

Hand Hygiene Action Plan TOOLKIT: Helping Leaders Achieve Success

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Contents

Purpose	3
Why is hand hygiene important?	3
Why is monitoring hand hygiene compliance important?	3
Why doesn't everyone perform hand hygiene when they need to?	4
What can I do as a leader?	4
Creating an Environment for Success	5
Why is a successful environment important to hand hygiene?	5
Where to start?	5
HCPs Engagement Activity: ABHR Optimal Placement (at point-of-care)	6
HCPs Engagement Activity: Patient Zone Demarcation	7
Training and Education	8
Why is HCPs training and education so important?	8
Where can I find information for HCPs training and education?	8
HCPs Engagement Activity: Hand Hygiene and Healthy Hands Program	9
HCPs Engagement Activity: Develop Hand Hygiene Champions	10
Evaluation and Feedback	11
Why is evaluation and feedback so important?	11
Where can I start?	11
Take it to the next level	11
HCPs Engagement Activity: 4 Moments for Hand Hygiene - On-the-Spot Feedback	12
HCPs Engagement Activity: Hand Hygiene Challenge - Creating Friendly Competition	13
Reminders in the Workplace	14
HCPs Engagement Activity: Stick-it-to-me, Caught Clean Handed!	15
Building a Supportive Culture	16
Why is a supportive culture so important for hand hygiene improvement?	16
Where can I start?	16
Why do we need to involve patients, families, and visitors in our hand hygiene improvement strategies?	16
HCPs Engagement Activity: Leverage our Biggest Influencers... our Patients and Families	17
HCPs Engagement Activity: Raise Your Hand - Pediatrics	18
HCPs Engagement Activity: Name these Clean Hands	19

Appendix A: Checklist.....	20
Checklist Improving My Team’s Hand Hygiene Compliance.....	20
Creating an Environment for Success	20
Training and Education	20
Evaluation and Feedback.....	21
Reminders in the Workplace.....	21
Building a Supportive Culture.....	21
Appendix B: Resources.....	22
Appendix C: References.....	22

A **PRINTED** copy of this toolkit may not be the most recent version.

Purpose

This Hand Hygiene Quality Improvement Toolkit was developed by the Interior Health (IH) Infection Prevention and Control (IPAC) team to help leaders establish team-based initiatives and educational resources for Hand Hygiene best practices. This toolkit has been revised with permission of Alberta Health Services. It uses the multi-modal framework recommended by the World Health Organization which highlights five strategies. Focusing on these five strategies will help increase hand hygiene engagement, foster a culture of improved compliance, and promote sustainability. These strategies include:

- Creating an environment for success.
- Training and education.
- Evaluation and feedback.
- Reminders in the workplace.
- Building a supportive culture.

This toolkit addresses each of these strategies and includes background information, resource links, activities and templates to help you inspire your team and have some fun. Many of the activities shown have been used by teams across IH. Appendix A includes a comprehensive checklist which you can use periodically to follow-up on your hand hygiene initiatives.

Why is hand hygiene important?

More than 220,000 patients acquire a healthcare-associated infection (HAI) in Canada every year resulting in 8,000-12,000 fatalities, making infection the fourth leading cause of death. Hand Hygiene is the easiest and most effective way to reduce HAIs and prevent the spread of antimicrobial resistant organisms such as Methicillin Resistant *Staphylococcus aureus* (MRSA). HAIs cause increased disabilities and stress to patients and result in increased costs and workload to the healthcare system. Approximately 50% of HAIs may be reduced through improved hand hygiene practices.¹

Why is monitoring hand hygiene compliance important?

Monitoring hand hygiene compliance according to the 4 Moments for Hand Hygiene and offering feedback regarding compliance are considered essential elements of hand hygiene improvement initiatives. Data collection can be used to implement and evaluate improvement initiatives and identify barriers. Additionally, hand hygiene reviews and education are Required Organizational Practices (ROPs) set by Accreditation Canada. Hand Hygiene Compliance is one of the [IH Performance Measures](#) reported to Interior Health and the public.

Why doesn't everyone perform hand hygiene when they need to?

