

Guide to Conduct Hand Hygiene Reviews



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This guide was prepared by the Alberta Health Services (AHS) Infection Prevention & Control (IPC) Hand Hygiene Program.

If you have questions about this guide or about hand hygiene reviews in general, you can email hand.hygiene@ahs.ca or contact your zone [Project Manager](#).



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Introduction

Welcome to your role as a Hand Hygiene Reviewer! As a reviewer, you will be responsible for observing and collecting information about the hand hygiene practices of all AHS staff, physicians and volunteers. This *Guide to Conduct Hand Hygiene Reviews* will help you to perform hand hygiene reviews in a manner that is reliable and consistent with other reviewers across the province.

This Guide to Conduct Hand Hygiene Reviews will also help you to:

- Understand and apply the 4 Moments for Hand Hygiene in healthcare settings.
- Learn the terms and definitions commonly used in hand hygiene.
- Learn the terms used for the hand hygiene review software platform (Clean Hands System).
- Learn about various healthcare settings which you may encounter during your reviews.
- Practice commonly encountered scenarios that you may see while conducting hand hygiene reviews.

This Guide to Conduct Hand Hygiene Reviews is reviewed regularly and is revised according to the needs of hand hygiene reviewers. You should always refer to the most recent version available on the Resource tab on the Hand Hygiene Webpage. If you have questions about this guide or about hand hygiene reviews in general, you can email handhygiene@ahs.ca or contact your [Zone Hand Hygiene Project Manager](#).

In addition to this guide, AHS has other hand hygiene resources, which you can access using the [Hand Hygiene Webpage](#), by searching “Hand Hygiene” or by using the following pathway:



External Webpage

Information for Health Professionals > Teams & Departments > Infection Prevention & Control > Hand Hygiene > Reviews & Reports > Resources

Section 1

This section identifies terms and definitions commonly used when collecting hand hygiene observations using the Clean Hands System.

1.1 Commonly used Hand Hygiene Definitions

Additional Precautions: as adapted from the [Public Health Agency of Canada Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings, 2013](#), extra measures (contact, droplet, airborne precautions), initiated in addition to [routine practices](#), based on symptoms and/or diagnosis to prevent transmission of microorganisms.

Alcohol-based Hand Rub (ABHR): a liquid, gel or foam formulation containing 60 to 90% alcohol which is applied to the hands to reduce the number of transient microorganisms.

Aseptic Procedure: the purposeful prevention of transfer of microorganisms from the patient's body surface to a normally sterile body site. Such practices are used when performing procedures that expose the patient's normally sterile sites (e.g. intravascular system, spinal canal, subdural space, urinary tract) in such a manner as to keep them free from microorganisms.

Body Fluids: as per [AHS Occupational Exposure to Blood or Body Fluids Policy 1111](#), any blood or body fluid/tissue, vaginal secretion, seminal secretions, cerebral spinal fluid, synovial fluid, pleural fluids, peritoneal fluids, pericardial fluid, amniotic fluid, non-bloody saliva; and tears, nasal secretions, sputum, sweat, vomitus, and urine and feces.

Food Handling: to supply, sell, offer for sale, process, prepare, package, provide, display, service, dispense, store or transport any food that is intended for public consumption.

Hand Hygiene: practices that remove microorganisms with or without soil from the hands (refers to the application of alcohol-based hand rub or the use of plain/antimicrobial soap and water hand washing).

Hand Hygiene Moment (or indication): [AHS Hand Hygiene Policy](#) outlines 4 Moments for Hand Hygiene, which is based on the risk of microorganism transmission when a healthcare provider is interacting with a patient.

- Moment 1 – before contact with a patient or patient's environment
- Moment 2 – before a clean or aseptic procedure
- Moment 3 – after exposure or risk of exposure to blood and/or body fluids
- Moment 4 – after contact with a patient or patient's environment

Hand Hygiene Observation (or opportunity): a hand hygiene moment that was or was not performed by a healthcare provider but was required in accordance with the 4 Moments for Hand Hygiene as per AHS Hand Hygiene Policy as seen by a trained hand hygiene reviewer. One hand hygiene opportunity

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can arise from multiple moments resulting in one-single act of hand hygiene being compliant for multiple hand hygiene moments.

Hand Hygiene Compliance: a measurement of success for hand hygiene at appropriate times according to the 4 Moments for Hand Hygiene as per AHS Hand Hygiene Policy. Hand hygiene compliance is calculated by dividing the number of compliant observations by the total number of compliant and non-compliant observations recorded by a trained hand hygiene reviewer during a review.

Hand Hygiene Review: a process using standardized methodology (i.e. direct observation) to observe and record the hand hygiene practices of healthcare providers according to the 4 Moments for Hand Hygiene as per AHS Hand Hygiene Policy. Trained hand hygiene reviewers complete this process. Other organizations may use the term audit.

Hand Washing: the use of running water and plain/antimicrobial soap to physically remove soil and transient microorganisms from the hands with mechanical friction.

Healthcare Provider: any person who provides goods or services to a patient, inclusive of healthcare professionals, staff, students, volunteers and other persons acting on behalf of or in conjunction with AHS.

Nails: as per AHS Hand Hygiene Policy, natural nails shall be clean and short. Artificial nails, nail enhancements, and chipped polish shall not be worn by healthcare providers who provide patient care or other tasks requiring hand hygiene (e.g. Jamberry nails, Shellac nails, gel nails).

Patient: an adult or child who receives or has requested healthcare or services from AHS and its healthcare providers or individuals authorized to act on behalf of AHS. This term is inclusive of residents, clients and outpatients.

Personal Protective Equipment (PPE): as per Public Health Agency of Canada Routine Practices and Additional Precautions for Preventing the Transmission of Infection in Healthcare Settings, 2013, personal protective equipment consists of gowns, gloves, masks, facial protection (i.e. masks and eye protection, face shields or masks with visor attachment) or respirators that can be used to provide a barrier that will prevent potential exposure to infectious microorganisms.

Point-of-Care: the area or space where patient care is being provided by the healthcare provider.

1.2 Clean Hands System Definitions

Variable	Definition
Reviewer	Reviewer's name (<i>First Name and Last Name</i>)
Date/Time	Date and time of review
Zone	Lists of zones in AHS (<i>e.g. Calgary, Central, Edmonton, North, South</i>)
Facility	Lists facilities operated by both AHS and others (<i>e.g. Foothills Medical Center, Northern Lights Regional Hospital</i>)
UNIT	Lists departments/units associated with a facility (<i>e.g. LTC, ED, etc.</i>)
Add HCP	Add a healthcare provider (HCP) from the healthcare provider list
HCP Descriptor	Description of HCP being observed (<i>e.g. blue scrubs</i>); <u>do not</u> use names
Add OBS	Add observations for HCP being observed
OBS #	Observation number for the HCP being observed
BEF-PAT/ENV	Moment 1 - before contact with patient or patient environment
BEF-ASP	Moment 2 - before an aseptic or clean procedure
AFT-BFL	Moment 3 - after blood and/or body fluid exposure risk
AFT-PAT/ENV	Moment 4 - after contact with patient or patient environment
Wash	Hand washing performed with soap and water
ABHR	Hand hygiene performed with alcohol-based hand rub (ABHR)
Miss	Missed opportunity for hand hygiene
Gloves	HCP wearing gloves
Nails	HCP observed with nails that do not follow policy recommendations (<i>e.g. too long, artificial, nail enhancements, or chipped polish</i>)
Bracelets	HCP wearing non-medical bracelets or watches that impede hand hygiene
Ring	HCP wearing ring(s) with stones or crevices
No Soap	HCP <u>did not</u> use soap while performing hand washing
Note	Reviewers should select a note (comment) for a missed opportunity from a predetermined list of reasons
Note Free Text	Free text note (comment) can be entered when no canned comments apply to the situation

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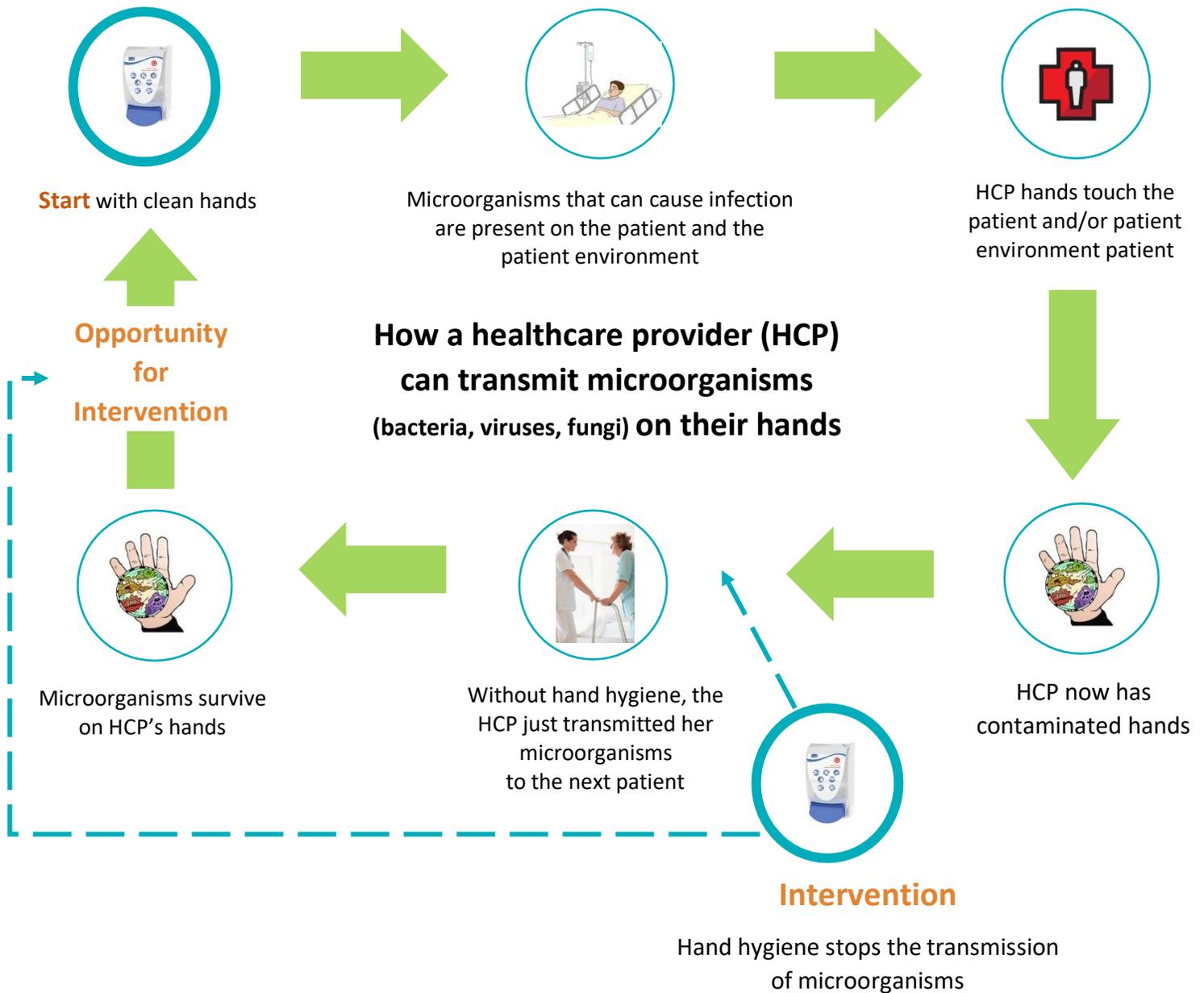
Section 2

This section provides an overview of the importance of hand hygiene and the review process.

2.1 Why Hand Hygiene Reviews Are Performed

AHS defines hand hygiene as the practice of removing microorganisms with or without soil from the hands. Performing hand hygiene is the most important practice that healthcare providers can do to prevent the transmission of harmful microorganisms and prevent healthcare-associated infections.

Example of transmission by dirty hands:



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The data collected and reported about hand hygiene reviews is an important patient and staff safety initiative. The data is used to:

- Increase staff understanding about the importance of hand hygiene.
- Measure the effectiveness of hand hygiene improvement efforts.
- Learn why healthcare providers do not perform hand hygiene as required and use this information to develop action plans to increase compliance.
- Reinforce AHS’s commitment to and expectations regarding hand hygiene.
- Celebrate success stories and improvement efforts.

Hand hygiene education, reviews, and training are Required Organizational Practices (ROPs) set by Accreditation Canada. Additionally, hand hygiene is one of AHS’s performance measures reported publically to Albertans. AHS recognizes that hand hygiene is a shared responsibility; all staff, medical staff, and volunteers play a role in patient safety. While patients, families, and visitors have a role in hand hygiene initiatives, their role is outside the scope of the hand hygiene review process and this *Guide to Conduct Hand Hygiene Reviews*.

1.3 Conducting Hand Hygiene Reviews

AHS Hand Hygiene Policy outlines the 4 Moments for Hand Hygiene where staff must perform hand hygiene when interacting with the patient and/or the patient’s environment. Trained reviewers directly observe healthcare providers’ hand hygiene practices in relation to these four key moments. Hand hygiene compliance is calculated using the following formula:

$$\frac{\text{Number of Compliant Observations}}{\text{Total Number of Observations}} \times 100 = \text{Compliance (Percentage)}$$

(Compliant and Non-compliant)

Example:

$$\frac{20 \text{ Compliant Observations}}{40 \text{ Observations}} \times 100 = 50 \% \text{ Compliance}$$

Details regarding the number of observations (i.e. sample size) vary by site and unit. Information regarding the number of observations that needs to be collected can be obtained from the Infection Prevention & Control Hand Hygiene Program.

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Provincial Training Reminders

- All reviewers must complete the Hand Hygiene Reviewer Training before performing reviews.
- An individual healthcare provider **should not** be identifiable in a report. Consult the Hand Hygiene Program for advice when conducting reviews in areas where this is difficult because healthcare provider numbers are low.
- A maximum of 10 observations can be collected for a single healthcare provider during the review.
- A minimum of 10 observations should be collected before generating a Unit-based Feedback Report.

The Clean Hands System is the software platform AHS uses for hand hygiene reviews and consists of:

- Clean Hands iPad application
- Clean Hands paper tool
- Clean Hands portal

Reviewers use the iPad or paper tool to collect the data. The data is manually entered into the portal when using the paper tool or uploaded to the portal from the iPad. Data is stored in the portal and a variety of reports can be generated. The data collected by reviewers is reported back to managers and organizational leadership as hand hygiene compliance. Managers/leaders will use these reports to engage staff and determine opportunities for improvement or celebrate successes.

Conducting hand hygiene reviews is an open and transparent process; therefore, reviewers must announce their presence on arrival and explain their role and purpose for being on the unit. Reviewers may face challenges of confidentiality. Healthcare providers may close curtains and doors to provide privacy for their patients. Reviewers are members of the healthcare team and have signed AHS confidentiality agreements. If a patient gives permission, reviewers may enter treatment spaces to observe procedures as long as they do not interfere with workflow. Any experiences resulting in an uncomfortable situation should be reported back to the unit manager/site leader and/or Zone Hand Hygiene Project Manager.

Reviewers must observe or be very certain a moment has occurred in order to record it (e.g. hear activation of hand sanitizer pump and witness staff rubbing hands together when leaving the patient's room).

Conversely, reviewers must also be certain that hand hygiene was not performed in order to record the moment as a miss. If a reviewer is not sure of how to record a moment, the moment should not be recorded until the reviewer contacts an IPC Zone Reviewer or Hand Hygiene Project Manager for assistance.

It is important for site-based reviewers to work closely with the Zone Hand Hygiene Project Manager and IPC Coordinators to complete orientation requirements, understand observation target requirements, and to develop/review strategies to meet the targets.



- Hand hygiene compliance is reported to the public, AHS leadership, Accreditation Canada, and Alberta Health.
- The review process is overt and transparent (no spying).
- Reviewers must be certain a moment has occurred in order to record it.
- Reviewers must be certain that hand hygiene was not performed in order to record the moment as a miss.
- Site-based Reviewers and IPC Coordinators should communicate regularly to develop strategies to meet the observation target requirements.

Section 3

2.1 The 4 Moments for Hand Hygiene

This section defines the 4 Moments for Hand Hygiene and helps the reviewer understand the difference between the patient environment and healthcare environment. Understanding these concepts is essential when performing hand hygiene reviews.

While there are many times healthcare providers should perform hand hygiene throughout the course of their work day (e.g. entering/exiting a unit, before accessing shared computer devices, after cleaning soiled patient care equipment) AHS Hand Hygiene Policy outlines four moments when hand hygiene must be performed in relation to patient care. These moments are based on risk of microorganism transmission related to the patient care activity and the physical environment. These 4 Moments were derived from the World Health Organization's (WHO) *Five Moments for Hand Hygiene* (2009).

2.2 Explanation of the 4 Moments for Hand Hygiene

Moment 1: The healthcare provider must perform hand hygiene **before making direct** physical contact with the patient or patient's environment. This prevents the transmission of microorganisms from the healthcare environment, other patient environments, and/or from the healthcare provider to the patient or the patient's space.

Moment 2: The healthcare provider must perform hand hygiene **immediately before** performing a clean or aseptic procedure. This prevents microorganisms - including the patient's own - from entering the patient's body. It also ensures the integrity of clean and sterile supplies.

Moment 3: The healthcare provider must perform hand hygiene **immediately after** performing care that involves blood and/or body fluids or when there is a risk to blood and/or body fluid exposure. Performing hand hygiene after blood and/or body fluid exposure protects the healthcare provider and the environment from patient microorganisms.

Moment 4: The healthcare provider must perform hand hygiene **after having direct** physical contact with the patient or patient’s environment before making direct physical contact with the healthcare environment or another patient/patient environment. This prevents the patient’s microorganisms from being transmitted to the healthcare environment, to another patient, or to the healthcare provider.



Adapted from Canadian Patient Safety Institute (CPSI)

2.3 Examples of the 4 Moments for Hand Hygiene

This is a list of commonly cited examples; **it is not intended to be comprehensive**. Activities may fall under more than one moment. If unsure, please consult the IPC Hand Hygiene Program for clarification.

- **Moment 1 (BEF-PAT/ENV) - before contact with a patient or the patient’s environment**

Note: these examples only apply if they are the first point of contact the healthcare provider has with the patient or their environment.

- before touching the patient or items in their environment (e.g. bed, bedrails, bedside table, over-bed table, windowsill, closet, chair)
- after touching a curtain or a door, before contacting the patient
- before touching a patient’s equipment (e.g. wheelchair or walker)
- before assisting with moving/transferring a patient
- before helping position a patient

- before washing a patient (AM/PM care)
- before assisting a patient during Recreational Therapy/Occupational Therapy/Physiotherapy
- before shaking hands
- before touching a patient's pump (e.g. adjusting the infusion rate of an IV line, tube feeding pump)
- before contact with patient monitoring systems
- before taking vital signs (blood pressure, pulse, temperature)
- before a physical assessment (e.g. chest auscultation, abdominal palpation)
- before using a stethoscope on a patient's body
- after touching one's own face, hair or personal electronics before touching a patient or the patient's environment

- **Moment 2 (BEF-ASP) - before clean/aseptic procedure**

- before food handling or feeding a patient
- before oral/dental care
- before suctioning/secretion aspiration
- before tracheotomy care
- before taking a blood glucose test
- before wound care/dressing change/skin lesion care
- before catheter insertion and care (opening and draining a catheter bag)
- before opening a vascular access system (e.g. starting an IV)
- before preparing or giving medications or removing them from the med cart (includes oral and subcutaneous, intramuscular or intravascular injections, eye drops, ointments)
- before starting/changing hypodermoclysis
- before moving from a dirty task to a clean task on the same patient (e.g. performing catheter care and then moving to a patient's IV site)
- before handling clean linens or supplies
- before donning PPE including gloves
- before using an otoscope
- before handling a patient's feeding tube

- **Moment 3 (AFT-BFL) - after exposure or risk of exposure to blood and/or body fluids**

- after oral/dental care
- after contact with saliva or body fluids (urine, feces, vomit)
- after inserting/removing hypodermoclysis
- after suctioning/secretion aspiration
- after wound care/dressing changes
- after drawing or manipulation of any blood and/or body fluid or sample
- after opening a drainage system (e.g. catheter bag)
- after any invasive procedure (e.g. intubation, insertion of vascular access devices)
- after contact with bio-hazardous waste
- after contact with linen soiled with blood and/or body fluids
- after doffing PPE including gloves used to contact body fluid

- **Moment 4 (AFT-PAT/ENV) - after contact with a patient or the patient's environment**

These examples only apply if they are the last point of contact with the patient/patient environment.

