's own germs, entering his or her body
3 AFTER body fluid exposure risk	WHEN? Clean your hands immediately after an exposure risk to body fluids (and after glove removal) WHY? To protect yourself and the health care environment from harmful resident germs
4 AFTER resident / resident environment contact	WHEN? Clean your hands when leaving: • after touching resident or • after touching any object or furniture in the resident's environment WHY? To protect yourself and the health care environment from harmful resident germs

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Just Clean Your Hands Program for Long-Term Care Homes

The following table summarizes the key components, activities and tools along with a Checklist for implementing *Just Clean Your Hands* in a long-term care home.

Component	Activities	Tools
1. Senior Management support and commitment	<ul style="list-style-type: none"> • Agree on scope of program • Identify a point person for hand hygiene • Review the role hand hygiene plays in preventing infections and controlling outbreaks 	<ul style="list-style-type: none"> • <i>JCYH</i> for health care professionals DVD
2. Environmental changes	<ul style="list-style-type: none"> • As part of making the placement decision for products, conduct a risk assessment • Involve staff in choosing hand rub product and placement decisions • Identify the right locations to place Alcohol-Based Hand Rub (ABHR) containers in resident rooms (e.g., within arm's reach of where care is provided) such as attached to a resident's bed or bedside table, on the wall close to the resident's chair or bed, attached to carts, or personal carry hand rub • Identify the right places in areas where shared or group activities occur to put ABHR containers, such as at the doorway • Consider the need for tamper-resistant containers depending on resident population • Procure and install hand rub containers 	<ul style="list-style-type: none"> • Placement Tool for Hand Hygiene Products
3. Education for staff (anyone conducting activities in the home)	<ul style="list-style-type: none"> • Use DVD and other ministry materials to educate staff about hand hygiene and the two approaches to hand hygiene within the home • Educate staff on the importance of hand care • Use communication tools and prompts 	<ul style="list-style-type: none"> • <i>JCYH</i> for HCP and staff DVD • 4 moments poster • ABHR point of care prompts • Pocket guide of 4 moments • Certificate of completion for training • Hand Care Program • Hand Assessment • Education module which can be downloaded from the web

Just Clean Your Hands Program for Long-Term Care Homes (cont'd)

Component	Activities	Tools
4. Resident and Family Engagement	<ul style="list-style-type: none"> • Develop plan to inform/educate residents and family members • Distribute information about the program to family members • Engage the “Resident Council” in implementation • Engage the “Family Council” in implementation 	<ul style="list-style-type: none"> • <i>JCYH</i> for residents, family and visitors DVD
5. Hand Hygiene Champions	<ul style="list-style-type: none"> • Identify staff, residents and family members to act as champions to model good hand hygiene practices 	<ul style="list-style-type: none"> • Champion description • Champion poster instructions CD
6. Ongoing monitoring and observation	<ul style="list-style-type: none"> • Train observers • Collect baseline rates on hand hygiene compliance • After implementing the program, complete follow-up audit of staff • Report progress to management and staff • Continue to monitor and promote hand hygiene practices • The home can report the progress of the program as a component of the home’s continuous quality improvement activities • Once the program has been implemented, performance improvement can be supported by using “On the Spot” to provide immediate confidential feedback 	<ul style="list-style-type: none"> • PowerPoint training presentations • Observation Tool • Audit Process and Analysis DVD • Feedback Report • “On the Spot” Feedback

Just Clean Your Hands Checklist for Long-Term Care Homes

Activities	Yes	No
1. Senior Management Support and Commitment		
Agreed on scope of program?		
Point person selected?		
Reviewed the role hand hygiene plays in preventing infections?		
Timing of program launch decided once components in place?		
2. Environmental Changes		
A risk assessment for placement done?		
Staff involved in product and placement decisions?		
Product placement determined?		
Alcohol-Based Hand Rub products selected?		
Product procured and installed?		
Identified responsibilities for ongoing functional maintenance of dispensers?		
3. Education for staff (anyone conducting activities in the home)		
Education and training sessions planned?		
Staff trained?		
Communications tools for staff, residents and families ordered?		
4. Resident and Family Engagement		
Plan to educate residents and family members?		
Engaged the Resident Council?		
Engaged the Family Council?		
Education materials distributed to residents, families and visitors?		
5. Hand Hygiene Champions		
Staff, resident and family champions identified?		
6. Ongoing monitoring and observation		
Observers trained?		
Baseline observations in resident rooms completed?		
Baseline findings shared with managers and staff?		
Follow up		
Observations in resident rooms six months after implementation?		
Findings shared with managers and staff?		
Continue to promote and monitor the program?		

For more information, please contact handhygiene@oahpp.ca or visit publichealthontario.ca/JCYH