Although proper hand hygiene practices seem like an easy initiative to implement, it requires complex and multi-modal strategies to establish. Common reasons Health Care Providers (HCPs) do not perform hand hygiene include:

- Workload demands.
- Time constraints.
- Lack of awareness and training.
- Skin integrity issues.
- Lack of hand hygiene infrastructure where needed (e.g. point of care).

What can I do as a leader?

Hand hygiene is an important patient and HCP safety initiative and is worth the investment and resources. To be successful, hand hygiene improvement initiatives must be an individual and an organizational priority. While hand hygiene is a shared responsibility amongst all HCPs, medical staff, volunteers, patients, and families, IH recognizes that effective leaders foster accountability in themselves and their team. Leaders who demonstrate proper hand hygiene can influence hand hygiene compliance by up to 70%.



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Creating an Environment for Success

Why is a successful environment important to hand hygiene?

The hand hygiene environment includes not only the physical environment, but also how people interact. Strong leadership and accountability are important in influencing hand hygiene practices. IH recognizes that hand hygiene is everyone's responsibility, but successful hand hygiene needs leadership support to make it a priority related to patient safety.

Where to start?

Ensure your team has the tools (products, infrastructure and a hand health initiative) for proper hand hygiene practices. Providing alcohol-based hand rub (ABHR) at point of care makes it easier for HCPs to clean their hands. Proper placement of ABHR dispensers will differ based on facility design and will vary by population group. Refer to [ABHR Recommendations Website](#) or [VCH IPAC](#). Review [Dispenser Placement Algorithm](#) (PICNet standards - approved by IH) and [Product Ingestion Risk Screening](#). These resources will help to provide the necessary background to ensure your team has the infrastructure for successful hand hygiene compliance while keeping your patients safe.

HCPs Engagement Activity: ABHR Optimal Placement (at point-of-care)**Materials:**

- Colored Post-it Notes.
- [ABHR Dispenser Placement Algorithm](#).

Here's how:

- Have HCPs identify ABHR dispenser locations at point-of-care by placing a post-it note where they believe ABHR is needed.
- Work with your site IPAC and Facilities Maintenance and Engineering to add or remove dispensers according to the ABHR Dispenser Placement Algorithm.
- Explore options for portable, personal sized ABHR dispensers in areas where a wall-mounted ABHR dispenser would pose a risk to patient safety (add ABHR Dispenser Holders to portable dispensers for added safety if there is an ingestion risk).



HCPs Engagement Activity: Patient Zone Demarcation

Patient zone demarcation, along with more intuitive hand hygiene guidelines, is a cost-effective, operationally sensitive intervention that can improve hand hygiene compliance. The bundled solution taps on human factors science in understanding the cognitive challenges faced by clinicians. The positive effects are most profound in multi-bed cubicles where patient zones and infection control barriers are not clearly visible, such as the ED.²

Materials:

- Yellow painter's tape or Caution tape printed with "Handwashing Zone" or "Patient Zone".

Here's how:

1. Delineate the space between the patient zone and the healthcare environment.
2. Apply the chosen tape along the floor delineating the patient zone, indicating that hand hygiene should be performed when moving into the patient zone.



Training and Education

Why is HCPs training and education so important?

HCPs training and education is fundamental to achieving hand hygiene success. Hand hygiene education provides foundational knowledge, increases awareness, and reminds HCPs about the importance of hand hygiene. If HCPs do not receive effective training and education about hand hygiene, they may not perform the best practice that is required to adequately protect themselves and their patients.

Where can I find information for HCPs training and education?

IH IPAC offers a variety of training and educational resources. Education is available in various teaching formats to best meet learner's needs. Some of these can be found on the [IPAC Webpage](#) and include:

- [HH: Invisible Challenge Video](#) - how to perform hand hygiene using soap and water or ABHR and how transmission of microorganisms occurs.
- Hand Hygiene iLearn modules [853](#) and [854](#).