- after touching the patient or items in their environment (e.g. bed, bedrails, bedside table, over-bed table, windowsill, closet, chair)
- after patient contact and before touching a curtain or a door when leaving the patient environment
- after touching a patient's equipment (e.g. wheelchair or walker)
- after assisting with moving/transferring a patient
- after helping position a patient
- after washing a patient (AM/PM care)
- after bringing a patient a puzzle/exercise equipment in Recreational Therapy/ Occupational Therapy/Physiotherapy
- after assisting a patient during Recreational Therapy/Occupational Therapy/ Physiotherapy
- after shaking hands
- after touching a pump (e.g. adjusting the infusion rate of an IV line, tube feeding pump)
- after contact with electronic monitoring systems
- after doffing PPE including gloves, to contact the patient or the patient's environment
- after taking vital signs (blood pressure, pulse, and temperature)
- after a physical assessment (e.g. chest auscultation, abdominal palpation)

- after using a stethoscope on a patient's body
- after contact with used linens

2.4 Combined Moments

Hand hygiene moments may be combined if the healthcare provider's hands do not become contaminated after completing a task requiring hand hygiene and immediately before beginning the next task requiring hand hygiene.

For example, if the healthcare provider performs hand hygiene after contact with a patient and does not touch anything to contaminate their hands before contact with the next patient, reviewers will record this as compliant for Moment 4 (AFT-PAT/ENV) and Moment 1 (BEF-PAT/ENV) even though the actual act of performing hand hygiene was only completed once.



The healthcare provider must not touch anything, including themselves between the tasks.

2.5 Environments

There are two kinds of environments in the healthcare setting; the patient environment and the healthcare environment. It is important to recognize the difference between these environments as the microorganisms in these areas will be different.

Patient's Environment - the microorganisms in this area are predominately from the patient.

The patient's environment includes the following:

- The patient and the area immediately surrounding the patient. It can accompany the patient in the healthcare environment, wherever the patient goes (e.g. a patient's wheelchair, walker or IV pole; if the patient is in a lounge or dining room).
- Any point-of-care bedside charting documents (flow sheets etc.) as paper presents a low risk of transmission.
- Any surfaces touched by the patient such as bedrails, over-bed tables, bedside table, infusion pumps and tubing, nearby surfaces touched by the healthcare provider including monitors and control knobs.
- Any equipment that has been used, or currently is in use on the patient. Some examples include IV poles, dialysis units, catheter bags, blood pressure machine, IV lines etc.
- Anything on the patient's bed including the bed itself (e.g. linens, clothes, pillows, blankets, tubing).
- Any of the patient's belongings (e.g. coat, clothes, bags, purse, wallet, documents, or used meal trays). Patient's personal belongings kept outside of a patient's room are considered patient environment.

- Any patient chair. In some areas, patients will have a chair as opposed to a bed. The same rules apply, anything on the chair and the chair itself are considered the patient's environment.
- A patient's environment is unique in that it can and will be different depending on the setting. An ambulatory care patient room will be different from an emergency room, which is different from an acute care setting, a long-term care setting, or a mental health/rehabilitation setting.

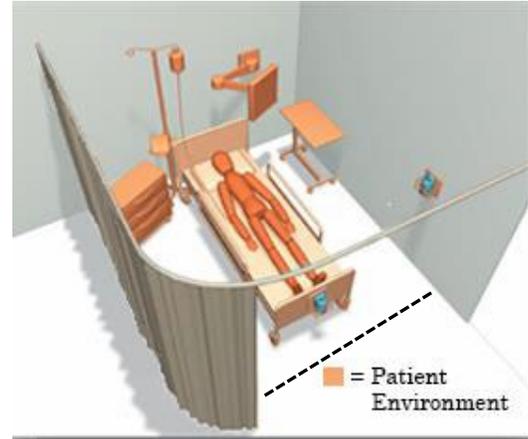
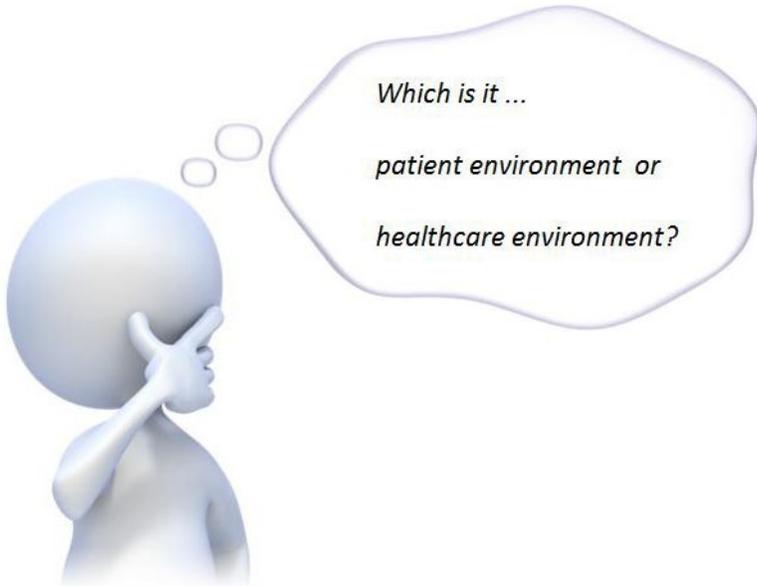
For Example: *(Adapted from PIDAC, 2014)*

- In a single-room, the patient environment is the room including any doorknobs located within the room.
- In a multi-bed room, the patient environment is the area inside the patient curtain. Note: curtains are considered part of the healthcare environment (see Healthcare Environment page 16-17).
- In ambulatory care, the patient environment is the cubicle or chair space.
- In a nursery or neonatal setting, the patient environment includes the bassinette, incubator, and any equipment dedicated to that neonatal patient.

Healthcare Environment - the microorganisms in these areas will be different from those of the patient and the patient's environment.

The healthcare environment includes:

- Any areas outside of the patient environment.
- Any environment that is shared between patients, or any environment or surface that healthcare providers use in between patients.
- The patient's health record (i.e. chart).
- Common examples of the healthcare environment include nursing desks, staff rooms, computers, and public spaces.
- Doorknobs in multi-patient rooms or ambulatory care settings are considered healthcare environment; they are shared surfaces and are not cleaned between patients.
- Privacy curtains in patient care areas are considered healthcare environment regardless of whether they are situated in private or multi-patient settings. Curtains are not always cleaned between patients and are known to be contaminated with a variety of microorganisms.
- Lounges, satellite kitchens, dining rooms, and common areas are considered the healthcare environment.



❶ Curtains in all settings are considered healthcare environment



❷ Hallways are considered healthcare environment



❸ Wheelchair is the patient's environment



❹ Workstations/nursing stations are the healthcare environment



❺ Walker is the patient's environment



❻ Each cubicle is a separate patient environment

Image ❶ is reproduced with permission from *Just Clean Your Hands*, Ontario's evidence-based hand hygiene program. Available at: <http://www.health.gov.on.ca/en/ms/handhygiene/> or (Provincial Infectious Diseases Committee, 2010)

2.6 Healthcare Provider Self-Contamination

Self-contamination occurs when a healthcare provider uses their hands (i.e. palm, fingertips) to touch their own face or hair; adjust or clean their glasses; access personal electronics (i.e. cell phone, pager or Vocera) and then contacts a patient or patient environment.

If the healthcare provider is observed self-contaminating their hands, the healthcare provider must perform hand hygiene before any patient care interaction in accordance with the 4 Moments for Hand Hygiene.

If hand hygiene is not performed after self-contamination is observed, there is a risk of microorganisms being transmitted between the healthcare provider and the patient.

If the healthcare provider adjusts their glasses with the back of their hand or wrist during a patient interaction this would not be recorded as self-contamination.



- The 4 Moments for Hand Hygiene are based on patient and staff safety and minimizing the risk of transmission of microorganisms.
- Understanding the difference between patient environment and the healthcare environment is critical to the hand hygiene review process.
- The healthcare provider **must** make contact with the patient or the patient's environment to record a moment (i.e. no contact = no moment).
- One action of hand hygiene may be recorded as multiple hand hygiene moments in certain situations (i.e. combined moments). See Section 3.4 Combined Moments.
- Healthcare providers **must** perform hand hygiene if they self-contaminate their hands before a patient interaction.

Section 4

4.1 Healthcare Provider Groups

Correctly identifying healthcare providers (HCPs) in the Clean Hands System is important to accurate data collection and reporting. Reviewers should be as specific as possible when classifying healthcare providers.

This section provides a list of healthcare provider groups available in the Clean Hands System and the individual healthcare providers included in each group. Reviewers can locate the individual healthcare provider on the list and select the appropriate healthcare provider group in the Clean Hands System. This list may not be all-inclusive.

This section also provides a brief description of each group and tips to help reviewers correctly identify healthcare providers. Reviewers are also able to identify healthcare providers by occupations noted on identification tags or by asking.

It is important to note that healthcare providers are classified by their profession and **not** the program they work in.

For example:

- A registered nurse or a radiologist working in a radiation therapy unit would be classified as a Nurse or Physician, respectively and not under Cancer Care.
- A unit clerk working on a cardiac care unit would be classified under Administration & Clerical Services and not Cardiac Care.

Healthcare Provider (HCP) Group	Description	Healthcare Providers could include...
Addictions & Mental Health	Addictions and Mental Health staff are responsible for working with patients that have addiction or mental health issues.	Addiction Counsellor Behavior Management Specialist Community Liaison Worker Family Counsellor Independent Living Skills (ILS) Worker Mental Health Clinician Mental Health Consultant Mental Health Therapist Outreach Worker Psychologist Psychometrist Therapy Specialist

Administrative & Clerical Services	Administrative and Clerical Services staff are responsible for managing the flow of information and providing clerical support to other staff.	Unit Clerk
Cardiac Care	Cardiac Care staff are responsible for administration and monitoring of heart function.	Cardiology Technologist Cardiovascular Perfusionist
Dental Care	Dental Care staff are responsible for administration and monitoring of oral health conditions.	Dental Hygienist Dental Technician Denturist Registered Dental Assistant
Diagnostic & Therapeutic Technologists	Diagnostic and Therapeutic Technologists are responsible for and may be observed in a number of areas.	Combined Laboratory and X-ray Technologist (CLXT) – providing Diagnostic Imaging Services Diagnostic Imaging Assistant Diagnostic Sonographer Electrocardiogram (ECG) Technician Electro neurophysiology Technologist Magnetic Resonance Technologist (Medical Radiation Technologist) Medical Physicist – Diagnostic Imaging Nuclear Medicine Technologist (Medical Radiation Technologist) Radiation Therapist (Medical Radiation Therapist) Radiological Technologist (Medical Radiation Technologist)
Emergency Medical Services	Emergency Medical Services staff are often the first responders at scenes where people are in need of emergency medical care and can be observed for compliance with hand hygiene while in a facility. Emergency Medical Services staff are identifiable by their uniforms.	Emergency Medical Responder (EMR) Emergency Medical Technician–Ambulance (EMT-A) Emergency Medical Technologist –Paramedic (EMT-P)

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<p>Facilities, Maintenance & Engineering</p>	<p>Facilities, Maintenance and Engineering staff are responsible for the maintenance and operations of equipment and systems of a facility.</p> <p>Facilities, Maintenance and Engineering staff are usually identifiable by their uniforms.</p> <p>Facilities, Maintenance and Engineering staff should be observed when entering or exiting a patient's environment.</p>	<p>Biomedical Equipment Technologists Electrician Maintenance Worker Mechanic Painter Plumber Renal Technologist</p>
<p>Laboratory Services</p>	<p>Laboratory Services staff are responsible for obtaining blood specimens from patients for blood tests.</p>	<p>Combined Laboratory and X-ray Technologist (CLXT) – providing Laboratory Services Medical Laboratory Assistant / Phlebotomist Medical Laboratory Technologist</p>
<p>Linen & Environmental Services</p>	<p>Linen and Environmental Services staff are responsible for linens in a facility as well as cleaning and disinfecting a facility.</p> <p>Linen and Environmental Services staff are usually identifiable by the equipment that they use (e.g. cleaning carts, mops, brooms, automatic floor cleaners).</p>	<p>Environmental Services Personnel / Housekeeper Laundry Attendant</p>
<p>Nurses</p>	<p>Nurses are responsible for providing direct care to patients.</p>	<p>Healthcare Aide (HCA) Clinical Nurse Educator (CNE) Clinical Nurse Specialist (CNS) Licensed Practical Nurse (LPN) Mental Health Aide / Psychiatric Aide Nurse Practitioner (NP) Nursing Assistant / Nursing Attendant (NA) Registered Nurse (RN) Registered Psychiatric Nurse (RPN) Undergraduate Nurse Employee (UNE)</p>

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Nutrition & Food Services	Nutrition and Food Services staff are responsible for discussing the dietary needs of patients as well as the distribution of meal trays to patients.	Dietitian Food Services Worker
Pharmacy Services	Pharmacy Services staff are responsible for meeting with patients to discuss pharmaceuticals.	Pharmacist Pharmacy Aide / Pharmacy Assistant Pharmacy Resident Pharmacy Technician
Physicians	<p>Physicians - both Family (General) and Specialist - are responsible for the diagnosis and treatment of diseases and injuries.</p> <p>Physicians may wear a white coat, scrubs, casual or office attire.</p>	<p>Anesthesiologist Dentist Dental Surgeon Medical Fellow Medical Resident Optometrist Ophthalmologist Physician includes all specialties and sub specialties (e.g. Ophthalmologist, Psychiatrist, Radiologist, etc.)</p>
Porters*	<p>Porters are responsible for the transfer of patients, patient's charts or other items such as equipment from place-to-place.</p> <p>Porters are often identifiable by their uniforms.</p>	Porter
Protective Services	<p>Protective Services staff are responsible for providing security services in a facility.</p> <p>Protective Services staff are identifiable by their uniforms.</p> <p>Protective Services, like other staff, should not be observed during emergency medical care such as a code or other emergencies.</p>	Protective Services Officer Protective Services Team Lead Security

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Rehabilitation	Rehabilitation staff are responsible for the assessment, treatment, and follow-up of patients with respect to rehabilitation.	Audiologist Clinical Exercise Physiologist / Physiologist Music Therapist Occupational Therapist (OT) Physical Therapist (PT) Physiotherapist Recreation Therapist (RT) Rehabilitation Assistant Speech Language Pathologist (SLP) Therapy Assistant / Technical Attendant Therapy Specialist
Respiratory Services	Respiratory Services staff are responsible for the assessment, treatment, and follow-up regarding cardio-pulmonary diseases, respiratory disorders and the use of respiratory equipment and instruments.	Respiratory Therapist
Service Aides*	Service Aides are responsible for ordering and stocking supplies as well as the cleaning and disinfection of horizontal surfaces.	Service Aide
Social Work	Social Work staff are responsible for providing patient counselling and support.	Social Worker
Spiritual Care Services	Spiritual Care Services staff are responsible for the delivery of emotional and spiritual services to patients and the families and friend of patients.	Spiritual Leader (e.g. Elder, Pastor)
Student – Nurses**	Student – Nurses are responsible for providing direct care to patients under the supervision of Nurses. Student - Nurses are identifiable by ID or uniforms.	Student – Healthcare Aide (HCA) Student – Licensed Practical Nurse (LPN) Student – Nurse Practitioner (NP) Student – Registered Nurse (RN) Student – Registered Psychiatric Nurse (RPN)
Student – Others**	Student – Others are identifiable by ID or uniforms.	Student – Emergency Medical Responder (EMR) Student – Rehabilitation personnel Student – Respiratory Therapist Student – Social Worker

Student – Physicians**	<p>Student – Physicians are responsible for the diagnosis and treatment of diseases and injuries under the supervision of Physicians.</p> <p>Student - Physicians are identifiable by ID or a white coat, scrubs, casual or office attire.</p>	<p>Student – Dentist</p> <p>Student – Physician</p> <p>Student – Optometrist</p>
Vision Care	Vision Care staff are responsible for the administration and monitoring of eye health conditions.	<p>Ophthalmic Medical Technologist</p> <p>Ophthalmic Technician</p> <p>Orthoptist</p>
Volunteers	Volunteers are responsible for enhancing the quality of care and services delivered by staff.	Volunteer
Others	Healthcare providers not categorized.	<p>Hairstylists</p> <p>Medical Photographers</p> <p>Midwives</p> <p>Teachers</p>

* Porters – used to be categorized under General Support Services

* Service Aides – used to be categorized under General Support Services

** Student - Others – use to be categorized under Students

** Student - Nurse – use to be categorized under Students

** Student - Physicians - use to be categorized under Students



- Reviewers should be as **specific as possible** when selecting the type of healthcare provider from the Healthcare Provider list.
- If a healthcare provider is not included on this list, the Zone Hand Hygiene Project Manager should be contacted. The *Other* category should be used in very rare circumstances (i.e. Medical Photographers, Midwives).
- Healthcare providers can be identified using visual cues (e.g. badges, uniforms, duties, etc.) or by directly asking the healthcare provider.
- Reports that include hand hygiene compliance by each type of healthcare provider are valuable to unit managers and educators; therefore it's important to accurately identify the provider.

Appendix A: Hand Hygiene Scenarios

This section provides examples of common scenarios that hand hygiene reviewers may encounter while conducting reviews. While not all-inclusive, the interactions between healthcare providers and patients in these scenarios will help guide reviewers through the process of conducting, interpreting, and recording observations in accordance with the AHS 4 Moments for Hand Hygiene.

Through “**Exploring the Possibilities**”, similar situations are analyzed to illustrate how slight changes in practice can lead to different outcomes in the data collection process.

After each scenario, “**Take Away Messages**” are included to highlight key concepts that will help reviewers apply basic principles from the scenario to other situations.

Note: In all scenarios where hand hygiene is not specifically mentioned, it is inferred that hand hygiene was not performed by the healthcare provider.

Data Entry:

Healthcare Provider (HCP)		Refer to Section 4 – Healthcare Provider Groups
Hand Hygiene Moment	BEF-PAT/ENV	Moment 1 - before contact with patient or patient’s environment
	BEF-ASP	Moment 2 - before an aseptic or clean procedure
	AFT-BFL	Moment 3 - after contact with blood and/or body fluids
	AFT-PAT/ENV	Moment 4 - after contact with patient or patient’s environment
Hand Hygiene Observation	WASH	Hand washing performed
	ABHR	HCP used alcohol-based hand rub (ABHR)
	MISS	Opportunity for hand hygiene missed



HCP – Porters If not easily identifiable you may have to ask
 Moment 1 (wash/ABHR); Moment 4 (miss); Moment 1 (miss)

Scenario 1

The social worker performs hand hygiene and enters a patient room, shakes the patient’s hand and begins having a conversation with the patient. The social worker and patient finish their conversation; they shake hands and the social worker performs hand hygiene upon leaving the room and returns to the nursing station to begin charting.



HCP – Social Work (Social Worker)

Moment 1 (wash/ABHR); Moment 4 (wash/ABHR)

Rationale:

- Moment 1 (BEF-PAT/ENV) is recorded as compliant because hand hygiene was performed before shaking the patient’s hand (patient contact).
- Moment 4 (AFT-PAT/ENV) is recorded as compliant because the social worker performs hand hygiene after contact with the patient and before contacting the nursing station (healthcare environment).

