



**Creating Effective Systems – Infection Prevention & Control**  
**Focus: Hand Hygiene & Glove Use**

**Suggested Actions:**

- 1) Review [Hand Hygiene/Glove-related ICAR Assessment](#) Items (see **highlighted** practices)
- 2) Review [Hand Hygiene/Glove-related MDH Survey Items](#) (see **highlighted** practices)
- 3) Review Hand Hygiene/Glove-related practices cited most often by MDH survey teams (below)

**Hand Hygiene/Glove Use Practices Cited Most Often**

- Staff not performing hand hygiene at the end of care tasks
  - Staff not performing hand hygiene at the end of non-resident care tasks (e.g., dietary and activities tasks)
  - Staff not reminding/assisting residents to perform hand hygiene
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- Direct care staff not performing hand hygiene before and after glove changes
  - Environmental services staff not performing hand hygiene before and after glove changes
  - Staff not performing glove changes between residents non-nursing tasks, e.g., delivering water to rooms; cleaning resident rooms; picking up meal trays

- 4) Review the Key Practices Below to Address Key Opportunities for Improvement
- 5) Leverage Tools to address identified improvement opportunities



Practice	Tools
1. We have established and communicated clear expectations for when direct and non-direct care staff should wear gloves.	<a href="#">Sample Hand Hygiene Policy</a> <a href="#">Sample Glove Use Policy</a>
2. We have established and communicated clear instructions to direct and non-direct care staff for how to appropriately don and doff gloves, including when to perform hand hygiene with glove changes.	<b>Video:</b> Glove Use Video (coming soon)
3. We have processes in place to ensure environmental services staff are consistently performing the appropriate steps for when to use gloves, change gloves, and how to appropriately don and doff gloves and perform hand hygiene before and after glove use.	<b>Video:</b> Glove Use Video (coming soon)
4. We have a process in place that creates an expectation, and a safe space, for staff to speak up, and demonstrates that we take action to try to address issues raised ( <i>if action cannot be taken, staff are provided with the reason why</i> ).	<a href="#">Safe Care Pledge Toolkit</a> Speak Up Hand Hygiene and Glove Use Poster
5. We have a process in place to observe hand hygiene and glove use behavior and reinforce staff practicing safe hand hygiene and glove use behaviors, and coach those not following safe practice behavior.	<a href="#">-Handwashing Audit Tool</a> <a href="#">-Hand Hygiene Observation Tool</a> <a href="#">-Hand Hygiene/PPE Compliance Observation Tool</a> <a href="#">-Chicken Wing Poster</a> <a href="#">-Gloves Are Not Enough Poster</a> <a href="#">-Living the Pledge Vouchers</a> <i>(See Implementation Tips Below)</i>



6. A process is in place to follow a “Fair and Just Culture” model for gaps in hand hygiene and glove use behavior.

-Video: [Managing Drift](#)  
-Video: [Just Culture & COVID](#)  
-Video: [Coaching for Risky Behavior](#)

### Implementation Ideas for Using the Living the Pledge Vouchers:

- Make the Living the Pledge Vouchers available to designated staff to give out to staff
- You can expand this activity to include residents and visitors
- Create a “Living the Pledge” Raffle Box for staff {residents/visitors}; Voucher holders can write the name on the voucher and enter for a monthly drawing

### Implementation Ideas for Using the Posters:

- Roll-out a new poster for each week of the month
- Roll-out all the posters at once and rotate to different areas of the building to catch staff’s attention