HCPs Engagement Activity: Hand Hygiene and Healthy Hands Program

Have your HCPs review the Occupational Health and Safety: Healthy Hands Program information [Toolkit](#) on the Inside Net. This information is recommended for all IH employees, members of the medical and midwifery staff, students, volunteers and other persons acting on behalf of IH (including contracted service providers, as necessary). There is no prerequisite required to take the module, and it takes approximately 30 minutes to complete.

The module discusses:

- The importance of hand hygiene while providing patient care.
- The definition of hand hygiene with the [4 Moments for Hand Hygiene](#).
- How and when to perform hand hygiene and barriers to hand hygiene.
- How to maintain healthy hands (OHNS [Toolkit](#)).



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HCPs Engagement Activity: Develop Hand Hygiene Champions

The strength of a champion is that they know the reality on their unit. Their grassroots knowledge will help determine ways to improve hand hygiene practice and promote the hand hygiene message to their colleagues.

Successful hand hygiene champions follow these guidelines:

- Keep HCPs Informed - Inform your team of their hand hygiene compliance data regularly. Share information with your team for educational purposes and/or to provide feedback and encouragement as change begins to occur.
- What is the most appropriate way to provide feedback to a team?
 - Team meetings.
 - Quality Improvement boards or similar boards.
 - Monthly emails.
- Involve HCPs - a sense of ownership is important in getting a culture to stick. Ask HCPs what would make it easier for them to practice better hand hygiene or discuss the perceived barriers to good hand hygiene practices and to think of what some solutions might be.
- Recognize the Heroes - do you have a team member who goes above and beyond the call of duty, with respect to hand hygiene? If so, celebrate your hard working HCPs by nominating them for a [RAAR](#).
- Expect resistance - ensure HCPs are as involved as possible, use their dissent to generate solutions. Don't let a few individuals derail efforts, proceed with plans. Get advice from a more senior member of the team for suggestions.
- Have Fun - engaging ideas are likely to get HCPs interested. Show your commitment to hand hygiene by creating a piece of art. Ask staff to dip their clean hands in different colored paint and make a pattern out of handprints. Hang proudly in your area as a reminder of their efforts.



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Evaluation and Feedback

Why is evaluation and feedback so important?

Ongoing team-based hand hygiene reviews completed by trained peer reviewers is a key component in the strategy to improve hand hygiene. The data collected and reported about hand hygiene reviews is an important patient and HCP safety initiative.

Hand Hygiene data is used to:

- Increase HCPs understanding about the importance of hand hygiene.
- Measure the effectiveness of hand hygiene improvement efforts.
- Understand the reasons why HCPs do not perform hand hygiene as required and use this information to develop quality improvement action plans to increase compliance.
- Reinforce IH's commitment to and expectations regarding hand hygiene.
- Celebrate success stories and improvement efforts.

Where can I start?

IPAC Clean Hands Audit System: Know your Hand Hygiene Peer Reviewers and Advanced Users (IPAC). A peer reviewer performs audits and uploads the data to the Clean Hands Audit System. A peer reviewer can generate Unit Hand Hygiene Feedback Reports as soon as the review is completed to provide real-time feedback. An advanced user (IPAC) has access to generate more report options to identify and address areas in need of improvement.

Hand Hygiene data can be shared through various means including, but not limited to:

- Newsletters.
- Quality Improvement boards.
- Discuss during educational sessions.
- Discuss during team meetings.
- Discuss at Quality Councils.
- Discuss at just-in-time feedback huddles.

Take it to the next level

Go beyond sharing only a unit hand hygiene feedback report at your next HCPs meeting. Take hand hygiene off the side of the desk and bring it to the forefront by demonstrating how your team's hand hygiene compliance is contributing to the organization's targets found on the Interior Health IPAC webpage under [IPAC Surveillance](#).

HCPs Engagement Activity: 4 Moments for Hand Hygiene - On-the-Spot Feedback

[On-the-spot HH Feedback Cards](#) can be given to HCPs when they are “caught” practicing the [4 Moments for Hand Hygiene](#) during a hand hygiene review.