Exploring Possibilities:

- If the social worker had no direct contact with the patient or the patient’s environment then no moments could be recorded even though the social worker performed hand hygiene.
- If the social worker had contact with the patient’s environment (i.e. patient’s bedrail), the recorded moments would be the same as above, because contact with the patient or their environment is recorded the same.

Take Away Message:

- Moment 1 (BEF-PAT/ENV) can only be recorded if the healthcare provider makes contact with the patient or the patient’s environment.
- Moment 4 (AFT-PAT/ENV) can only be recorded when the healthcare provider has had contact with the patient or patient’s environment, and then makes contact with the healthcare environment.

Scenario 2

The licensed practical nurse (LPN) is at the patient's bedside and checks the patient's chest sounds. The LPN performs hand hygiene from a point-of-care bottle of hand sanitizer on the bedside table and continues to ask the patient questions. The LPN leaves without touching the patient or anything in the patient's space. The LPN goes to record the patient's information on the workplace on wheels (W.O.W.) that is kept outside the patient's environment.



HCP – Nurses (LPN)

Moment 4 (wash/ABHR)

Rationale:

- Moment 1 (BEF-PAT/ENV) cannot be recorded as the hand hygiene reviewer did not see the LPN enter the room or have patient contact.
- Moment 4 (AFT-PAT/ENV) is recorded as compliant because the LPN performed hand hygiene after patient contact and before she made contact with the healthcare environment (the W.O.W.).
- The LPN does not need to perform hand hygiene upon leaving the patient's environment as her hands would still be considered clean; she has had no contact with the patient or patient's environment (after checking the chest sounds).

Exploring Possibilities:

- If the LPN had waited to perform hand hygiene upon leaving the room, the Moment 4 (AFT-PAT/ENV) would be still recorded as compliant as long as hand hygiene was performed before contacting the workplace on wheels (W.O.W.).

Take Away Message:

- No moments can be recorded unless the reviewer actually observes the moment.
- Workplace on wheels (W.O.W.) is considered healthcare environment.

Scenario 3

The porter performs hand hygiene before entering the patient’s space. The porter assists the patient from the bed to the patient’s wheelchair, wheels the patient out of the room and then makes a phone call at the nursing station before pushing the patient in the wheelchair off the unit.



HCP – Porters (Porter)

Moment 1 (wash/ABHR); Moment 4 (miss); Moment 1 (miss)

Rationale:

- Moment 1 (BEF-PAT/ENV) is recorded as compliant because the porter performs hand hygiene before contact with the patient and the patient’s environment (i.e. wheelchair).
- Moment 4 (AFT-PAT/ENV) is recorded as a miss because the porter did not perform hand hygiene before touching the telephone (healthcare environment).
- Moment 1 (BEF-PAT/ENV) is recorded as a miss because the porter did not perform hand hygiene before touching the patient’s wheelchair (patient environment) after touching the telephone (healthcare environment).

Exploring Possibilities:

- If the porter transported the patient off the unit and did not have contact with the healthcare environment while in the sight of the hand hygiene reviewer, then there would be no indication for Moment 4 (AFT-PAT/ENV).
- If the porter wore gloves (which are not required for this task) to move the patient, Moment 2 (BEF-ASP) would be recorded for accessing clean gloves.

Take Away Message:

- Wheelchairs are considered patient environment.
- When contact occurs between a patient and a healthcare provider outside of the patient’s room (e.g. in a common area), Moment 1 (BEF-PAT/ENV) and Moment 4 (AFT-PAT/ENV) still apply.

Scenario 4

A healthcare aide (HCA) leaves the nursing station to begin feeding patient A, patient B, and patient C who are all sitting at one table in a common dining room. The HCA performs hand hygiene and gives patients A, B, and C their first bite of food. The HCA only touches each patient's utensil while feeding the patients; she does not have direct contact with any of the patients.



HCP – Nurses (HCA)

Moment 2 (wash/ABHR)

Rationale:

- Healthcare providers and volunteers assisting with patient feeding or serving meals/snacks should perform hand hygiene.
- Moment 2 (BEF-ASP) is recorded as compliant when the HCA touches the clean utensils. Clean utensils **are** considered clean supplies. Although the HCA makes contact with the clean portion of three utensils, only one Moment 2 (BEF-ASP) can be recorded.
- As there is no contact with a patient or their environment, there are no indications for other hand hygiene opportunities.

Exploring Possibilities:

- If the HCA wore gloves (which are not required for this task) to feed the patients the same entry would be recorded as a single Moment 2 (BEF-ASP). A single Moment 2 (BEF-ASP) would be recorded for two reasons; accessing clean gloves and feeding the patient.
- If the HCA has direct contact with one of the patients (adjusts a bib) then Moment 1 (BEF-PAT/ENV) and Moment 4 (AFT-PAT/ENV) would apply. The HCA would need to perform hand hygiene after touching the patient's bib and before continuing to feed the other patients.
- If the HCA and the patient are both handling the utensil during the feeding process, the handle of the utensil would no longer be considered a clean supply and the HCA would need to perform additional moments of hand hygiene in accordance with the 4 Moments for Hand Hygiene.

Take Away Message:

- A healthcare provider can feed multiple patients without performing hand hygiene in-between as long as there is no direct contact with the patients during the process.
- Feeding patients is considered a Moment 2 (BEF-ASP).

Scenario 5

A healthcare aide (HCA) performs hand hygiene and begins feeding patient A. While patient A is chewing the mouthful of food, the HCA wipes patient B's mouth. The HCA then gives patient A another mouthful of food.



HCP – Nurses (HCA)

Moment 2 (wash/ABHR); Moment 1 (wash/ABHR); Moment 3 (miss)
 Moment 4 (miss); Moment 2 (miss)

Rationale:

- Hand hygiene should be performed by staff and volunteers assisting with patient feeding or serving meals/snacks.
- Moment 2 (BEF-ASP) is recorded as compliant when the HCA touches the clean utensil. The clean utensil is considered a clean supply.
- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the HCA wiped patient B's mouth. The HCA did not have direct physical contact with patient A before wiping patient B's mouth, she only touched the clean portion of the utensil (handle).
- Moment 3 (AFT-BFL) is recorded as a miss when the HCA did not perform hand hygiene after wiping patient B's mouth. When wiping a patient's mouth, there is a risk of contact with body fluids (saliva). If the HCA is assisting with meals or snacks of one or more residents and there is exposure of the hands to saliva or mucous membranes, the HCA is expected to perform hand hygiene before resuming their duties.
- Moment 4 (AFT-PAT/ENV) is recorded as a miss when the HCA finished wiping patient B's mouth and touched the clean utensil (handle) to return to feeding patient A.
- Moment 2 (BEF-ASP) is recorded as a miss because the HCA did not perform hand hygiene before re-touching patient A's utensil.

Exploring Possibilities:

- If the HCA was feeding patient A and patient B at the same time but did not have to wipe a mouth, there would be no indication of Moment 1 (BEF-PAT/ENV), Moment 3 (AFT-BFL), or Moment 4 (AFT- PAT/ENV). Only one Moment 2 (BEF-ASP) would be recorded.

Take Away Message:

- If the healthcare provider has contact with any of the patients when feeding multiple patients, the healthcare provider must perform hand hygiene before resuming the feeding process.
- Feeding patients is considered a Moment 2 (BEF-ASP).

Scenario 6

A reviewer sees a nursing student already in a multi-patient room straightening patient A's bedding. The nursing student leaves the room. On the way out of the room the nursing student touches the doorknob and opens the door. The nursing student then comes back into the room and continues her work with patient A.



HCP – Student-Nurses (Nursing student)

Moment 4 (miss); Moment 1 (miss)

Rationale:

- Moment 1 (BEF-PAT/ENV) cannot be recorded initially as the nursing student was already in the patient's room when the reviewer began collecting observations.
- Moment 4 (AFT-PAT/ENV) is recorded as a miss because the doorknob in a multi-patient room is considered part of the healthcare environment.
- Moment 1 (BEF-PAT/ENV) is recorded as a miss when the nursing student re-enters patient A's space and did not perform hand hygiene after touching the doorknob (healthcare environment) and before she touched the patient.

Exploring Possibilities:

- If the reviewer observed the nursing student in a single patient room, the doorknob would be considered patient environment and Moment 4 (AFT-PAT/ENV) and Moment 1 (BEF-PAT/ENV) would not be considered misses.
- If the patient was in an ambulatory care or emergency room setting, Moment 4 (AFT-PAT/ENV) and Moment 1 (BEF-PAT/ENV) would be recorded as misses as doorknobs are not routinely cleaned between patients.

Take Away Message:

- Doorknobs in multi-patient rooms are healthcare environment. Doorknobs in single patient rooms are considered patient environment.
- No moment can be recorded unless the reviewer actually observes the moment.

Scenario 7

A registered nurse (RN) moves from the charting area to the medication station to begin preparing for medication delivery. The RN performs hand hygiene before she touches the medication station to handle the medications. The RN delivers oral medication to a patient in their room. The RN hands the medication to the patient and in the process her hand touches the patient's hand. The RN returns to the charting area to complete the charting.



HCP – Nurses (RN)

Moment 2 (wash/ABHR); Moment 1 (wash/ABHR); Moment 4 (miss)

Rationale:

- Moment 2 (BEF-ASP) is recorded as compliant because the RN performed hand hygiene before preparing the medication.
- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the RN's hand touched the patient, as the RN's hands are still clean after preparing medication. This would be a “combined moment” (see Section 3.4 Combined Moments).
- Moment 4 (AFT-PAT/ENV) is recorded as a miss. Hand hygiene should have been performed after contact with the patient and before the RN made contact with the healthcare environment (charting area).

Exploring the Possibilities:

- If the RN has no direct physical contact with any aspect of the patient or the patient's environment (e.g. table, glass of water) while delivering the medication, her hands remain clean and she would not need to perform hand hygiene after delivering the medication. There would also be no indication for a Moment 1 (BEF-PAT/ENV) to be recorded as no contact with the patient or their environment occurred.
- If the reviewer could not observe the RN before preparing medications and was unsure of what the RN was doing prior, the reviewer could not record Moment 2 (BEF-ASP) and Moment 1 (BEF-PAT/ENV).

Take Away Message:

- Medication preparation/delivery is considered a Moment 2 (BEF-ASP).
- Multiple hand hygiene moments can be recorded as combined moments, Moment 1 (BEF-PAT/ENV) and Moment 2 (BEF-ASP) in this case. The RN did not touch anything including herself between tasks (medication preparation and medication delivery in this case) even though the actual act of performing hand hygiene was only completed once.

Scenario 8

A registered psychiatric nurse (RPN) and a security staff member are working at an ambulatory care desk; they both then enter a patient room. The patient asks the RPN to help retrieve her glasses from her purse. The RPN grabs the patient's purse from the chair, hands it to the patient and leaves the room to return back to the desk. Security staff continues to observe the patient. Security staff does not have contact with the patient or patient environment.



HCP – Nurses (RPN)

Moment 1 (miss); Moment 4 (miss)

HCP – Protective Services (Security staff)

No recordable moments

Rationale:

RPN

- Moment 1 (BEF-PAT/ENV) was recorded as a miss when the RPN touched the patient's belongings (purse) without performing hand hygiene, after working at the ambulatory care desk (healthcare environment).
- Moment 4 (AFT-PAT/ENV) was recorded as a miss after the RPN touched the patient's belongings and then returned to the desk (healthcare environment) without performing hand hygiene.

Security staff

- No moments can be recorded as security staff does not have contact with the patient or the patient's environment, therefore the security staff does not need to perform hand hygiene even though they entered the room.

Exploring Possibilities:

- If the security staff had contact with the patient or patient's environment, moments would be recorded accordingly.
- If the RPN had direct physical contact with the patient instead of the patient's purse, the same moments would be recorded, Moment 1 (BEF-PAT/ENV) and Moment 4 (AFT-PAT/ENV). Patient belongings are included as a part of the patient's environment.

Take Away Message:

- If healthcare providers do not have contact with a patient or patient's environment, no moments can be recorded.
- Patient belongings are considered patient environment.
- Reviewers can observe multiple healthcare providers at the same time.

Scenario 9

A pharmacist performs hand hygiene, enters a patient's room and shakes the patient's hand. The pharmacist's pager beeps; the pharmacist accesses her pager and excuses herself to leave the room to use the phone in the corridor. The pharmacist performs hand hygiene and comes back through the open door into the patient's space and places her hands on the patient's bedrails and proceeds to talk to the patient.



HCP – Pharmacy Services (Pharmacist)

Moment 1 (wash/ABHR); Moment 4 (miss); Moment 1 (wash/ABHR)

Rationale:

- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the pharmacist shakes the patient's hand.
- Moment 4 (AFT-PAT/ENV) is recorded as a miss when the pharmacist accesses her pager (healthcare environment) without performing hand hygiene.
- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the pharmacist re-enters the patient's room and touches the patient's bedrails (patient environment).

Exploring Possibilities:

- If the pharmacist answers the call using their own cell phone within the patient room, Moment 4 (AFT- PAT/ENV) would still be considered a miss even though the pharmacist did not leave the patient's environment.
- If the pharmacist had no contact with the patient or the patient's environment, there would be no observations recorded when entering and exiting the room.
- Performing hand hygiene before entering a patient's room is always recommended as best practice, but unless there is contact made with the patient or patient environment there are no recordable moments as outlined by the hand hygiene review process.

Take Away Message:

- Healthcare providers who access personal electronic devices (i.e. cell phones, pagers) must perform hand hygiene before accessing the device and after using the device, when working directly with a patient (see Section 3.6 Healthcare Provider Self-Contamination).

Scenario 10

The undergraduate nurse employee (UNE) enters a patient room and performs hand hygiene. The UNE dons gloves and brushes the patient's teeth. The UNE removes her gloves and performs hand hygiene then leaves the room. The UNE performs hand hygiene again in the hallway and proceeds down the hall to open the door to the staff lunchroom.

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HCP – Nurses (UNE)

Moment 2 (wash/ABHR), gloves; Moment 1 (wash/ABHR), gloves;
 Moment 3 (wash/ABHR), gloves; Moment 4 (wash/ABHR), gloves

Rationale:

- Moment 2 (BEF-ASP) is recorded as compliant because the UNE performed hand hygiene before accessing the clean supplies (gloves) to brush the patient’s teeth. Brushing the patient’s teeth is considered a clean procedure; however, it is recorded only once when the gloves are accessed.
- Moment 1 (BEF-PAT/ENV) is recorded as compliant because hygiene was performed before brushing the patient’s teeth (i.e. patient’s environment). This is considered a combined moment with Moment 2 above (see Section 3.4 Combined Moments).
- Moment 3 (AFT-BFL) is recorded as compliant. As salivais considered a body fluid, there is an indication of risk of body fluid exposure with oral care procedures.
- Moment 4 (AFT-PAT/ENV) is recorded as a combined moment with Moment 3 (AFT-BFL) above, after the UNE doffed her gloves and contacted the door to the lunch room (healthcare environment).
- The UNE performed hand hygiene unnecessarily when she left the room. Because she did not have contact with the patient or patient’s environment (after removing her gloves), she did not need to perform hand hygiene upon exiting the room. This moment of hand hygiene is non-recordable as Moment 4 (AFT-PAT/ENV) was captured above as a combined moment when hand hygiene was performed after doffing gloves.

Exploring Possibilities:

- If the UNE had touched the patient or an item in the patient’s environment after doffing her gloves and performing hand hygiene then her act of performing hand hygiene when she left the room would have been necessary to record Moment 4 (AFT-PAT/ENV).

Take Away Message:

- Gloves donned immediately before an aseptic procedure are considered part of the procedure and a single Moment 2 (BEF-ASP) is recorded.
- Oral care is considered a Moment 2 (BEF-ASP) and hand hygiene is required after doffing gloves, Moment 3 (AFT-BFL).
- There are 2 sets of combined moments in this scenario. Moment 2 (BEF-ASP) and Moment 1 (BEF-PAT/ENV) are a combined moment. Moment 3 (AFT-BFL) and Moment 4 (AFT-PAT/ENV) are also a combined moment. These are combined moments because the UNE did not touch

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anything including herself between tasks even though the actual act of performing hand hygiene was only completed once.

- Accessing clean PPE including gloves is considered a Moment 2 (BEF-ASP).
- If additional hand hygiene is performed, it may not always be a recordable moment as illustrated in the scenario above.

Scenario 11

A registered nurse (RN) enters the patient room and places IV medication supplies on the over-bed table without touching the table. The RN performs hand hygiene. The IV pump alarm goes off so the RN resets the pump. The RN moves the over-bed table. She performs hand hygiene, cleans the IV port and injects the medication into the IV bag. The RN performs hand hygiene and leaves the room, returns to the nursing station to answer the phone.



HCP – Nurses (RN)

Moment 1 (wash/ABHR); Moment 2 (wash/ABHR); Moment 4 (wash/ABHR)

Rationale:

- Moment 1 (BEF-PAT/ENV) is recorded as compliant because the RN placed her clean supplies down and performed hand hygiene before she made contact with the patient’s environment (patient’s IV pump).
- Moment 2 (BEF-ASP) is recorded as compliant because hand hygiene is performed before cleaning the IV port.
- Moment 4 (AFT-PAT/ENV) is recorded as compliant after the RN leaves the patient’s environment and touches the phone at the nursing station (healthcare environment).

Exploring Possibilities:

- If the IV pump did not require resetting, Moment 1 (BEF-PAT/ENV) and Moment 2 (BEF-ASP) could be combined.
- If the RN moved the bedside table immediately after placing the clean supplies on it, Moment 1 (BEF- PAT/ENV) could not be recorded because the reviewer did not observe whether the RN performed hand hygiene before accessing the clean supplies.
- If the reviewer observed the RN moving from healthcare environment to access the IV medication supplies, an additional Moment 2 (BEF-ASP) would be recorded accordingly.
- If the RN injected medication into the patient IV port (IV site) instead of the IV bag, a Moment 3 (AFT- BLF) would be recorded.

Take Away Message:

- Hand hygiene must be performed immediately before an aseptic procedure even if hand hygiene was performed before contact with the patient or the patient’s environment.
- Medication delivery is considered a Moment 2 (BEF-ASP).
- An injection directly into an IV bag is considered a clean/aseptic technique, but not a bodily fluid risk.

Scenario 12

An environmental services (ES) worker performs hand hygiene, dons gloves and walks into a multi-patient room containing patient A and patient B. The ES worker cleans patient A's space, doffs gloves, and washes their hands. The ES worker gathers additional clean supplies from the ES cart located in the corridor immediately outside the multi-patient room. The ES worker dons gloves, and begins cleaning patient B's space.



HCP – Linen & Environmental Services (ES worker)

Moment 2 (wash/ABHR), gloves; Moment 1 (wash/ABHR), gloves; Moment 4 (wash/ABHR), gloves;
Moment 2 (wash/ABHR), gloves; Moment 1 (wash/ABHR), gloves

Rationale:

- Moment 2 (BEF-ASP) is recorded as compliant when the ES worker performed hand hygiene before accessing gloves and before contacting patient A's space; Moment 1 (BEF-PAT/ENV). This is considered a combined moment (see Section 3.4 Combined Moments).
- ES workers will often move between cleaning a patient space and accessing supplies contained on the ES cart (i.e. clean rags, dusting wand, mop heads, disinfectant wipes). Moving between a patient space and the ES cart is in accordance with hand hygiene practices.
- Moment 4 (AFT-PAT/ENV) is recorded as compliant when the ES worker completed work in a single patient's space in a multi-bed room. In this case patient A's space.
- Moment 2 (BEF-ASP) is recorded as compliant because hand hygiene is performed before accessing gloves and before contacting patient B's space; Moment 1 (BEF-PAT/ENV). These hand hygiene moments are combined with Moment 4 (AFT-PAT/ENV) above.

Exploring Possibilities:

- If the hand hygiene reviewer observes the ES worker cleaning a surface that was visibly contaminated with blood and/or body fluids, Moment 3 (AFT-BFL) would be recorded. There must be visible contamination to record a Moment 3 (AFT-BFL) (e.g. when cleaning a urinal spill on the floor).
- If an ES worker touches the healthcare environment, hand hygiene must be performed before accessing the gloves needed to clean patient's B space.
- If an ES worker performs a task in the patient's environment that does not require contact with the environment (e.g. sweeping) then no Moment 1 (BEF-PAT/ENV) or Moment 4 (AFT-PAT/ENV) would be recorded (i.e. non-recordable). Moment 2 (BEF-ASP) would apply if gloves were donned.

Take Away Message:

- ES workers can access the ES cart and its supplies while working in a patient environment without performing hand hygiene.
- Healthcare providers are required to perform hand hygiene when moving between patient spaces in a multi-patient room.
- Accessing clean PPE including gloves is considered a Moment 2 (BEF-ASP).

Scenario 13

A licensed practical nurse (LPN) enters a multi-patient room and moves towards patient A. The LPN performs hand hygiene, helps the patient bring his arm out from under the sheets and proceeds to take the patient's blood pressure. The LPN moves to the other side of the bed and adjusts the over-bed table. The LPN touches the patient's right arm and attaches the O₂ monitor to the patient's finger. The LPN takes the patient's temperature using a tympanic thermometer (in ear). The LPN performs hand hygiene and moves to patient B's space to continue taking morning vitals on patient B.



HCP – Nurses (LPN)

Moment 1 (wash/ABHR); Moment 4 (wash/ABHR); Moment 1 (wash/ABHR)

Rationale:

- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the LPN helped the patient bring their arm out from under the sheets.
- Moment 4 (AFT-PAT/ENV) is recorded as compliant after the LPN completed vitals on patient A and leaving the space to enter patient B's space. When the LPN has contact with patient B or patient B's space, Moment 1 (BEF-PAT/ENV) for patient B is recorded. The LPN does not need to perform hand hygiene in between leaving patient A and entering patient B's space. This is an example of combined moments (see Section 3.4 Combined Moments).

Exploring Possibilities:

- If the curtains to patient B's space were closed and the LPN had to pull them back to access patient B then a Moment 1 (BEF-PAT/ENV) would be recorded as a miss (curtains are considered healthcare environment). The LPN would need to perform hand hygiene after touching the curtains.

Take away Message:

- One act of hand hygiene can be recorded as several combined moments if the healthcare provider does not touch anything in-between, including them self as they move from one task to another.

Scenario 14

A physician is seen charting at the nursing station. The physician performs hand hygiene and leaves the nursing station to see his patient in an exam cubicle. The physician grabs the curtain to pull it back and enters the cubicle, closes the curtain and shakes the patient's hand. The physician dons a pair of gloves and touches the patient's skin while examining an abscess. The physician doffs his gloves, moves a chair and opens the curtain to leave the patient's cubicle.



HCP – Physicians (Physician)

Moment 1 (miss); Moment 2 (miss), gloves; Moment 3 (miss), gloves; Moment 4 (miss)

Rationale:

- The physician performs hand hygiene before touching the curtain but contaminates his hands by opening and closing the curtain. Curtains are considered part of the healthcare environment.
- Moment 1 (BEF-PAT/ENV) is recorded as a miss when the physician does not perform hand hygiene before shaking the patient's hand.
- Moment 2 (BEF-ASP) is recorded as a miss when the physician does not perform hand hygiene before donning gloves and examining a wound (abscess). Two actions (donning gloves, touching the abscess) are observed and recorded as a single missed opportunity for Moment 2 (BEF-ASP).
- Moment 3 (AFT-BFL) is recorded as a miss when the physician does not perform hand hygiene after body fluid exposure risk and doffing gloves. This would be recorded as a miss when the physician touches the patient environment (the chair).
- Moment 4 (AFT-PAT/ENV) is recorded as a miss when the physician touches the curtain after examining the patient he moves from patient environment to healthcare environment (hand hygiene should be performed before touching the curtain).

Exploring Possibilities:

- If the physician was able to access the patient without handling the curtain, Moment 1 (BEF-PAT/ENV) would have been compliant.
- If the physician had not touched the chair (patient environment), Moment 3 (AFT-BFL) would be recorded as a miss when the physician touches the curtain.

Take Away Message:

- Curtains are considered healthcare environment in all settings.
- Wound care is a Moment 2 (BEF-ASP) clean/aseptic procedure and a blood and/or body fluid exposure risk Moment 3 (AFT-BFL).
- Accessing clean PPE including gloves is considered a Moment 2 (BEF-ASP).

Scenario 15

An emergency medical technician (EMT) enters a single patient room and performs hand hygiene before touching a patient’s wristband to identify the patient in order to perform a glucometer procedure. The EMT dons gloves, gathers supplies, cleans the patient’s skin with the alcohol swab, and performs the finger poke. The EMT performs the glucometer test, discards the lancet in the sharps container and cares for the puncture site. The EMT removes their gloves, performs hand hygiene, and proceeds to clean the glucometer at the nursing station and returns it to storage.



HCP – Emergency Medical Services (EMT)

Moment 1 (wash/ABHR); Moment 2 (miss), gloves; Moment 3 (wash/ABHR);
Moment 4 (wash/ABHR)

Rationale:

- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the EMT performed hand hygiene before touching the patient’s wristband.
- Moment 2 (BEF-ASP) is recorded as a miss when the EMT accessed the clean gloves and supplies and performed the skin puncture for the glucometer testing.
- Moment 3 (AFT-BFL) is recorded as compliant when the EMT removed their gloves and performed hand hygiene.
- Moment 4 (AFT-PAT/ENV) can also be recorded as the EMT left the patient’s room and contacted the nursing station (healthcare environment). This is considered a combined moment with Moment 3 (AFT-BFL) above (see 3.4 Combined Moments).
- The EMT is expected to remove gloves and perform hand hygiene immediately after the blood and/or body fluid exposure risk. Although there is hand hygiene expectations required for soiled equipment cleaning, those expectations fall outside the scope of the hand hygiene review process and cannot be recorded as observations.

Exploring Possibilities:

- If the EMT could identify the patient without contact (i.e. verbal identification) then Moment 1 (BEF- PAT/ENV) and Moment 2 (BEF-ASP) could be combined.
- If the reviewer observed the EMT donning gloves to clean the glucometer, a Moment 2 (BEF-ASP) would be recorded as gloves are considered a clean supply.

Take Away Message:

- Accessing clean PPE including gloves is considered a Moment 2 (BEF-ASP).
- Although cleaning of equipment requires additional hand hygiene it is beyond the scope of hand hygiene reviews.

Scenario 16

A licensed practical nurse (LPN) performs hand hygiene upon entering the patient room and before touching the patient. The LPN helps the patient to the bathroom, assists the patient to remove his clothes, and puts the patient on the toilet. The LPN performs hand hygiene, exits the room and returns to the nursing station to make notes in the chart. The LPN returns to the patient room, performs hand hygiene and dons gloves before touching the patient. The LPN wipes and washes the patient and removes their soiled gloves. The LPN helps the patient put on his clothes and returns him to bed. The LPN performs hand hygiene, exits the room and proceeds back to the nursing station to continue charting.



HCP – Nurses (LPN)

Moment 1 (wash/ABHR); Moment 4 (wash/ABHR); Moment 2 (wash/ABHR), gloves;
 Moment 1 (wash/ABHR), gloves; Moment 3 (miss), gloves; Moment 4 (wash/ABHR)

Rationale:

- Moment 1 (BEF-PAT/ENV) is recorded as compliant when hand hygiene is performed before contact with the patient.
- Moment 4 (AFT-PAT/ENV) is recorded as compliant when hand hygiene is performed on room exit; before touching the healthcare environment (charts).
- Moment 2 (BEF-ASP) is recorded as compliant when hand hygiene is performed before accessing gloves (clean supplies).
- Moment 1 (BEF-PAT/ENV) is recorded as compliant as the LPN performed hand hygiene before contacting the patient. This is a combined moment with Moment 2 (BEF-ASP) above (see Section 3.4 Combined Moments).
- Moment 3 (AFT-BFL) is recorded as a miss because hand hygiene was not performed after risk of body fluid exposure (when the nurse wiped and washed the patient).
- Moment 4 (AFT-PAT/ENV) is recorded as compliant when hand hygiene was performed after leaving the patient’s environment and before the LPN had contact with the healthcare environment.

Exploring Possibilities:

- If the LPN did not have to assist the patient with dressing or returning them to bed then still performed hand hygiene before leaving the room Moment 3 (AFT-BFL) and Moment 4 (AFT-PAT/ENV) would be combined moments and in this case both would be recorded as compliant.
- If the LPN performed hand hygiene after removing gloves but did not perform hand hygiene after helping dress or move the patient, then Moment 3 (AFT-BFL) would be compliant and Moment 4 (AFT-PAT/ENV) would be recorded as a miss.

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- If the patient was able to wipe and wash himself and only required assistance with dressing and returning to bed, there would be no risk of body fluid exposure and Moment 3 (AFT-BFL) would not apply.

Take Away Messages:

- In certain situations, patient needs may make it challenging for staff to comply with hand hygiene moments but the moments are still expected. In this case, the LPN is expected to wipe the patient, perform hand hygiene and then help the patient dress.
- One act of hand hygiene can be recorded as combined moments if the LPN does not touch anything in-between, including themselves as they move from one task to another.

Scenario 17 (Advanced)

A registered nurse (RN) and security staff approach an unpredictable patient to deliver medication by intra-muscular injection. The security staff performs hand hygiene, dons gloves and helps to immobilize the patient. The RN performs hand hygiene, dons gloves, and delivers the injection. The RN disposes the needle in the sharps container, doffs gloves and performs hand hygiene. The security staff calms the patient, doffs gloves and performs hand hygiene. Both the RN and security staff leaves the room. The security staff sits at a portable nursing station outside the room. The RN returns to the medication room and begins to prepare medication for the next person.



HCP – Protective Services (Security staff)

Moment 2 (wash/ABHR), gloves; Moment 1 (wash/ABHR), gloves; Moment 4 (wash/ABHR)

HCP – Nurses (RN)

Moment 2 (wash/ABHR), gloves; Moment 1 (wash/ABHR), gloves; Moment 3 (wash/ABHR)

Moment 4 (wash/ABHR); Moment 2 (wash/ABHR)

Rationale:

Security staff

- Moment 2 (BEF-ASP) is recorded as compliant because hand hygiene is performed before accessing clean gloves (clean supplies).
- Moment 1 (BEF-PAT/ENV) is recorded as compliant as hand hygiene is performed before contact with the patient. This is recorded as a combined moment with Moment 2 (BEF-ASP) above (see Section 3.4 Combined Moments).
- Moment 4 (AFT-PAT/ENV) is recorded as compliant as hand hygiene is performed after contact with the patient and before contact with the healthcare environment (portable nursing station).

RN

- Moment 2 (BEF-ASP) is recorded as compliant when the RN performs hand hygiene before accessing clean gloves (clean supplies).
- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the RN performs hand hygiene before contact with the patient. This is recorded as a combined moment with accessing clean gloves Moment 2 (BEF-ASP) above.
- Moment 3 (AFT-BFL) is recorded as compliant when the RN doffs her gloves and performs hand hygiene after giving the patient an injection (body fluid exposure risk).
- Moment 4 (AFT-PAT/ENV) is recorded as compliant when the RN leaves the patient room and returns to the medication room to prepare the next medication.
- Moment 2 (BEF-ASP) is recorded as compliant when the RN begins preparing the medication for the next patient.

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- The above Moments 3, 4 and 2 are a good example of combined moments (see Section 3.4 Combined Moments). The RN performs hand hygiene after disposing of the needle and doffing gloves used to give the injection Moment 3 (AFT-BFL). This is also recorded as a Moment 4 (AFT- PAT/ENV) as this is the RN's last contact with the patient and is also recorded as a Moment 2 (BEF- ASP) because the RN's hands are still clean when she begins handling medication.

Exploring Possibilities:

- If the security staff stayed in the patient's environment after doffing his gloves, there would be no Moment 4 (AFT-PAT/ENV) recorded until the security staff left the patient environment and made contact with the portable nursing station outside the room.
- If the nurse had touched the patient's environment before leaving the room, the Moment 3 (AFT-BFL) would be separate from the Moment 4 (AFT-PAT/ENV) and Moment 2 (BEF-ASP). Additional hand hygiene would be required between the Moment 3 (AFT-BFL) and Moment 4 (AFT-PAT/ENV).

Take Away Messages:

- Multiple staff members can be observed at the same time.
- Handling medications and delivering injections is considered a Moment 2 (BEF-ASP).
- Injections will result in a risk of blood exposure risk and should have a Moment 3 (AFT-BFL) recorded.
- One act of hand hygiene can be recorded as combined moments if the healthcare provider does not touch anything in-between, including them self as they move from one task to another.

Scenario 18 (Advanced)

An emergency medical technician (EMT) enters a reviewer's sight wearing gloves and pushing a patient on a stretcher through the ambulance doors into the emergency department. The patient is lifted by the EMT onto a trauma bed. The EMT removes his gloves and grabs sterile supplies from a supply cart in the trauma room. The EMT dons a new pair of gloves and starts to treat the patient's wound. The EMT finishes dressing the wound, doffs gloves, washes their hands in the sink, lifts the bedrail, and leaves the room without touching anything and moves out of the reviewer's line of sight.



HCP – Emergency Medical Services (EMT)

Moment 2 (miss); Moment 3 (wash/ABHR), gloves

Rationale:

- Moment 1 (BEF-PAT/ENV) cannot be recorded because the reviewer began observing the EMT already pushing the stretcher.
- Moment 2 (BEF-ASP) is recorded as a miss. The EMT should perform hand hygiene before accessing clean/sterile supplies, before donning gloves and before treating the patient's wound.
- As the EMT did not have to leave the patient's room to access the clean supplies only Moment 2 (BEF-ASP) is recorded. If the EMT had to leave the patient's room to access the clean supplies, a Moment 4 (AFT-PAT/ENV) and Moment 1 (BEF-PAT/ENV) would be recorded as combined moments along with the Moment 2 (BEF-ASP) (see Section 3.4 Combined Moments).
- In this scenario several actions are combined and are recorded as a single Moment 2 (BEF-ASP) (i.e. accessing sterile supplies and performing wound care).
- Moment 3 (AFT-BFL) is compliant when the EMT washes their hands after wound care. Wound care has an inherent risk of blood and/or body fluid exposure.
- Moment 4 (AFT-PAT/ENV) cannot be recorded because the reviewer was unable to verify whether the EMT had contact with the healthcare environment or another patient. The reviewer must observe the EMT make direct contact in order to record the moment.

Exploring Possibilities:

- If the EMT weren't wearing gloves when they were pushing the patient, the recorded moments would not change. The EMT would be expected to perform hand hygiene before donning or accessing clean supplies.
- If the reviewer followed the EMT to observe whether hand hygiene was performed before the EMT touching an object in the healthcare environment or another patient, Moment 4 (AFT-PAT/ENV) could be recorded.

- If the EMT had to leave, the trauma room to gather the sterile supplies there would be an opportunity for a Moment 4 (AFT-PAT/ENV) and Moment 2 (BEF-ASP) to be recorded as a combined moment. When the EMT returned to the patient's bedside with the sterile supplies a Moment 1 (BEF-PAT/ENV) would be recorded.

Take Away Message:

- Reviewers must observe a moment to record it (i.e. Moment 1 (BEF-PAT/ENV) and Moment 4 (AFT- PAT/ENV) in this scenario).
- A healthcare provider must leave a patient's room when accessing clean supplies (i.e. gloves, patient care supplies) and return to the patient's room for a Moment 4 (AFT-PAT/ENV) and Moment 1 (BEF PAT/ENV) to be recorded with the Moment 2 (BEF-ASP) as combined moments. If supplies are kept in the patient's room, only a Moment 2 (BEF-ASP) is recorded.
- Accessing clean PPE including gloves is considered a Moment 2 (BEF-ASP).

Appendix B: Departments / Programs

The *Guide to Conduct Hand Hygiene Reviews* contains important information that applies to hand hygiene reviews performed in all areas across the continuum of care.

Appendix B provides supplementary information about various departments and programs to further assist reviewers who are performing reviews in those specific areas.

Each section contains additional information about the healthcare environment, patient environment, examples of the 4 Moments for Hand Hygiene, and common scenarios for each of the departments/programs listed below.

Featured scenarios may not be specific to the department/program they are listed under (i.e. dressing change included with Home Care) and as such are included in the master index.

Addiction & Mental Health (AMH)

- Electroconvulsive Therapy (ECT)

Allied Health

- Respiratory Therapy

Ambulatory Care / Clinics

Cancer Care

Continuing Care (CC), Supportive Living and Lodges

Correctional Centres

Diagnostic Imaging Services (DI)

Emergency Department / Urgent Care (ED/UC)

Emergency Medical Services (EMS)

Home Care

Laboratory Services

Linen & Environmental Services (LES)

Nutrition and Food Services (NFS)

Operating Room (OR)

Public Health

Renal Services

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Guide to Conduct Hand Hygiene Reviews Matrix

Refer to the following matrix to determine which department/program sections of the *Guide to Conduct Hand Hygiene Reviews* should be reviewed based on area of review responsibility. Find the department or program where reviews will be performed under the *Area for Reviews* column. Read across the *Department/Program Sections* row; any section that contains an X must be reviewed before the Competency Check. Sections containing X* may be applicable, depending on the facility, and should be confirmed with the Zone Project Manager/Hand Hygiene Coordinator.

Area for Reviews	Department / Program Sections															
	AMH	Allied Health	Ambulatory Care	Cancer Care	CC	Correctional Centre	DI	ER	EMS	Home Care	Lab	LES*	NFS*	OR	Public Health	Renal Services
Acute Care		X					X	X			X	X	X			
Allied Health		X														
Ambulatory Care			X													
Addictions & Mental Health (AMH)	X						X				X	X	X			
Cancer Care				X							X	X	X			
Continuing Care (CC) / Supportive Living		X			X		X*				X	X	X			
Corrections						X										
Diagnostic Imaging (DI)							X									
Emergency Room (ER)		X					X	X			X	X				
Emergency Medical Services (EMS)									X							
Home Care			X							X						
Laboratory											X					
Operating Room (OR)							X					X		X		
Public Health			X												X	
Renal Services												X				X

*Note: staff from Linen & Environmental Services (LES) and Nutrition and Food Services (NFS) are only reviewed in patient care areas.

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Addiction & Mental Health

Hand hygiene reviews may occur in Addiction & Mental Health (AMH) community-based clinics. Reviews in these clinics would follow the guidance provided in the Ambulatory Care/Clinics section of this guide. Observations may be challenging to collect in these clinics due to limited numbers of healthcare providers, limited patient interactions requiring direct patient care and difficulty gaining patient permission to enter treatment spaces. Site-based reviewers planning to perform reviews in the community settings should contact their Zone Hand Hygiene Project Manager for assistance.

Mental health facilities provide secure units for a diverse population. These may include inpatient and geriatric psychiatry, forensics, transitional units, and rehabilitation (e.g. the Brain Injury Program at Centennial Center for Mental Health and Brain Injury). It is essential that hand hygiene reviewers clearly identify themselves to a charge nurse or manager when entering the unit as unit traffic is closely monitored. Patients will often have questions about who the reviewer is and why they are on the unit. There are often times of the day when patients are away from the unit as patients may be ambulatory, attending therapy sessions or participating in activities. These times should be considered when scheduling optimum times for hand hygiene reviews.

Opportunities to observe hand hygiene compliance may be limited; however, mental healthcare providers are expected to comply with the 4 Moments for Hand Hygiene. Depending on the facility, hand hygiene observations may be performed during admissions, discharges, medication delivery, Electroconvulsive Therapy (ECT), security checks, group therapy or laboratory visits. Check with the IPC Zone Reviewer to find out when activities appropriate for hand hygiene observations will take place. Many observations will occur in communal areas such as lounges, sitting rooms and dining rooms.