Here's how:

- Ask HCPs to sign and turn in their feedback cards that recognize their good hand hygiene performance and keep records of the cards.
- Identify the trigger that needs to be met (for example 10 cards must be submitted to achieve recognition). Engage your HCPs in this discussion.
- Reward HCPs when trigger is met.
- Recognize the individual HCP; post their picture on your performance board or create a wall of fame. Be creative!



HCPs Engagement Activity: Hand Hygiene Challenge - Creating Friendly Competition

A little dose of competition will often bring out the best in us. Present a similar team with a hand hygiene challenge. Which team can have the best hand hygiene compliance? Develop a prize (e.g. certificate or trophy) to be given to the winning team.

- Tips for a successful challenge:
 - Set your stakes early.
 - Compare your hand hygiene compliance monthly with those of the challenger team and post compliance for all to see.
 - Celebrate your success!

Reminders in the Workplace

What are reminders in the workplace?

Reminders in the workplace are important tools to prompt and remind HCPs to practice hand hygiene and to inform patients and their visitors of the standard of care they should expect from their HCPs.

Where can I start?

Display posters that identify the appropriate indications and procedures for hand hygiene at the point-of-care and in prominent areas on your unit.

Take it to the next level?

A team can increase hand hygiene practice by creating a culture where reminding each other about hand hygiene is encouraged and compliance is the social norm.

Shifting attitudes and behavior takes time but improving hand hygiene compliance will happen when hand hygiene is genuinely believed to be an essential element of ensuring safety and improving patient outcomes.

HCPs Engagement Activity: Stick-it-to-me, Caught Clean Handed!

Present your team with a hand hygiene challenge to create an opportunity for HCPs to recognize each other's good hand hygiene practices.

Here's how:

- Define a time period over which the challenge will take place.
- Provide a refresh on The [4 Moments for Hand Hygiene](#) before you start.
- Make your own hand hygiene stickers and distribute to all HCPs.
- Over the defined time period, HCPs will observe each other in daily practice.
- When a person is observed by someone else and has completed hand hygiene appropriately, the observer will give a sticker.
- The HCP with the most **stickers** wins the challenge!



Building a Supportive Culture

Why is a supportive culture so important for hand hygiene improvement?

A supportive culture is a culture where everyone feels safe, encouraged, and enabled to discuss quality and safety concerns. Hand Hygiene is important not only to the safety of patients but to the HCPs themselves. It is important that there is a respectful and trusting environment for everyone to bring forward questions or concerns about hand hygiene practices.

Where can I start?

Read and understand [IH Vision, Mission and Values](#) – which are fundamental to our shared purpose, future, and culture.

- Be respectful and compassionate in how we engage with those involved. Ask yourself:
 - Would my patient feel empowered to ask my team to clean their hands before providing care?
 - Is my team open to receiving feedback about their hand hygiene practices?
- Be open about the evolution process used and strive for excellence:
 - Does my team understand how reviews are performed?
- Hold our system, ourselves and others accountable:
 - Does each member of my team feel comfortable reminding their co-workers to perform hand hygiene as necessary?
- Learn for mistakes and close calls to improve safety and performance:
 - Do we review the comments of the Unit Hand Hygiene Feedback Report and use these “misses” to discuss how to overcome barriers to hand hygiene compliance?
 - Does every member of the team feel empowered during these discussions?

Why do we need to involve patients, families, and visitors in our hand hygiene improvement strategies?

By building on the principles of patient and family-centered care (dignity and respect, information sharing, participation, and collaboration), we will help patients and families better understand the impact their HCPs hand hygiene practices have on their outcomes. Through information and a welcoming environment, patients and families will become strong advocates for better hand hygiene compliance.

HCPs Engagement Activity: Leverage our Biggest Influencers... our Patients and Families

"I care about your health... It's okay to ask if I've cleaned my hands" ([Webber Training Free Posters](#))

Initiatives like this encourage and invite patients and families to become an active participant in the hand hygiene process. Post an invitation in patient care areas that give patients and families permission to ask if their HCP has cleaned their hands before providing their care.

HCPs Engagement Activity: Raise Your Hand - Pediatrics

Materials:

- Popsicle or tongue depressor sticks.
- Colored paper to trace hand or hand cut-outs.