Alcohol-based hand rub (ABHR) may pose risks due to its potential use as a weapon (flammability) and concerns of ingestion. See ABHR Guidelines (<http://www.albertahealthservices.ca/info/Page6426.aspx>) for more information. ABHR may or may not be present on mental health units depending on the unit population. In Adult Inpatient Psychiatry (AIP), the patient population and product accessibility is under constant evaluation. If ABHR is present, it may only be located in dispensers that can be monitored easily by the healthcare providers, in medication rooms and at nursing stations. Personal sized bottles of ABHR may be used, depending on the facility.

Observation Point: If you are observing an area and note that hand hygiene was not performed due to the absence of hand hygiene facilities (ABHR/sinks), please note that within the observations using a comment.

Observation Point: Moment 1 (BEF-PAT/ENV) and Moment 4 (AFT-PAT/ENV) will be the predominant opportunities in this setting. Check with nursing staff or unit managers for opportunities to observe dressing changes, phlebotomies, injections, foot care, or blood glucose testing.

In Adult Inpatient Psychiatry (AIP), the medication cart will be stationary and will not leave the medication room. Patients come to the medication room to receive their medication or nurses will deliver the pre-dispensed medication to the patient. Nurses are expected to perform hand hygiene before delivering medications. If the nurse makes contact with the patient or a common object such as a juice jug during the medication delivery process, hand hygiene should be performed.

Healthcare provider attire in mental health facilities is highly variable from uniforms, lab coats, scrubs, street clothing to business attire. Many healthcare providers in AIP will be dressed in street-clothes, which will make it difficult to properly determine the healthcare provider type. All AHS staff is required to wear an identification tag. Medical students are distinguishable by a yellow border on the ID tag.

Healthcare providers commonly encountered in AIP include:

- nurses (registered nurse, registered psychiatric nurse, licensed practical nurse, nursing assistants, healthcare aides)
- student - nurses
- physicians (including psychiatrists and residents)
- student - physicians
- psychologists
- social workers
- rehabilitation workers (e.g. OT, PT, recreational therapist)
- environmental services staff
- nutrition and food services staff
- security staff

Observation Point: Hand hygiene reviewers may observe hand hygiene compliance for AHS security only. Security staff from correctional facilities who accompany patients to a mental health unit, are not AHS employees and should not be included in hand hygiene observations (i.e. employed by Solicitor General).



Alcohol-based hand rub (ABHR) may pose risks due to its potential use as a weapon (flammability) and concerns of ingestion.

The following are some examples of healthcare provider interactions that reviewers may observe; the list is not intended to be all-inclusive:

Moment 1 (BEF-PAT/ENV)

- before contact with a patient, including shaking hands and other forms of social physical contact
- before contact with the patient in a common environment (e.g. patient lounge, dining room, or recreation room)
- before repositioning patient
- before contacting patient's belongings, whether they are stored in a cabinet, at the nursing station or locker area (e.g. cell phones, cigarettes, hair dryers)

Moment 2 (BEF-ASP)

- before handling food and feeding patients in a group setting
- before mouth care, wound care, catheter care
- before performing a glucometer test
- before preparing medications
- before handling clean linens or supplies (including gloves)

Moment 3 (AFT-BFL)

- after contact with urine/feces/vomit, handling bio hazardous waste
- after wound care
- after contact with blood

Moment 4 (AFT-PAT/ENV)

These examples only apply if they are the last point of contact with the patient/patient environment.

- after shaking hands or other social physical contact
- after assisting with positioning/moving a patient
- after taking vital signs, doing a physical exam
- after collecting and removing used linens

There are two common scenarios where Addictions & Mental Health (AMH) staff are observed for hand hygiene compliance:

- patient surveillance
- patient interviews in patient rooms, in group activity settings and within interview rooms

Patient Surveillance

Reviewers may observe AMH staff as they check on patients in their assigned rooms or in the group setting area. Reviewers should be aware that AMH staff may be encouraged by their department-specific procedures (see Table 1) to perform hand hygiene at the entry and exit of each patient's space, but hand hygiene reviews are performed consistently as outlined in this guide.

The surveillance process represents a usual pattern of activity for AMH staff (patient safety inventory/head count). For patient surveillance, the healthcare provider should perform hand hygiene before beginning the task, but Moment 1 (BEF-PAT/ENV) cannot be recorded until contact with the patient or patient's environment is made. If the healthcare provider does not make contact with the patient or patient's environment during the surveillance process, there are no recordable moments.

Observation Point: There must be contact with the patient or the patient's environment to record a moment.

Observation Point: AMH security staff may participate in activities (rearranging curtains, opening and closing doors) that would require the recording of Moments 1 (BEF-PAT/ENV) and Moments 4 (AFT-PAT/ENV). Security staff may have a Moment 2 (BEF-ASP) recorded if they perform a task that requires them to don gloves.



Only AHS employees should be included in hand hygiene observations.

Table 1:

An example of Patient Surveillance and Interview from a *Staff Handbook for Addictions & Mental Health*

Hand Hygiene = using an alcohol-based hand rub (ABHR) or wash your hands

Patient Surveillance - Room to Room

- Do NOT wear gloves when entering a patient room (unless required by the isolation sign).
- **Before entering the FIRST room**, perform hand hygiene.
- Announce your presence so patients know you are there.
- Greet the patient and assess for any safety concerns.
- If you have to touch anything in the environment and/or the patient, hand hygiene is required as Moment 4 (AFT-PAT/ENV).
- **As you leave EVERY patient's bedside**, perform hand hygiene.

REMEMBER – if you contaminate your hands (e.g. blow your nose, adjust hair or eyeglasses etc.) before going to the next room, you need to perform hand hygiene again.

Patient Surveillance - Group Setting

- Announce your presence so patients know you are there.
- **Before you arrive at Group Setting**, perform hand hygiene.
- **As you leave the Group Setting**, perform hand hygiene.
- **As you leave the unit**, perform hand hygiene.

REMEMBER – if you contaminate your hands again before you reach the next patient section (e.g. blow your nose), you need to perform hand hygiene again.

Electroconvulsive Therapy (ECT)

This section was developed in consultation with the operating rooms, psychiatry unit and anesthesiology. The following is a summary of Electroconvulsive Therapy (ECT) and the corresponding hand hygiene moments.

ECT is a highly technical, controlled medical procedure in which a seizure is induced in an anaesthetized patient to produce a therapeutic effect. With the help of electrodes, electrical current is passed to the brain to produce seizures. It requires a specialized team that may include an anesthetist, a psychiatrist, and several nurses. This procedure may be performed in a specialized treatment room or an area within the surgical suite. Healthcare providers are not expected to perform hand hygiene when moving between the patient and dedicated patient equipment (see Section 3.5 Environments).

Before conducting hand hygiene reviews in ECT, there is information that reviewers **must** understand:

- The machine and furniture in the ECT area have been cleaned with an AHS approved low level cleaner/disinfectant. Once the cleaning and disinfection have been completed, the area remains vacant until the next patient arrives. During this period, the touch surfaces of the machine remain untouched and therefore considered clean.
- During treatment, healthcare providers often move rapidly between the patient, and the machines. During this process the machines and patient are considered patient environment.
- Gloves are 'task specific' and must be removed as soon as the task for which they were donned is completed. Gloves must never be worn when accessing clean supplies from a common source.
- The following is an overview of the ECT procedure, although there may be variations depending on the facility or environment where the procedure is performed. Site-based reviewers are encouraged to receive orientation to the ECT procedure from an IPC Hand Hygiene Coordinator. Orientation should provide a comprehensive overview of the patient environment and the healthcare environment within the ECT setting.

Pre-treatment Patient Care

- Healthcare provider will perform hand hygiene and prepare the treatment suite for the ECT procedure.
- Healthcare provider to prepare the patient for treatment, which could include assisting the patient in removal of contact lenses, dentures, body piercings and hearing aids.

Patient Care during ECT Procedure

- Healthcare provider performs hand hygiene before contact with the patient environment and begins to position patient; transfer the patient to ECT suite stretcher.
- Healthcare provider (if same as above) will apply ECT electrodes, blood pressure cuff, and pulse oximetry sensor. In some cases, this may be done by a different healthcare provider who must perform hand hygiene before contact with the patient or patient's environment.
- Healthcare provider performs hand hygiene, prepares medication and accesses gloves.

- Healthcare provider starts IV line to give medication for ECT procedure. If healthcare provider moves from patient to medication cart, hand hygiene will be required.
- Healthcare provider will perform hand hygiene and insert bite block (healthcare providers may access gloves for this task and must perform hand hygiene before accessing the gloves).
- Healthcare provider may raise patient's head slightly by supporting the chin and administer oxygen.
- Healthcare provider applies stimulus to ECT electrodes.
- Healthcare providers who are moving between the patients and documenting in the patient health record are expected to perform hand hygiene between the tasks as the health record is considered the healthcare environment.
- Healthcare provider performs hand hygiene and dons gloves. Healthcare provider will remove bite block, suction airway if needed and restore respirations by giving oxygen by mask if necessary. Healthcare provider will remove gloves and perform hand hygiene.

Note: There are variations in the process at this step. Patient safety is of utmost importance; please contact your IPC Zone Hand Hygiene Project Manager for site specific processes.

- Once patient breathes on their own effectively, they are then transferred to a recovery room.
- The patient may be moved into a different room for recovery depending on site process. If the patient requires suctioning, the healthcare provider must perform hand hygiene and don gloves. After suctioning, the healthcare provider will remove gloves and perform hand hygiene.
- If healthcare providers are moving between a patient chart (healthcare environment) and the patient (patient environment) hand hygiene is required while recording vital signs and charting. This may be done on an interval basis until the patient has recovered.
- If food or snack is offered to patient, hand hygiene is required before food handling.

During the ECT procedure, there are several opportunities for reviewers to observe the 4 Moments for Hand Hygiene. The following are some examples that reviewers may observe; the list is not intended to be all-inclusive:

Moment 1 (BEF-PAT/ENV)

- before taking vital signs
- before placing ECT electrodes
- before contact with the patient or patient environment (i.e. bedside table, bed, machines)

Moment 2 (BEF-ASP)

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- before accessing clean supplies and linens
- before donning PPE including gloves
- before food handling or feeding patient
- before inserting bite block for patient
- before beginning an IV
- before accessing medications
- before suctioning airway

Moment 3 (AFT-BFL)

- after exposure to body fluids such as saliva or blood
- after doffing gloves used for contact with patient's blood and/or body fluids

Moment 4 (AFT-PAT/ENV)

These examples only apply if they are the last point of contact with the patient/patient environment

- moving away from the patient's bedside to access clean supplies (i.e. linens)
- moving between patient and patient's chart
- after patient treatment is complete and healthcare providers are leaving the treatment area

Allied Health

Allied Health consists of many disciplines to assist in the rehabilitation, treatment and healthcare journey of patients. Allied Health disciplines may interact with patients in their rooms as well as in-group settings either on or off the unit.

Allied Health disciplines include:

- Audiology*
- Occupational Therapy (OT)*
- Physiotherapy (PT)*
- Therapy Assistants*
- Recreation Therapy (RT)*
- Child-Life Therapy*
- Speech Language Pathology*
- Social Work
- Psychology
- Spiritual Care
- Respiratory Therapy

Observation Point: The first seven disciplines* are recorded under the Rehabilitation category in the Clean Hands System.

The 4 Moments for Hand Hygiene can be observed depending on the care Allied Health disciplines are providing to the patient. The following are some examples that reviewers may observe; the list is not intended to be all-inclusive:

Moment 1 (BEF-PAT/ENV)

- before direct patient contact
- before contact with patient's equipment such as a wheelchair or walker
- before starting a group activity with a group of patients/residents/clients
- before practicing tub or toilet transfers with a patient

Moment 2 (BEF-ASP)

- before accessing clean supplies or linens such as a clean housecoat or gown off a linen cart
- before wound care, debridement, swallowing assessment
- before donning PPE including gloves

Moment 3 (AFT-BFL)

- after performing chest physiotherapy
- after wound care or debridement
- after swallowing assessment
- after doffing PPE to contact blood and/or body fluids

Moment 4 (AFT-PAT/ENV)

These examples only apply if they are the last point of contact with the patient/patient environment

- after helping a patient back into their room or bed
- after completing a group activity with patients/residents/clients
- after touching a patient's equipment such as a wheelchair or walker
- after practicing tub or toilet transfers with a patient

Respiratory Therapy

Respiratory therapy has many facets to its role in healthcare. Respiratory therapists play a vital part in the diagnosis and treatment of respiratory related issues in patients. They work in different areas of the hospital including inpatient units, Intensive Care Units, Emergency Departments, Operating Rooms (OR) and outpatient clinics.

Respiratory therapists are responsible for airway management including patient assessment, resuscitation, intubation, and tracheotomy care. They collect and run blood samples for blood gas analysis, assist with conscious sedation, start IV's and arterial lines, and assist with central lines and pulmonary artery catheters. They can also assess the need for and administer medication.

Observation Point: It is important during a crisis such as resuscitation, intubation or during a code that observations are not recorded.

Much like nursing, the care that respiratory therapists provide to patients will allow reviewers the opportunities to observe the 4 Moments for Hand Hygiene. The following are some examples that reviewers may observe; the list is not intended to be all-inclusive:

Moment 1 (BEF-PAT/ENV)

- before direct patient contact
- before completing a respiratory assessment
- before listening to a patient's chest sounds
- before taking vitals such as oxygen saturation level by pulse oximetry
- before adjusting levels on ventilator, CPAP, or BiPAP

Moment 2 (BEF-ASP)

- before donning PPE, including gloves
- before suctioning
- before intubation
- before tracheotomy care
- before taking a blood sample for blood gas analysis
- before opening a vascular access system (e.g. inserting an arterial line, starting an IV, assisting with central lines)
- before preparing or giving medications

Moment 3 (AFT-BFL)

- after doffing PPE, including gloves, used to contact blood and/or body fluids
- after suctioning
- after extubating
- after tracheotomy care
- after any invasive procedure (i.e. starting an IV, assisting with a central line)
- after collecting a blood sample for blood gas analysis

Moment 4 (AFT-PAT/ENV)

These examples only apply if they are the last point of contact with the patient/patient environment.

- after direct patient contact
- after completion of a respiratory assessment
- after contact with a ventilator, CPAP, or BiPAP machine
- after taking patient vitals

Allied Health - Scenario 1

A speech language pathologist (SLP) performs hand hygiene upon entering a patient’s room, greets the patient without contact and indicates that they will be performing a swallowing assessment. Before starting, the SLP places the clean supplies on the patient’s bedside table and moves the table closer to the patient. The SLP performs hand hygiene, dons gloves, and performs the assessment using clean supplies from their kit. Once completed, the SLP discards the used supplies, removes gloves, performs hand hygiene, and leaves the patient room.



HCP – Rehabilitation (SLP)

Moment 1 (wash/ABHR); Moment 2 (wash/ABHR), gloves; Moment 3 (wash/ABHR), gloves;
Moment 4 (wash/ABHR)

Rationale:

- Moment 1 (BEF-PAT/ENV) is compliant when the SLP performs hand hygiene on entry to the room before making contact with the patient’s bedside table; to move it after setting the supplies down.
- Moment 2 (BEF-ASP) is recorded as compliant when the SLP dons the gloves, accesses the clean supplies in the kit, and begins to perform the swallowing assessment.
- Moment 3 (AFT-BFL) is recorded as compliant after the SLP completes the swallowing assessment and doffs their gloves.
- Moment 4 (AFT-PAT/ENV) is recorded as compliant as the swallowing assessment is the last point of contact the SLP has with the patient or the patient’s environment. This is a combined moment with Moment 3 (AFT-BFL) above (see Section 3.4 Combined Moments).

Allied Health - Scenario 2

A patient is brought to the Rehabilitation Department for a mobility assessment. An occupational therapist (OT) performs hand hygiene and shakes the patient's hand. The OT discusses the patient's ability to transfer in and out of the tub, on and off the toilet and prepare meals at home. The OT evaluates the patient's ability to get in and out of the bathtub, on, and off the toilet. The OT then performs hand hygiene before returning to the workstation to chart.



HCP – Rehabilitation (OT)

Moment 1 (wash/ABHR); Moment 4 (wash/ABHR)

Rationale:

- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the OT makes contact with the patient to shake hands.
- Moment 4 (AFT-PAT/ENV) is recorded as compliant when the OT performs hand hygiene after leaving the patient's environment and making contact with the workstation (healthcare environment).

Allied Health - Scenario 3

A physiotherapist (PT) and therapy assistant perform hand hygiene before entering the patient room and introduce themselves. The PT puts a transfer belt around the patient and helps the patient to stand. Both the PT and therapy assistant help to support the patient as they walk with the patient around the unit. They help the patient back into bed. Both staff performs hand hygiene as they exit the patient’s room to return to the nursing station to chart.



HCP – Rehabilitation (PT)
 Moment 1 (wash/ABHR); Moment 4 (wash/ABHR)

HCP – Rehabilitation (Therapy Assistant)
 Moment 1 (wash/ABHR); Moment 4 (wash/ABHR)

Rationale:

Physiotherapist

- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the PT performs hand hygiene before placing the transfer belt on the patient.
- Moment 4 (AFT-PAT/ENV) is recorded as compliant when the PT performs hand hygiene when leaving the patient’s environment before charting.

Therapy Assistant

- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the therapy assistant performs hand hygiene before helping the patient walk around the unit.
- Moment 4 (AFT-PAT/ENV) is recorded as compliant when the therapy assistant performs hand hygiene when leaving the patient’s environment before charting.

Allied Health - Scenario 4

A recreation therapist (RT) gathers a group of residents to do a group activity using a shared ball. The residents and the RT perform hand hygiene before starting the activity. During the activity, the RT does not have any contact with the residents, only the ball. Once the activity is complete, the RT and the residents perform hand hygiene and the RT places the cleaned ball back in the supply cupboard.



HCP – Rehabilitation (RT)

Moment 1 (wash/ABHR); Moment 4 (wash/ABHR)

Rationale:

- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the RT performs hand hygiene before the activity.
- Moment 4 (AFT-PAT/ENV) is recorded as compliant when the RT performs hand hygiene after the group activity and makes contact with the supply cupboard (healthcare environment).

Exploring Possibilities:

- If the RT made contact with a resident during the activity, additional hand hygiene moments would apply (i.e. Moment 1 (BEF-PAT/ENV) and Moment 4 (AFT-PAT/ENV) before resuming the group activity).

Take Away Message:

- Residents/patients are encouraged to perform hand hygiene before a group activity. Their hand hygiene moments are not included in the hand hygiene review process.

Ambulatory Care / Clinics

Ambulatory Care settings are located within hospitals and at community-based health centers. There is a diverse range of services provided within these clinics.

Types of Ambulatory Care / Clinics

There are various types of care centers and clinics in the ambulatory setting. Examples are as follows; this list is not intended to be all-inclusive:

- IV therapy treatments
- wound assessments and care, women’s health assessments and associated procedures
- procedures such as colonoscopy, endoscopy, electrocardiogram, bronchoscopy
- physician and nurse consults in specialty clinics

Healthcare Environment vs Patient Environment

In an ambulatory setting, the patient environment follows the same principles outlined in Section 3.5 Environments.

Observation Point: As many ambulatory care settings are multi-patient environments divided by privacy curtains or are a single patient treatment space, reviewers must be aware of how contact with privacy curtains and doorknobs are recorded during hand hygiene reviews.

Observation Point: Clean supplies such as dressings, irrigation solutions and linens may be stored in cabinets or drawers within the treatment room. Hand hygiene must be performed before contact is made with the storage cabinets or drawers to access the clean supplies contained within Moment 2 (BEF-ASP).

Common examples of the 4 Moments for Hand Hygiene within the ambulatory care setting are as follows, this list is not intended to be all-inclusive:

Moment 1 (BEF-PAT/ENV):

- before a physical assessment of the patient
- before assisting a patient onto the examination table
- before contact with a patient’s personal items (i.e. clothing, purses, or ambulation aides such as wheelchairs, walkers and canes)

Moment 2 (BEF-ASP)

- before donning PPE including gloves
- before gathering clean supplies and linens
- before preparing medication including IVs
- before aseptic procedures (i.e. dressing change, IV therapy or accessing venous access devices)

Moment 3 (AFT-BFL)

- after doffing gloves used to contact blood and/or body fluids
- after disposing of linens soiled with blood and/or body fluids
- after removing a soiled dressing

Moment 4 (AFT-PAT/ENV)

These examples only apply if they are the last point of contact with the patient/patient environment.