Here's how:

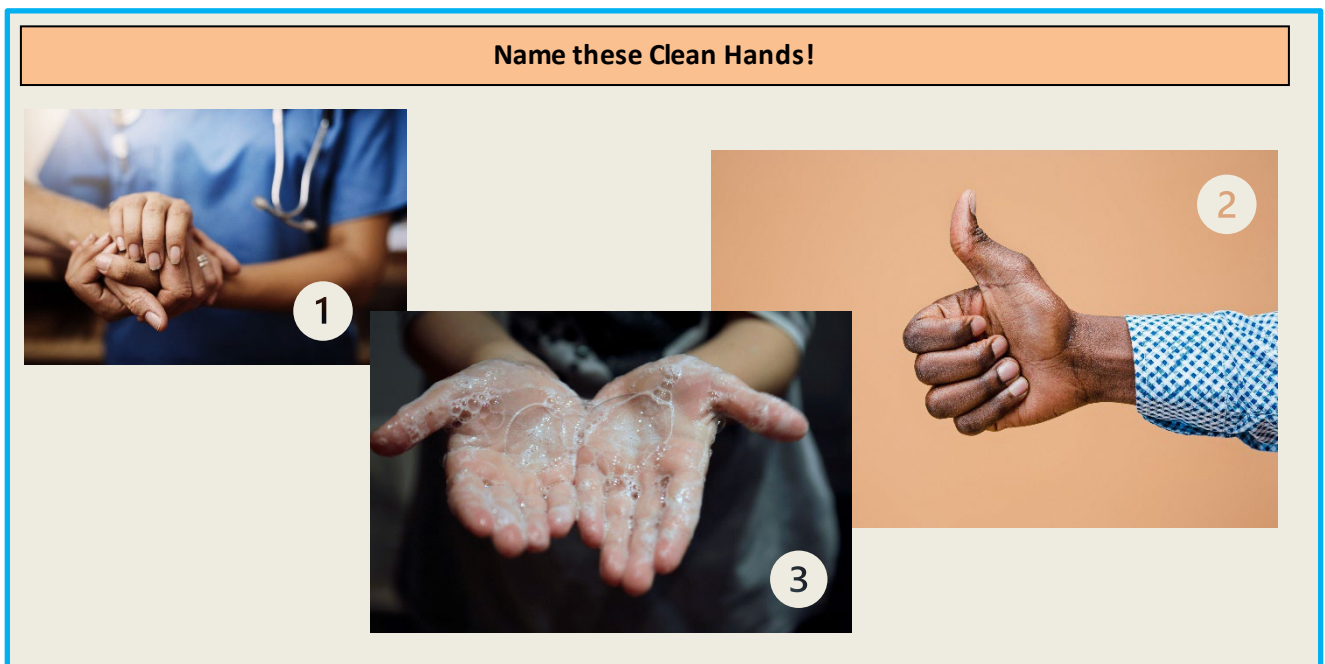
- Engage pediatric patients and their families in an activity by having them create a visual reminder to use during their hospital admission.
- Have pediatric patients trace their hands on colored paper, decorate and glue to a stick.
- When HCPs enter their rooms, encourage them to “raise their hand”.



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HCPs Engagement Activity: Name these Clean Hands**Here's how:**

- Take a photograph of each HCPs clean hands. Involve everyone: management, physicians, nurses, students, etc.
- Post each photograph with a number on a poster board in a central location.
- Have ballots available that people can fill in with their guesses.
- Include some sort of visual “clue” in the picture to help identify the staff member. For example, a nurse might hold her stethoscope or include a telling piece of patient care equipment in the background of the photo.
- HCPs will look at the photographs and write their guesses on a ballot that is numbered corresponding with the photographs.
- Switch it up. Instead of using a large poster board with photographs; create an activity sheet with the same photographs for individual distribution using the same principles outlined above.



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Appendix A: Checklist

Checklist Improving My Team's Hand Hygiene Compliance

Use this comprehensive checklist periodically as a reminder of important initiatives for improving hand hygiene compliance with your team.

Creating an Environment for Success

- Familiarize yourself with the [Dispenser Placement Algorithm](#) and [Ingestion Risk Screening](#).
- Revisit product availability and placement of ABHR, soap, and lotion on an ongoing basis by evaluating all areas where patient care occurs.
- Ensure that there is a system in place for monitoring and replacing empty dispensers (collaborate with Environmental Services).
- Visit the [IPAC Hand Hygiene](#) webpage.
- Contact Contracting, Procurement and Supply Management (CPSM) for available products (e.g. portable ABHR dispensers, lockable dispenser covers or mountable ABHR holders) and ordering information.
- Ensure there are “how to” posters or stickers for ABHR and hand washing in prominent areas where patient care takes place. [How to Wash Your Hands stickers](#) are available through IPAC and should be displayed beside handwashing sinks.

Training and Education

- Ensure your team receives hand hygiene education at the time of hire and during orientation as per [IH HH Policy](#).
- Ensure HCPs are familiar with the IH resources, such as the [IH HH Guideline](#) available online.
- Hand Hygiene iLearns [853](#) and [854](#) are required at time of hire and every 2 years.
- Ensure newly hired HCPs and students are aware and understand the 4 Moments for Hand Hygiene and the review process.
- Encourage members of your team to come forward as hand hygiene champions to help promote hand hygiene amongst their peers.
- Help your team explore innovative and fun ways to learn about hand hygiene and build engagement.
- Develop a hand hygiene newsletter and use it to create discussions about hand hygiene.
- Request education specific for your team from your [Infection Control Professionals](#) as needed.

Evaluation and Feedback

- Speak with your IPAC Team to gain more information into the hand hygiene review schedule. Your IPAC Team will review that the required number of observations are completed for each reporting period.
- Your IPAC Team will ensure that a Unit Hand Hygiene Feedback Report is generated and will email you a copy. Ensure that the quarterly reports are posted in a highly visible area for HCPs, patients and visitors. Review this report and share results, trends and feedback with your HCPs (e.g. at HCP meetings and huddles).
- Recognize that additional HCPs may also provide patient care (i.e. physicians, rehabilitation, diagnostics, etc.) along with your team and help them to understand that their patient interactions are also reviewed as part of your team's data. Invite them to participate in your team's improvement strategies.
- Work with your team to set goals for hand hygiene compliance that align with and work towards the IH Hand Hygiene Compliance Target.

Reminders in the Workplace

- Your IPAC Team will recommend where to strategically place current [IH posters](#) to provide HCPs, patients and visitors with visual cues to remind them of the importance of hand hygiene and how to perform hand hygiene correctly.
- Work closely with your IPAC Team about additional posters and reminders that may be beneficial.

Building a Supportive Culture

- Remind your team to review the [IH Hand Hygiene Policy](#) and [Guideline](#).
- Implement a recognition program to acknowledge team members who lead by example and are positive role models for good hand hygiene practices for their colleagues.
- Explain to your team that receiving just-in-time feedback is important to help recognize improvement opportunities and encourage them to be receptive to receiving it.
- Support just-in-time feedback through the use of [Hand Hygiene Feedback Cards](#).
- Encourage team celebrations when hand hygiene goals are achieved and sustained.
- Develop a plan for addressing HCPs who are consistently non-compliant with hand hygiene requirements outlined by the IH Hand Hygiene Policy and Procedure (e.g. provide staff with the [IH Hand Hygiene Guideline](#) for information on artificial nails).
- Work with your team to empower patients to become part of your improvement strategy by providing education to them, their families and visitors about hand hygiene.
- Encourage a culture where patients, families and visitors are encouraged to ask you and your team if you have cleaned your hands and model exemplary hand hygiene behavior.

Appendix B: Resources

1. [4 Moments HH Poster](#)
2. "It's ok to ask if I've cleaned my hands" poster #1 – [Its Okay to Ask Posters.indd](#)
3. "It's ok to ask if I've cleaned my hands" poster #2 – [Its Okay to Ask Posters.indd](#)
4. [Hand Hygiene Feedback Cards](#)

Appendix C: References

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