- after contacting the patient environment and before charting at the nursing station
- after shaking the patient's hand
- after contact with a patient's personal items (i.e. clothing, purses, or ambulation aides such as wheelchairs, walkers and canes)
- after physical assessment



Curtains are considered healthcare environment in all settings.
Door knobs in an ambulatory setting are considered healthcare environment.

Ambulatory Care/Clinics - Scenario 1 (RN Interaction)

A patient is sitting in the waiting room waiting for the registered nurse (RN) to call her in for a re-assessment of the wound on her ankle. The RN calls the patient, performs hand hygiene, shakes the patient's hand and escorts her to the treatment room. The RN instructs the patient to sit on the treatment bed. The RN advises the patient that she will be back. The RN performs hand hygiene and closes the door.



HCP – Nurses (RN)

Moment 1 (wash/ABHR); Moment 4 (wash/ABHR)

Rationale:

- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the RN performs hand hygiene before shaking the patient's hand.
- Moment 4 (AFT-PAT/ENV) is recorded as compliant when the RN performs hand hygiene after the patient contact (i.e. handshake) before she closes the door.

Exploring Possibilities:

- If the RN did not shake the patient's hand, there would have been no need for hand hygiene as the RN did not contact the patient or the patient's environment.

Take Away Message:

- Moment 1 (BEF-PAT/ENV) can only be recorded if the healthcare provider makes contact with the patient or patient's environment.
- Moment 4 (AFT-PAT/ENV) can only be recorded if the healthcare provider has had contact with the patient or patient's environment, and then makes contact with the healthcare environment.
- Doorknobs in an ambulatory care setting are considered healthcare environment.

Ambulatory Care/Clinics - Scenario 2 (Wound Dressing Change)

A registered nurse (RN) performs hand hygiene and begins to gather supplies for a wound dressing change. The RN enters the patient's space and pulls the curtain closed. She performs hand hygiene, dons the gloves, and removes the old dressing. Once the old dressing is removed, the RN removes her gloves, performs hand hygiene, dons new gloves and re-dresses the patient's wound. The RN removes her gloves, opens the curtain, and escorts the patient out of the room and returns to the nurse's station.



HCP – Nurses (RN)

Moment 2 (wash/ABHR); Moment 2 (wash/ABHR), gloves; Moment 1 (wash/ABHR), gloves;
 Moment 3 (wash/ABHR), gloves; Moment 2 (wash/ABHR), gloves; Moment 3 (miss), gloves;
 Moment 4 (miss)

Rationale:

- Moment 2 (BEF-ASP) is recorded as compliant when the RN performs hand hygiene before gathering clean supplies.
- Moment 2 (BEF-ASP) is considered compliant when the RN performs hand hygiene before donning gloves to remove the soiled dressing (clean procedure). This is a combined moment with Moment 1 (BEF-PAT/ENV) below (see Section 3.4 Combined Moments).
- Moment 1 (BEF-PAT/ENV) is recorded as compliant as hand hygiene is performed before touching the patient; wearing gloves. The RNs first moment of contact with the patient is the removal of the dressing.
- Moment 3 (AFT-BFL) is recorded as compliant when hand hygiene is performed after the RN removes her gloves used to contact the soiled dressing.
- Moment 2 (BEF-ASP) is recorded as compliant when hand hygiene is performed before accessing new clean gloves to redress wound.
- Moment 3 (AFT-BFL) is recorded as a miss when hand hygiene is not performed after doffing gloves used to contact the patient's wound.
- Moment 4 (AFT-PAT/ENV) is recorded as miss as hand hygiene was not performed after removing gloves and before touching the curtain. This is a combined moment with Moment 3 (AFT-BFL) above.

Exploring Possibilities:

- If the RN would have performed hand hygiene, had ready access to the clean supplies and did not have to contact the curtain, then hand hygiene would not have been needed to be performed before donning her gloves and beginning the wound care.

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- If hand hygiene was performed after removing the gloves and before touching the curtain, then the Moment 3 (AFT-BFL) and Moment 4 (AFT-PAT/ENV) would be recorded as compliant.

Take Away Message:

- Curtains are considered the healthcare environment. Once the RN touched the curtains her hands are no longer considered clean.
- Wound care is a clean/aseptic procedure with a blood and/or body fluid exposure risk.
- Hand hygiene is required before moving from a dirty procedure to a clean procedure on the same patient.

Ambulatory Care/Clinics - Scenario 3 (Physician Assessment)

A patient is sitting in an exam room waiting for a physician assessment. The physician enters the room, shakes the patient's hand and sits down. The physician takes a verbal history from the patient and then contacts the patient to perform a physical assessment. Once completed the physician performs hand hygiene, opens the door and leaves the room.



HCP – Physicians (Physician)

Moment 1 (miss); Moment 4 (wash/ABHR)

Rationale:

- Moment 1 (BEF-PAT/ENV) is recorded as a miss when the physician did not perform hand hygiene before shaking the patient's hand.
- Moment 4 (AFT-PAT/ENV) is recorded as compliant as the physician performed hand hygiene after patient contact (physical assessment).

Take Away Message:

- Moment 1 (BEF-PAT/ENV) can only be recorded if the healthcare provider makes contact with the patient or patient's environment.
- Moment 4 (AFT-PAT/ENV) can only be recorded if the healthcare provider has had contact with the patient or patient's environment, and then makes contact with the healthcare environment (doorknob).
- Doorknobs in an ambulatory care setting are considered healthcare environment.

Ambulatory Care/Clinics - Scenario 4 (IV Start)

A registered nurse (RN) approaches a patient sitting in a treatment chair in the chemotherapy area of Cancer Care. She performs hand hygiene and assists the patient to roll-up his sleeve. The RN then leaves the patient space and goes to the supply cart to begin retrieving the clean and sterile supplies for the procedure. The RN returns to the patient, performs hand hygiene and closes the curtain. The RN assesses the patient’s vein and positions the arm to prepare for the IV insertion. The RN performs hand hygiene, dons gloves, inserts the IV into the vein and attaches a saline lock. The RN flushes the saline lock with a syringe, and gathers the used supplies to discard. The RN removes their gloves and performs hand hygiene, attaches the IV tubing to the IV site and starts the IV pump. The RN performs hand hygiene and draws the curtain and leaves the patient’s space to begin charting at the nursing station.



HCP – Nurses (RN)

Moment 1 (wash/ABHR);	Moment 4 (miss);	Moment 2 (miss);	Moment 1 (miss);
Moment 2 (wash/ABHR), gloves;	Moment 3 (wash/ABHR), gloves;	Moment 4 (wash/ABHR)	

Rationale:

- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the RN performs hand hygiene before contacting the patient to assist with his sleeve.
- Moment 4 (AFT-PAT/ENV) is recorded as a miss when the RN leaves the patient’s chair space to go to the clean supply cart without performing hand hygiene.
- Moment 2 (BEF-ASP) is recorded as a miss when the RN accesses clean supplies without performing hand hygiene.
- Moment 1 (BEF-PAT/ENV) is recorded as a miss when the RN returns to the patient’s chair space without performing hand hygiene after contacting the privacy curtain (healthcare environment).
- Moment 2 (BEF-ASP) is recorded as compliant when the RN performs hand hygiene before donning gloves. The gloves are used for the IV start and are considered part of the aseptic procedure; therefore, only one Moment 2 is recorded for donning gloves and starting the IV.
- Moment 3 (AFT-BFL) is recorded as compliant when the RN removed their gloves and performed hand hygiene after the IV start. The IV start poses a blood exposure risk.
- Moment 4 (AFT-PAT/ENV) is recorded as compliant when the RN performs hand hygiene after patient contact and before drawing the curtain to leave the patient’s space.

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Exploring Possibilities:

- If the RN wouldn't have contacted the privacy curtain before accessing the vein and positioning the patient's arm; Moment 1 (BEF-PAT/ENV) would have been recorded as compliant.

Take Away Messages:

- Curtains are considered healthcare environment in all settings (see Section 3.5 Environments).
- Gloves should be removed and hand hygiene performed immediately after a procedure where there is a risk of blood and/or body fluid exposure before continuing care with the same patient.
- When the healthcare provider has to leave the patient's space to retrieve clean supplies and returns to the patient, the reviewer should record the movement of the healthcare provider as such: Moment 4 (AFT-PAT/ENV), Moment 2 (BEF-ASP) and a Moment 1 (BEF-PAT/ENV).

Cancer Care

The treatment of cancer related illness occurs in both the inpatient and ambulatory setting. This section will focus on the ambulatory setting. Some of the ambulatory treatments in Cancer Control include radiation therapy, IV therapy (i.e. chemotherapy, stem cell therapy, bone marrow transplant), and other minor procedures.

Some of the healthcare providers a reviewer may see in Cancer Control include **but are not limited to:**

- nurses (RN, LPN, Nurse Practitioner)
- cancer care personnel (Radiation Therapist)
- physicians
- volunteers

Observation point: Healthcare providers are identified based on their profession not by their program. For more information on healthcare providers refer to Section 4 Healthcare Provider Groups or contact your IPC Zone Reviewer.

IV Therapy

When performing hand hygiene reviews in IV therapy (i.e. chemotherapy, stem cell therapy, bone marrow transplant) it is important to note:

- The patient's care equipment (i.e. chair, infusion pump, bedside table) in the treatment room have been cleaned and low level disinfected after each patient. Once the cleaning and low level disinfection have been completed the area remains vacant until the next patient arrives. During this period the touch surfaces of the patient care equipment remain untouched and are therefore clean.
- During treatment the IV pump/pole, patient's chair, and bedside table are considered the patient environment.
- Gloves are task specific and must be removed as soon as the task for which they were donned is complete. Gloves must never be worn when accessing clean supplies from a common source.

Radiation Therapy

In Radiation therapy, the treatment rooms are referred to as vaults. The vault includes the table, all supplies and equipment needed to perform treatment. There is a button called the Last-Person-Out (LPO) button. If this button is not pushed, treatment cannot be performed on the patient. It is a safety mechanism so that radiation is not discharged outside of the vault and access is not permitted until the radiation therapy is complete. Depending on the site the LPO button may or may not be cleaned between patients. If the button is not cleaned between patients, the healthcare provider will have to perform hand hygiene in between contact with the patient and the button.

When conducting hand hygiene reviews in Radiation Therapy, it is important to note:

- The table and all supporting equipment used in the procedure have been cleaned and low level disinfected between patients. This area is also left vacant after cleaning and disinfection has been completed and remains clean until the next patient arrives.

The following are examples of the 4 Moments for Hand Hygiene a reviewer may observe; this list is not intended to be all-inclusive:

Moment 1 (BEF-PAT/ENV)

- before contact with the patient or their environment
- before positioning the patient
- before taking a patient's vital signs
- before assisting a patient with their personal belongings
- after contacting privacy curtains and before contacting the patient

Moment 2 (BEF-ASP)

- before donning PPE including gloves
- before preparing medications
- before accessing clean linens and supplies
- before starting an IV

Moment 3 (AFT-BFL)

- after doffing PPE including gloves used to contact blood and/or body fluids
- after taking a blood sample
- after removing an IV
- after dressing changes

Moment 4 (AFT-PAT/ENV)

These examples only apply if they are the last point of contact with the patient/patient environment.

- after contact with the patient or their environment
- after contact with a patient's personal belongings
- after taking vital signs
- after patient contact and before contacting the curtains when leaving the patient environment

Cancer Care - Scenario 1

A radiation therapist enters the vault and performs hand hygiene to begin positioning the patient. A second radiation therapist gets up from the control station, performs hand hygiene and assists in positioning the patient. The second therapist performs hand hygiene and exits the vault. The first therapist goes to exit the room, presses the last-person-out (LPO) button, and sits down at the control station.



HCP – Diagnostic & Therapeutic Technologists (Radiation Therapist 1)

Moment 1 (wash/ABHR); Moment 4 (miss)

HCP – Diagnostic & Therapeutic Technologists (Radiation Therapist 2)

Moment 1 (wash/ABHR); Moment 4 (wash/ABHR)

Rationale:

Radiation Therapist 1

- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the therapist performed hand hygiene before contacting the patient.
- Moment 4 (AFT-PAT/ENV) is recorded as a miss when the therapist did not perform hand hygiene after contacting the patient and before contacting the healthcare environment (i.e. LPO button and control station).

Radiation Therapist 2

- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the therapist performed hand hygiene before contacting the patient.
- Moment 4 (AFT-PAT/ENV) is recorded as compliant when the therapist performed hand hygiene after contact with the patient.

Take Away Message:

- Moment 1 (BEF-PAT/ENV) can only be recorded if the therapist makes contact with the patient or patient’s environment.
- Moment 4 (AFT-PAT/ENV) can only be recorded when the therapist has contacted the patient or the patient’s environment and then makes contact with the healthcare environment.

Exploring Possibilities:

- If the LPO button was cleaned between patients, Moment 4 (AFT-PAT/ENV) could still be recorded as a miss for radiation therapist 1 because they contacted the control station (healthcare environment) without performing hand hygiene after patient contact.

Cancer Care - Scenario 2

The radiation therapist enters the vault, performs hand hygiene, dons gloves, and begins to position the patient. The therapist then grabs a positioning block from inside the vault and uses it to reposition the patient. The therapist doffs their gloves, performs hand hygiene, presses the last-person-out (LPO) button, and exits the vault.



HCP – Diagnostic & Therapeutic Technologists (Radiation Therapist)

Moment 2 (wash/ABHR), gloves; Moment 1 (wash/ABHR), gloves; Moment 4 (wash/ABHR), gloves

Rationale:

- Moment 2 (BEF-ASP) is recorded as compliant when the therapist performed hand hygiene before accessing clean supplies (gloves).
- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the therapist performed hand hygiene before contacting the patient (positioning the patient). This is a combined moment with Moment 2 above (see Section 3.4 Combined Moments).
- Moment 4 (AFT-PAT/ENV) is recorded as compliant when the therapist performed hand hygiene after doffing gloves used to contact the patient and before contacting the healthcare environment (LPO button).

Exploring Possibilities:

- If the therapist had doffed their gloves and performed hand hygiene before contacting the positioning blocks no additional moments for hand hygiene would be recorded as the blocks are cleaned and low level disinfected between patients.

Take Away Message:

Positioning blocks are considered part of the patient environment.

Cancer Care - Scenario 3

A registered nurse (RN) is charting at the control station and hears a patient's IV infusion pump alarm beeping. The RN enters the patient's environment and resets the infusion rate on the pump, exits the room and returns to the control station.



HCP – Nurses (RN)

Moment 1 (miss); Moment 4 (miss)

Rationale:

- Moment 1 (BEF-PAT/ENV) is recorded as a miss when the RN contacts the patient's environment (IV infusion pump) without performing hand hygiene.
- Moment 4 (AFT-PAT/ENV) is recorded as a miss when the RN does not perform hand hygiene after contacting the patient's environment (IV infusion pump) and before contacting the healthcare environment (control station).

Take Away Message:

- The IV infusion pump is part of the patient's environment.

Continuing Care, Supportive Living and Lodges

Within Alberta, there are continuing care facilities owned and operated by AHS as well as facilities operated by contracted partners. The processes, guidelines and resource tools for hand hygiene reviews are the same for all facilities using the Clean Hands System.

Continuing care facilities provide care to people who are unable to continue to live in their own homes. As people tend not to be discharged from continuing care facilities, those who live there are commonly referred to as residents and the facility must provide a home-like setting. Continuing care facilities may include Long Term Care, Designated Supportive Living, and Lodges. Depending on the facility, residents' care needs will range from those who require total care to those who do not require any healthcare services.

Residents are generally elderly and may be cognitively impaired. They may be mobile - often requiring mobility aids such as canes, wheelchairs and walkers. They may be bed-ridden and rely on healthcare providers for all their care needs. Some units are secured to provide dementia specific care to residents who may be at risk of elopement. In secured units, access to ABHR may be limited if residents are at risk of ingestion.

Observation Point: If hand hygiene is not performed due to the absence of hand hygiene facilities (ABHR, sinks), please note that within the observations using a comment.

In the continuing care setting, many healthcare provider and resident interactions occur in communal settings such as common dining rooms and lounges. The risk of transmission of micro-organisms that cause healthcare-associated infections is significant because of the communal settings and the high number of resident and staff interactions.

Interactions may include:

- transporting residents to the common area
- feeding multiple residents at the same time
- delivering medication
- games and activities
- rehabilitation therapy
- compassionate touching (e.g. hand holding, reassuring touch on the shoulder)

Nursing will be the predominant healthcare provider group and will help the resident with daily living activities such as feeding, dressing and bathing. Residents may have various risk factors for infection and a variety of care needs. Residents may have care needs related to invasive devices (e.g. catheters, tracheotomies, feeding tubes) and wounds.

Other important providers commonly observed in the continuing care setting include:

- Rehabilitation Therapy (Physiotherapy, Occupational Therapy, and Speech Therapy) support resident independence.
- Recreational Therapy to plan and support social activities (i.e. crafts, bingo, parties).
- Laboratory Services, Social Work, Physicians, Pharmacy, Spiritual Care and other members of the healthcare team will make regular visits.
- Support services such as Nutrition and Food Services, Environmental Services and Maintenance will also be present.
- Volunteers assist with various social activities, care, and feeding.
- Personal Service Workers (i.e. hairdressers) may also be present. Resident interactions that occur within the hair salon operate under guidelines provided by Environmental Public Health; therefore hand hygiene **reviews cannot be performed in the salon area**. If personal service workers interact with a resident outside the salon area (i.e. common areas, dining rooms), they must perform hand hygiene in accordance with the 4 Moments for Hand Hygiene.
- Contract providers will provide a variety of services on site such as but not limited to:
 - podiatry, dental hygiene, massage therapy, optometry, and denture care
 - contract providers follow AHS Hand Hygiene policies and procedures and may be reviewed during their patient interactions

Families and visitors may also be present assisting residents. Families may also hire private caregivers or companions to provide additional assistance to residents. These caregivers are not under contract with AHS and will not have a facility-based identification tag.

Observation Point: Families, visitors, and privately hired caregivers fall outside the scope of the AHS hand hygiene review process and cannot be included in the observations. Reviewers should seek confirmation from the facility leadership (e.g. manager, charge nurse) if they are uncertain of whether the healthcare provider is privately hired or a contract provider.



The risk of transmission of microorganisms that cause healthcare-associated infections is significant because of the communal settings and high number of residents and staff interactions.

Common resident and healthcare provider observation opportunities in continuing care include:

- Transporting residents to a common area (i.e. dining room, activity room). It is important to remember that mobility aids (walkers, wheelchairs, canes) are considered patient environment. Healthcare providers must perform hand hygiene after assisting one resident; Moment 4 (AFT-PAT/ENV) and before assisting another resident; Moment 1 (BEF-PAT/ENV). In many instances, this will be a combined moment where one act of hand hygiene will be recorded as two moments (see Section 3.4 Combined Moments).
- Feeding multiple residents (see Appendix A, Scenarios 4 and 5 for recording instructions).
- Assisting with activities of daily living (ADL).
- Medication delivery; Moment 2 (BEF- ASP) medications will often be given at mealtimes while patients are in a common dining room. If the nurse makes contact with the resident during medication delivery, additional hand hygiene moments will apply (i.e. Moment 1 (BEF-PAT/ENV) and Moment 4 (AFT-PAT/ENV) must be performed before resuming medication preparation).
- Recreational activities (see Appendix B, Allied Health) for more details.

Continuing Care, Supportive Living and Lodges - Scenario 1

A healthcare aide (HCA) performs hand hygiene and transports a resident in a wheelchair to the dining area. The HCA performs hand hygiene and then immediately begins to transport the next resident, also in a wheelchair, to the dining room.



HCP – Nurses (HCA)

Moment 1 (wash/ABHR); Moment 4 (wash/ABHR); Moment 1 (wash/ABHR)

Rationale:

- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the HCA performs hand hygiene before contacting the resident’s wheelchair (patient environment).
- Moment 4 (AFT-PAT/ENV) is recorded as compliant when the HCA performs hand hygiene after contact with the first resident’s wheelchair.
- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the HCA immediately contacts the next resident’s wheelchair. This is a combined moment with Moment 4 above (see Section 3.4 Combined Moments).

Correctional Centres

A Correctional Centre’s primary objective is to maintain security; therefore, it is important to follow the guidance of the correctional officers and AHS staff while performing hand hygiene reviews. Electronic

devices such as cell phones, laptops, and iPads are not permitted in Correctional Centre's.

Consequently, all hand hygiene reviews will be done using the Clean Hands Paper Tool and the data will be manually entered into the Clean Hands Portal.

Remember that any item could potentially be used as a weapon and should not be left in the reach of patients. Reviewers must be aware of their surroundings and any supplies used for hand hygiene reviews at all times.

Infrastructure within the correctional environment makes the placement of hand hygiene sinks and alcohol-based hand rub (ABHR) problematic. The alcohol content in ABHR is flammable, can be used as a weapon, or be ingested. ABHR dispensers are only available in the health units and selected areas where the building's security has permitted them (i.e. officer pod/control station).

Observation Point: It is important for the reviewer to comment on the hand hygiene infrastructure availability in their facility. Note in the comment section if the healthcare provider does not perform hand hygiene due to lack of availability of hand hygiene products.

Areas of a Correctional Centre that may be included in hand hygiene reviews are:

- health unit
- physician clinic
- treatment rooms
- infirmary
- medication room
- dental room

Observation Point: Hand hygiene reviews are not to be performed in cellblocks due to significant obstacles beyond the control of the healthcare provider. This includes medication runs and performing hand hygiene reviews in the intake area.

Observation Point: Observations are not to be recorded during a code or emergency situation.



All hand hygiene reviews will be done using the Clean Hands Paper Tool and the data entered manually into the Clean Hands Portal.

The following are some examples of the healthcare providers commonly seen in Correctional Centres, but are not limited to:

- administrative and clerical services (Unit Clerk)
- nurses (RN, LPN, Nurse Practitioner)

- student - nurses
- physicians (Physician, Dentist, Resident, Psychiatrist)
- service aides (Service Worker)
- dental care (Dental Hygienist, Registered Dental Assistant) staff
- emergency medical services (EMS) staff
- addictions and mental health (Addiction Counsellor, Psychologist, Mental Health Clinician) staff
- laboratory services staff
- pharmacy services (Pharmacist, Pharmacy Tech) staff

Observation point: Although correctional officers are present in Correctional Centre's they are not AHS employees and therefore cannot be observed during hand hygiene reviews.

The following are examples of the 4 Moments for Hand Hygiene a reviewer may observe while in a Correctional Centre; this list is not intended to be all-inclusive:

Moment 1 (BEF-PAT/ENV)

- before direct patient contact
- before taking vital signs
- before a physical assessment
- before using a stethoscope on a patient's body

Moment 2 (BEF-ASP)

- before oral/dental care
- before performing a blood glucose test/phlebotomy
- before wound care/dressing change
- before ostomy care
- before preparing, handling, or giving medications
- before accessing clean linens or supplies
- before donning PPE including gloves

Moment 3 (AFT-BFL)

- after contact with blood and/or body fluids
- after wound care/dressing changes
- after drawing or manipulation of any blood and/or body fluids

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- after performing a blood glucose test/phlebotomy
- after contact with linens soiled with blood and/or body fluids
- after doffing PPE including gloves used to contact blood and/or body fluids

Moment 4 (AFT-PAT/ENV)

These examples only apply if they are the last point of contact with the patient/patient environment.

- after direct patient contact
- after doffing PPE including gloves to contact the patient or the patient's environment
- after taking vital signs
- after a physical assessment
- after using a stethoscope on a patient's body
- after contact with used linens

Observation Point: There **must be** contact with the patient or patient's environment to record a moment.



Correctional Centres - Scenario 1 (Vitals)

A patient has come to the health unit for an assessment. The registered nurse (RN) performs hand hygiene and takes the patient's vitals. Once the vitals are completed, the RN performs hand hygiene and exits the room to begin charting.



HCP – Nurses (RN)

Moment 1 (wash/ABHR); Moment 4 (wash/ABHR)

Rationale:

- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the RN performs hand hygiene before having contact with the patient.
- Moment 4 (AFT-PAT/ENV) is recorded as compliant when the RN performs hand hygiene after contact with the patient and before contact with the healthcare environment (charting).

Exploring Possibilities:

- If the RN was doing assessments of new patients in the intake area the observations would not be recordable as hand hygiene reviews are not permitted in the intake area.

Take Away Message:

- Moment 1 (BEF-PAT/ENV) can only be recorded if the RN makes contact with the patient or patient's environment.
- Moment 4 (AFT-PAT/ENV) can only be recorded when the RN has contacted the patient or the patient's environment and then makes contact with the healthcare environment.
- A patient's health record is considered healthcare environment (charting).

Correctional Centres - Scenario 2 (Dressing Change)

A patient has come to the health unit for a dressing change accompanied by a correctional officer. The registered nurse (RN) performs hand hygiene, accesses the dressing supplies from within the room and dons gloves to begin the procedure. Once the old dressing is removed, the RN doffs their gloves, performs hand hygiene and dons a new pair of gloves. After redressing the wound, the RN doffs their gloves, discards the used supplies, performs hand hygiene, and leaves the room. The correctional officer then escorts the patient out of the room.



HCP – Nurses (RN)

Moment 2 (wash/ABHR), gloves; Moment 1 (wash/ABHR), gloves; Moment 3 (wash/ABHR), gloves;
 Moment 2 (wash/ABHR), gloves; Moment 3 (wash/ABHR), gloves; Moment 4 (wash/ABHR), gloves

Rationale:

- Moment 2 (BEF-ASP) is recorded as compliant when the RN performs hand hygiene before accessing clean supplies.
- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the RN performs hand hygiene before having contact with the patient. This is a combined moment with Moment 2 above (see Section 3.4 Combined Moments).
- Moment 3 (AFT-BFL) is recorded as compliant when the RN performs hand hygiene after doffing gloves used to contact blood and/or body fluids (soiled dressing).
- Moment 2 (BEF-ASP) is recorded as compliant when the RN performs hand hygiene before accessing clean supplies (gloves). This is a combined moment with Moment 3 above.
- Moment 3 (AFT-BFL) is recorded as compliant when the RN performs hand hygiene after the procedure was complete, after doffing gloves used to do wound care.
- Moment 4 (AFT-PAT/ENV) is recorded as compliant when the RN performs hand hygiene after contact with the patient and before contacting the healthcare environment. This is a combined moment with Moment 3 above.
- The correctional officer is not an AHS employee and cannot be observed.

Exploring Possibilities:

- If the RN contacted the patient after completing the dressing change, hand hygiene would need to be performed upon exiting the room; Moment 4 (AFT-PAT/ENV).

Take Away Message:

- Correctional officers are not employed by AHS and cannot be observed.

Correctional Centres - Scenario 3 (Medication Preparation)

A registered nurse (RN) goes from reviewing charts to the medication room to begin medication preparation for morning rounds. The RN performs hand hygiene and places the medication cups/envelopes out for each patient. The RN grabs the first bottle of medication, begins placing it into the cup/envelope, and reaches for the next bottle. The RN continues with the process until all the required medication has been prepared. Once completed the RN leaves the medication room to go back to charting.



HCP – Nurses (RN)

Moment 2 (wash/ABHR)

Rationale:

- Moment 2 (BEF-ASP) is recorded as compliant when the RN performs hand hygiene before preparing medications.

Exploring Possibilities:

- If the RN self-contaminates by touching their face or hair while preparing medications they would have to stop and perform hand hygiene before resuming the preparation of the medications; Moment 2 (BEF-ASP). See Section 3.6 Healthcare Provider Self-Contamination.

Take Away Messages:

- Distribution of medication (medication runs) to cell blocks is not included in hand hygiene reviews. This area presents significant obstacles to hand hygiene reviews beyond the control of the healthcare provider.

Diagnostic Imaging Services

Diagnostic Imaging (DI) Services can be encountered both in the DI department (an outpatient department) and on inpatient units. DI personnel perform a diverse range of procedures and all 4 Moments for Hand Hygiene can be observed.

The services provided by DI personnel (in the DI department or on a medical inpatient unit) include, but not limited to and may vary by site:

- Computed Tomography (CT)
- Magnetic Resonance Imaging (MRI)
- Ultrasound
- General Radiography (X-ray)
- Nuclear Medicine
- Fluoroscopy
- Angiography
- Interventional Radiography

Some commonly observed DI Services disciplines include, but are not limited to:

- Diagnostic Medical Sonographer (Ultrasound tech)
- Magnetic Resonance Imaging (MRI) Technologist
- Radiology Technologist (Medical Radiation Technologist (X-ray tech))
- Nuclear Medicine Technologist
- Combined Laboratory and X-ray Technologist (CLXT)

Observation point: CLXTs are more commonly employed in rural areas. If a CLXT is observed performing a phlebotomy and an X-ray during a single patient interaction (e.g. phlebotomy and chest X-ray) the CLXT will be recorded using the Lab Services provider group in the Clean Hands System. If the CLXT is only performing an X-ray, the CLXT should be recorded under the Diagnostic Therapeutic Technologists provider group. Please refer to Laboratory Services section for further information.

Other healthcare providers that a reviewer may see in a DI department are:

- physicians (Radiologists, Residents)
- nurses (DI nurse (RN, LPN), Healthcare Aide, Nursing Attendant)
- rehabilitation staff (Speech Language Pathologists)
- porters
- service aides
- student - other

Please refer to Section 4.1 Healthcare Provider Groups to help correctly categorize healthcare providers into their appropriate healthcare provider group.

The 4 Moments for Hand Hygiene can be observed within the DI department, medical inpatient units, and outpatient settings. The following are some examples that reviewers may observe; **the list is not intended to be all-inclusive:**

Moment 1 (BEF-PAT/ENV)

- before direct patient contact
- before positioning a patient
- before contact with a patient's equipment such as a wheelchair, walker, crutches, or stretcher
- after contacting a door handle or curtain, before contacting a patient

Moment 2 (BEF-ASP)

- before donning PPE (i.e. gloves)
- before accessing clean linens and supplies
- before starting an IV
- before injecting imaging dye or contrast
- before an ultrasound guided biopsy
- before feeding a patient

Moment 3 (AFT-BFL)

- After doffing gloves used to contact blood and/or body fluids
- after starting an IV
- after injecting imaging dye or contrast
- after contact with linens soiled with blood and/or body fluids

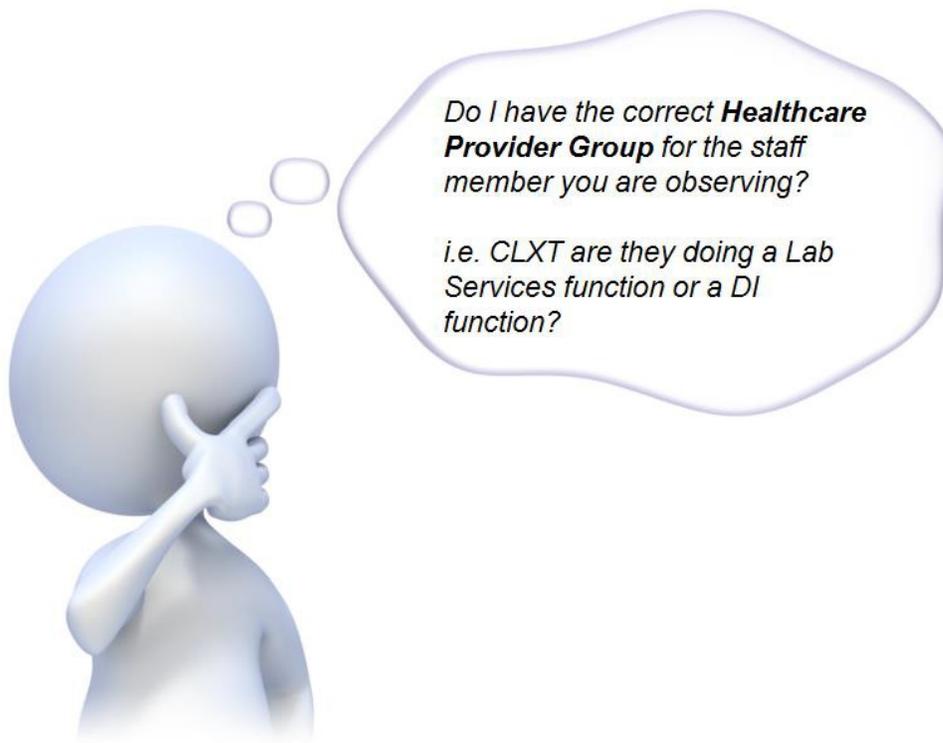
Moment 4 (AFT-PAT/ENV)

These examples only apply if they are the last point of contact with the patient/patient environment.

- after direct patient contact
- after positioning or transferring a patient
- after contact with a patient and before contacting a door handle or curtain
- after doffing gloves used for patient care

Observation point: DI equipment is considered part of the patient environment until the procedure is completed for that patient. DI equipment is cleaned and low-level disinfected between patients. X-ray equipment such as consoles and cassettes are cleaned and low-level disinfected after each patient use. This does not include exposure buttons and computer keyboards unless cleaned between patients.

Observation point: Exposure buttons and computer keyboards are not part of the patient environment. Often during an X-ray the X-ray tech may need to move rapidly between the exposure button and keyboard to collect multiple images. If the exposure button is cleaned and disinfected between patients, the exposure button and keyboard would be considered part of the patient environment. This process reduces the amount of hand hygiene required during a patient interaction. It is important for reviewers to check with the DI department staff to understand what the routine process is at the facility.



Diagnostic Imaging Services – Scenario 1 (X-ray)

An x-ray technologist performs hand hygiene, dons gloves and helps position the patient onto the table. The x-ray tech leaves the room to capture the image by pressing the exposure button. The x-ray tech returns to re-position the patient and then leaves the room once again to capture another image. The x-ray tech announces the patient can leave. The x-ray tech doffs their gloves, performs hand hygiene with ABHR and opens the door to go for a break.



HCP – Diagnostic & Therapeutic Technologists (X-ray Tech)

Moment 2 (wash/ABHR), gloves; Moment 1 (wash/ABHR), gloves; Moment 4 (miss), gloves;
 Moment 1 (miss), gloves; Moment 4 (miss), gloves

Rationale:

- Moment 2 (BEF-ASP) is recorded as compliant when the x-ray tech performs hand hygiene before donning gloves. Gloves are considered clean supplies.
- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the x-ray tech contacts the patient to position them. This is a combined moment with Moment 2 above (see Section 3.4 Combined Moments).
- Moment 4 (AFT-PAT/ENV) is recorded as a miss because the x-ray tech contacted the exposure button with the same gloves used to contact the patient (patient environment).
- Moment 1 (BEF-PAT/ENV) is recorded as a miss because the x-ray tech contacted the patient with the same gloves used to contact the exposure button (healthcare environment).
- Moment 4 (AFT-PAT/ENV) is recorded as a miss because the x-ray tech contacted the exposure button with the same gloves used to contact the patient.
- No moment can be recorded when the x-ray tech doffs their gloves and opens the door. The x-ray tech had no further contact with the patient or the patient environment.

Exploring Possibilities:

- If the exposure button was cleaned and not touched between patients it can become part of the patient environment. The x-ray tech would not be required to perform hand hygiene between positioning the patient and contacting the exposure button after initial hand hygiene before the first contact with the patient.

Diagnostic Imaging Services - Scenario 2 (Portable Image)

An x-ray technologist comes to an inpatient unit to perform a portable image on a patient. The x-ray tech performs hand hygiene, opens the curtain and positions the patient. The x-ray tech steps outside the room without touching the curtain or door and presses the exposure button. The x-ray tech performs hand hygiene, dons gloves, and cleans the portable imaging unit in the hallway.



HCP – Diagnostic & Therapeutic Technologists (X-ray Tech)

Moment 1 (miss); Moment 4 (wash/ABHR); Moment 2 (wash/ABHR), gloves

Rationale:

- Moment 1 (BEF-PAT/ENV) is recorded as a miss because the x-ray tech contacted the curtain (healthcare environment) and then positioned the patient.
- Moment 4 (AFT-PAT/ENV) and Moment 2 (BEF-ASP) are recorded as compliant. This is as a combined moment; however, they should be recorded separately. The x-ray tech performed hand hygiene after contacting the patient and completing the portable x-ray and prior to accessing clean gloves.

Exploring Possibilities:

- If the x-ray tech had not contacted the curtain prior to contacting the patient Moment 1(BEF-PAT/ENV) would be recorded as compliant.

Diagnostic Imaging Services - Scenario 3 (Computed Tomography - CT)

A registered nurse (RN) performs hand hygiene, dons gloves and accesses IV supplies. The RN enters the room (without touching anything) and starts the patient's IV. Once the IV has been started, the RN doffs gloves, performs hand hygiene and exits the room to return to the charting area.



HCP – Nurses (RN)

Moment 2 (wash/ABHR), gloves; Moment 1 (wash/ABHR), gloves;
Moment 3 (wash/ABHR), gloves; Moment 4 (wash/ABHR), gloves

Rationale:

- Moment 2 (BEF-ASP) is recorded as compliant when the RN performed hand hygiene before accessing clean supplies, donning gloves and contacting the patient to start the IV.
- Moment 1 (BEF-PAT/ENV) is recorded as compliant as the RN's first point of contact with the patient is to start the IV. This is a combined moment with Moment 2 above (see Section 3.4 Combined Moments).
- Moment 3 (AFT-BFL) is recorded as compliant when the RN performed hand hygiene after doffing gloves used to start the IV.
- Moment 4 (AFT-PAT/ENV) is recorded as compliant when the RN performed hand hygiene before leaving the room. The RN's last point of contact with the patient was the IV. This is a combined moment with Moment 3 above.

Exploring Possibilities:

- If the RN contacted the patient environment with the same gloves used for starting the IV (i.e. pump used for contrast injection) this would be recorded as a missed opportunity for Moment 3 (AFT-BFL) because there is a potential of contaminating the patient environment with bodily fluids.

Diagnostic Imaging Services - Scenario 4 (Fluoroscopy with Speech Language Pathologist)

A patient has been seated in the x-ray room by an x-ray technologist, no contact was made. A speech language pathologist (SLP) performs hand hygiene and dons gloves. The SLP prepares food of varying consistencies and feeds the patient the first item. The x-ray tech takes the images with no patient contact. The SLP continues the process with the remaining food items and once completed wipes the patient's mouth. The SLP doffs gloves, performs hand hygiene and goes back to the desk to chart.



HCP – Rehabilitation (SLP)

Moment 2 (wash/ABHR), gloves; Moment 1 (wash/ABHR), gloves;
 Moment 3 (wash/ABHR), gloves; Moment 4 (wash/ABHR), gloves

HCP – Diagnostic & Therapeutic Technologists (X-ray Tech)

No recordable moments

Rationale:

Speech Language Pathologist (SLP)

- Moment 2 (BEF-ASP) is recorded as compliant as the SLP performed hand hygiene before donning gloves, prepares the food and begins feeding the patient. This is recorded as a single Moment 2.
- Moment 1 (BEF-PAT/ENV) is recorded as compliant as the SLP's first point of contact with the patient is to wipe the mouth. This is a combined moment with Moment 2 above (see Section 3.4 Combine Moments).
- Moment 3 (AFT-BFL) is recorded as compliant when the SLP performed hand hygiene after doffing gloves used to wipe the patient's mouth (body fluids).
- Moment 4 (AFT-PAT/ENV) is recorded as compliant as wiping the patient's mouth was the SLP's last point of contact with the patient before contacting the desk (healthcare environment). This is a combined moment; with Moment 3 above.

X-ray Tech

- Since no contact was made there were no moments to be recorded.

Exploring Possibilities:

- If the x-ray tech had made contact with the patient/patient environment during the encounter there would be recordable moments.

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Diagnostic Imaging Services - Scenario 5 (Ultrasound Guided Liver Biopsy)

A radiologist enters an exam room, performs hand hygiene and performs an ultrasound to locate a biopsy site. Once the site has been identified, the radiologist performs hand hygiene and dons sterile gloves. The registered nurse (RN), who is charting, dons gloves, preps the patient's skin and after prepping the skin remains standing at the bedside. The radiologist drapes the patient and proceeds to puncture the tissue and take the biopsy. Once the biopsy has been completed, the RN doffs gloves, performs hand hygiene, accesses a dressing and presents it to the radiologist. The radiologist covers the site, doffs gloves, performs hand hygiene and opens the door to exit the room. The nurse remains in the room with the patient.



HCP – Nurses (RN)

Moment 2 (miss), gloves; Moment 1 (miss), gloves; Moment 2 (wash/ABHR)

HCP – Physicians (Radiologist)

Moment 1 (wash/ABHR); Moment 2 (wash/ABHR), gloves; Moment 3 (wash/ABHR), gloves;
Moment 4 (wash/ABHR)

Rationale:

Nurse

- Moment 2 (BEF-ASP) is recorded as a miss when the RN donned gloves without performing hand hygiene.
- Moment 1 (BEF-PAT/ENV) is recorded as a miss when the RN did not perform hand hygiene before patient contact (i.e. skin prep). This is a combined moment with Moment 2 above (see Section 3.4 Combined Moments).
- Moment 2 (BEF-ASP) is recorded as compliant when the RN performed hand hygiene before accessing the dressing (clean supplies).

Radiologist

- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the radiologist performed hand hygiene before contacting the patient.
- Moment 2 (BEF-ASP) is recorded as compliant when the radiologist performed hand hygiene before donning gloves and performing a biopsy (aseptic procedure).
- Moment 3 (AFT-BFL) is recorded as compliant when the radiologist performed hand hygiene after completing the biopsy which is a procedure with a body fluid exposure risk.
- Moment 4 (AFT-PAT/ENV) is recorded as compliant when the radiologist performed hand hygiene after performing the biopsy and before opening the door to exit the room. This is a combined moment with Moment 3 above.

Exploring Possibilities:

- If the RN had contact with the healthcare environment after cleansing the skin Moment 4 (AFT-PAT/ENV) could be observed.

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Diagnostic Imaging Services - Scenario 6 (Magnetic Resonance Imaging - MRI)

A magnetic resonance imaging (MRI) technologist is positioning a patient in the MRI suite and performs hand hygiene upon exiting the room. The MRI tech sits at the control station and begins the procedure. Once the procedure is complete, the MRI tech enters the room, performs hand hygiene and assists the patient off the table and out of the room without touching anything. The MRI tech returns to the room and dons gloves to clean the patient space to prepare for a new patient.



HCP – Diagnostic & Therapeutic Technologists (MRI Tech)

Moment 4 (wash/ABHR); Moment 1 (wash/ABHR); Moment 2 (miss), gloves

Rationale:

- As the procedure was in process (i.e. positioning the patient) when the review started and the reviewer does not know if the MRI tech performed hand hygiene before the procedure, therefore, no Moment 1 (BEF-PAT/ENV) can be recorded.
- Moment 4 (AFT-PAT/ENV) is recorded as compliant when the MRI tech performed hand hygiene after contacting patient and before exiting the room and contacting the control station.
- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the MRI tech performed hand hygiene before contacting patient to assist them off of the MRI table and walking them out of the room.
- Moment 2 (BEF-ASP) is recorded as a miss. The MRI tech did not perform hand hygiene before accessing clean gloves after having patient contact.
- Although there would be more hand hygiene observations associated with the cleaning of patient equipment, it is not within the scope of the hand hygiene reviewer and therefore no recordable moments.

Exploring Possibilities:

- If the MRI tech had made contact with the control station (healthcare environment) after assisting the patient out of the MRI suite a Moment 4 (AFT-PAT/ENV) would be observed.

Take away message:

- The reviewer must be certain a moment has occurred in order to record it.

Emergency Department / Urgent Care

In the Emergency Department (ED) or Urgent Care (UC) areas, sick and injured patients are taken care of on a priority basis. There will be moments of high acuity or high activity when patients in critical condition are being treated. During these times, it is important for the hand hygiene reviewer not to obstruct healthcare providers. Reviewers are reminded to not perform any observations during a crisis such as a code blue, if in doubt as to the appropriateness of completing the review at that time, consult with the ED/UC charge nurse / nursing care manager for an alternate time.

As on any unit, the reviewer should introduce them self to the main desk and charge nurse to avoid any conflicts and to make the staff aware of their presence.

ED/UC services may include medical care and stabilization of patients to prepare them for transport to a higher level of care or to services that may not be provided locally. There is a wide variety of staff that could be working in the ED/UC including but not limited to:

- nursing attendants
- healthcare aides
- nurses
- physicians (from various disciplines)
- emergency medical services staff (EMT)
- respiratory services staff
- diagnostic imaging staff
- environmental services staff

Observation Point: It is important to correctly identify the healthcare provider being observed. It is important to remember that police, and peace officers, as well as offsite security personnel should not be observed, as they are not AHS staff.

Observation Point: ABHR is sometimes more scarce in ED/UC due to patient risk of ingestion. Some staff will have small bottles of ABHR on their person or at a nursing desk as opposed to outside/inside individual rooms.

Observation Point: If hand hygiene is not performed due to the absence of hand hygiene facilities (ABHR, sinks), please note that within the observations using a comment.

Staff working in the ED/UC is expected to comply with the 4 Moments for Hand Hygiene. One notable difference that arises in emergency departments from other units is the fast rotation of patients, therefore a room/curtained space may be used by multiple patients during a single shift. Reviewers are reminded to be aware of staff accessing clean supplies and gloves, as these supplies can potentially be shared between many patients.

It is important for reviewers to be aware of the designation of healthcare environment vs. patient environment. Generally speaking, the patient bed, bedside table and chairs within a designated patient space are considered to be a part of that patient's environment. Healthcare environments include the nursing desk or any charting area for staff to work at. Curtains are commonly seen in ED/UC and are to be considered **healthcare environment**, meaning that hand hygiene should occur before moving from contacting curtains, to contacting the patient. Further elaboration on defining environments can be found in Section 3.5 Environments.

Emergency Department / Urgent Care - Scenario 1

The registered nurse (RN) leads the patient to the triage area in the ED/UC. The RN performs hand hygiene. The RN initiates the triage assessment by interviewing the patient and documenting on the patient chart; this chart is considered the bedside chart and is therefore, patient environment. The RN completes a set of vital signs including temperature, pulse, respirations and blood pressure, which is also documented on the patient chart. The RN removes the blood pressure cuff and leads the patient back to the waiting room, then performs hand hygiene before returning to the nursing station; Moment 4 (AFT-PAT/ENV).



HCP – Nurses (RN)

Moment 1 (wash/ABHR); Moment 4 (wash/ABHR)

Rationale:

- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the RN performs hand hygiene before making contact with the patient's triage documents (patient environment).
- Moment 4 (AFT-PAT/ENV) is recorded as compliant when the RN performs hand hygiene after taking the patient back to the waiting room, before contact with the nursing station.

Observation Point: The blood pressure cuff and any other equipment used on the patient while taking vitals should be cleaned and disinfected using AHS approved products, between patients. Since the equipment is cleaned between each patient, the equipment can be viewed as clean until used on the next patient.

Emergency Medical Services (EMS)

The healthcare provider (HCP) category for Emergency Medical Services (EMS) includes:

- Emergency Medical Responders (EMR)
- Emergency Medical Technicians (EMT)
- Emergency Medical Technologist Paramedics (EMT-P)

EMS students are not included in the EMS HCP category. Instead, they are entered into the Clean Hands Portal under Students-Other. The EMS HCP category includes both AHS staff and contracted staff members.

While observing EMS, there may be moments of high activity where patients in a medical crisis are being treated (e.g. cardiac arrest, major trauma, or airway intervention). During these times it is important for the reviewer not to be performing observations.

Observation Point: The EMS reviewer will only be reviewing EMS staff and no other healthcare providers, police staff, fire staff, or bystanders. Reviewers cannot record observations associated with their own patient interactions; self-reviewing is not acceptable.

Observations for hand hygiene compliance can be obtained while on scene, in the ambulance, and in an AHS facility or contracted facility (hallways, emergency department, and nursing unit/ward). It is expected that EMS staff comply with the 4 Moments of Hand Hygiene.

Ambulance Environment

The ambulance has both a healthcare environment and patient environment. It is important to minimize the transmission of microorganism between these two environments. The table below outlines what is considered patient environment and healthcare environment.

Patient Environment	Healthcare Environment
<ul style="list-style-type: none"> • stretcher with a patient on it including linens, patient care equipment and patient belongings • monitor used during patient care • paper/electronic patient care report • surfaces contacted within the ambulance during patient transport • transfer documents • door handles within the interior of the patient compartment 	<ul style="list-style-type: none"> • front cab of the ambulance • door handles within the interior of the cab • any clean or sterile supplies located within the ambulance compartments including, gloves, clean linens, the EMS bag and portable oxygen (O₂) bag • any clean or sterile supplies located within the facility (this includes clean linens, PPE (gloves) and any patient care supplies) • portable radios and crew phones

Observation Point: EMS are not required to do hand hygiene before entering the patient’s home, but

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are required to do hand hygiene before contacting the patient or anything inside the patient's home.

The following are some examples of EMS interactions that reviewers may observe; the list is not intended to be all-inclusive:

Moment 1 (BEF-PAT/ENV)

- after contacting the patients door knob, before contacting the patient
- before physical assessment (e.g. chest auscultation, abdominal palpation, taking vitals)
- before contacting the patient or items in their environment (stretcher, wheel chair, IV pole, bed, personal belongings)
- before assisting or moving a patient

Moment 2 (BEF-ASP)

- before accessing clean linens or supplies from the ambulance cupboards or facility supplies (applies to both in-facility and out-of-facility)
- before accessing clean supplies stored in the EMS bags with the monitor or with the O₂ tank
- before an invasive procedure (catheter insertion, BGL testing, IV/IO start, suctioning)
- before moving from a dirty task to a clean task on the same patient (e.g. removing their shoes and then performing wound care)
- before preparing and giving medications (includes oral and subcutaneous, intramuscular or intravascular injections, eye drops)
- before donning PPE including gloves to contact the patient or the patient's environment

Moment 3 (AFT-BFL)

- after suctioning secretions
- after contact with blood and/or bodily fluids
- after wound care/dressing changes
- after an invasive procedure (e.g. catheter insertion, BGL testing, IV/IO start)
- after contact with linens covered in blood and/or body fluids
- after doffing PPE that has come into contact with blood and/or bodily fluids

Moment 4 (AFT-PAT/ENV)

These examples only apply if they are the last point of contact with the patient/patient environment

- after contact with a patients environment, before contacting the door knob before leaving, if not transporting patient
- after a physical assessment (e.g. chest auscultation, abdominal palpation, taking vitals)
- after touching the patient or items in their environment (stretcher, wheel chair, IV pole, bed, personal belongings)
- after assisting or moving a patient
- after contact with soiled linens

In-Facility versus Out-of-Facility

When performing reviews, the EMS reviewer may collect observations in and out of a facility (see chart below).

The Clean Hands portal reflects these two options in the drop down menu under Unit. It is important that observations are separated and entered into the correct option (in or out-of-facility).

Observation Point: In-facility observations will have to be entered into the portal as a separate entry (unit). For example, if the reviewer observed an in-facility observation and an out-of-facility observation during the same review the reviewer will need to be able to differentiate in-facility vs out-of-facility observations on the paper tool.

The following table outlines the criteria for in-facility and out-of-facility.

In-Facility	Out-of-Facility
<ul style="list-style-type: none"> • Acute Care • Long Term Care (LTC) / SL4(D)* • Emergency department • Urgent Care Centre • provincial program (e.g. Cancer Centers and Dialysis) • Diagnostic Imaging • in-hospital specialist visits / medical consults 	<ul style="list-style-type: none"> • ambulance • Supportive Living (i.e. SL1, SL2, SL3)* • patient’s home • in the field • patient’s vehicle • office building • clinic setting (e.g. physicians’ office, lab, community rehab center)

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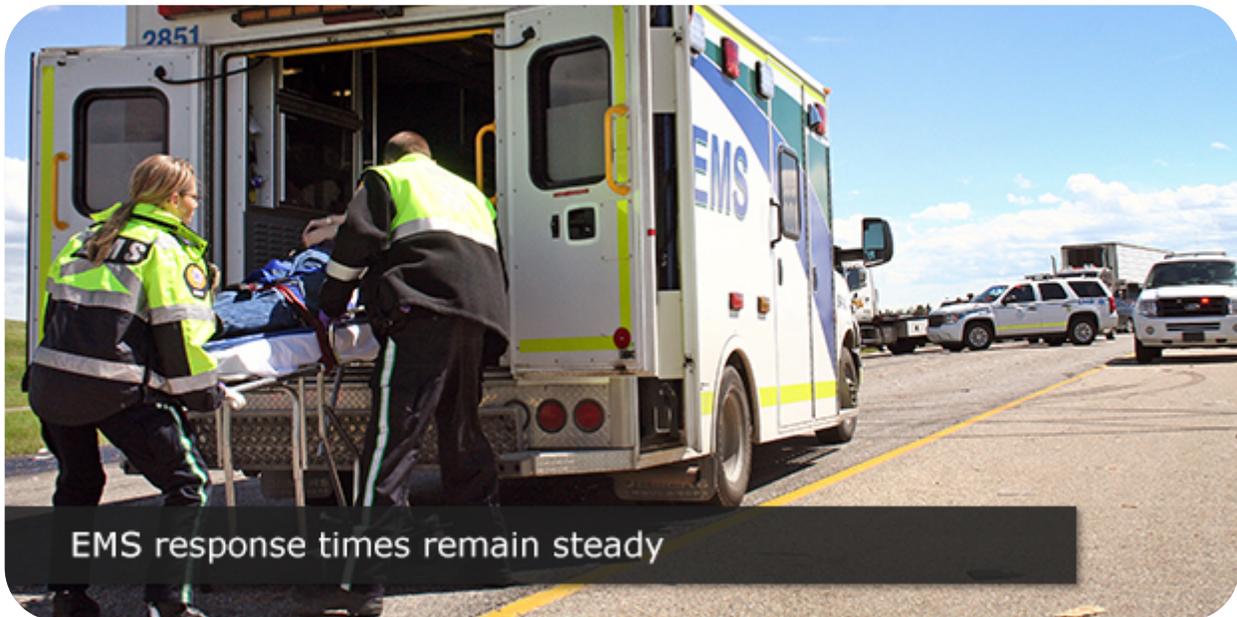
*Long Term Care (LTC), SL4(D) – **care is provided 24 hours a day** by RNs or LPNs. Hand hygiene infrastructure is established (e.g. education, posters, and access to ABHR).

Support Living: SL1, SL2, SL3 (i.e. lodges) – RNs and LPNs **do not provide care 24 hours a day. There is limited access to hand hygiene infrastructure.

If unsure if you are in a LTC or Supportive Living facility, ask if there is an RN or LPN there 24hours.

In the following EMS scenario's the term EMS staff refers to both the driver and the attendant unless otherwise specified.

Note: The EMS reviewer is third in the ambulance for the purpose of reviews.



The ambulance has both a healthcare environment **and** patient environment. When recording observations for EMS you will be required to identify if it is an **in-facility** or **out-of-facility** observation.

EMS - Scenario 1 (Picking up the Patient at a Healthcare setting)

The reviewer observes two EMS staff (driver and attendant) entering a unit pushing a stretcher for patient transfer. The EMS staff performs hand hygiene before entering the patient room. The EMS staff starts preparing the patient for transfer by lowering bed rail/stretcher and proceeds to assist the patient onto the stretcher. The EMS staff exit the patient's room, pushes the stretcher into the ambulance bay, and loads the patient into the back of the ambulance. The driver performs hand hygiene, closes the ambulance doors then enters the cab of the ambulance.



Unit – Inside facility

HCP – Emergency Medical Services (EMS Driver)

Moment 1 (wash/ABHR); Moment 4 (wash/ABHR)

HCP – Emergency Medical Services (EMS Attendant)

Moment 1 (wash/ABHR)

Rationale:

EMS Driver

- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the driver performs hand hygiene then contacts the patient's bed rail.
- Moment 4 (AFT-PAT/ENV) is recorded as compliant when the driver performs hand hygiene after loading the patient in the ambulance. Hand hygiene is necessary after contact with the stretcher (patient's environment) and before contact with the ambulance doors (healthcare environment).

EMS Attendant

- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the attendant performs hand hygiene then contacts the patient's bed rail.

Exploring Possibilities:

- If the EMS staff wore gloves before contacting the patient, a Moment 2 (BEF-ASP) would be recorded because gloves are considered a clean supply. This would be recorded as a combined moment with Moment 1 above (see Section 3.4 Combined Moments).
- If the EMS staff had to contact the healthcare environment (e.g. elevator buttons, auto door controls, etc.) an additional Moment 4 (AFT-PAT/ENV) and additional Moment 1 (BEF-PAT/ENV) would be recorded.

For example, if the EMS staff had to access the auto door control, hand hygiene would be required before contacting the healthcare environment (door control); Moment 4 (AFT-PAT/ENV). EMS staff would then need to perform hand hygiene after contacting the healthcare environment (door control) and before contacting the patient environment (stretcher); Moment 1 (BEF- PAT/ENV).

Take Away Messages:

- The clean stretcher becomes patient environment once it comes into contact with the patient or patient's environment.
- The cab of the ambulance is considered healthcare environment.
- Any handles in the patient compartment area should be cleaned between patients as per EMS protocols; therefore, hand hygiene does not need to be done before opening the doors while with the patient.
- Gloves are considered clean supply; Moment 2 (BEF-ASP).

EMS - Scenario 2 (Dropping off the Patient at a Healthcare setting)

The ambulance pulls into the bay; the reviewer observes the driver exit the cab of the ambulance and opens the back doors. The driver performs hand hygiene and unloads the patient from the ambulance. The two EMS staff enters the unit pushing the stretcher for patient drop off, they transfer care to receiving hospital staff. They push the empty stretcher back to the ambulance bay, strip the dirty linens, perform hand hygiene and don gloves, wipe down the stretcher.



Unit – Inside facility

HCP – Emergency Medical Services (EMS Driver)

Moment 1 (wash/ABHR); Moment 4 (wash/ABHR); Moment 2 (wash/ABHR), gloves

HCP – Emergency Medical Services (EMS Attendant)

Moment 2 (wash/ABHR), gloves; Moment 4 (wash/ABHR)

Rationale:

EMS Driver

- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the driver performs hand hygiene then contacts the patient environment (stretcher).
- Moment 4 (AFT-PAT/EVN) is recorded as compliant when the driver performs hand hygiene after tossing used linen.
- Moment 2 (BEF-ASP) is recorded as compliant when the driver performs hand hygiene before accessing the gloves.
- No moments can be recorded that are associated with cleaning used patient equipment, (i.e. stretcher).

EMS Attendant

- Moment 2 (BEF-ASP) is recorded as compliant when the attendant performs hand hygiene before accessing the gloves.
- Moment 4 (AFT-PAT/EVN) is recorded as compliant when the attendant performs hand hygiene after handling the used patient stretcher.
- No moments can be recorded that are associated with cleaning used patient equipment, (i.e. stretcher).
- No Moment 1 (BEF-PAT/ENV) will be observed for the attendant is still with the patient in the back of the ambulance.

Exploring Possibilities:

- If the EMS staff had to contact the healthcare environment (nursing station) during patient hand-off and move between the patient environment and healthcare environment an additional Moment 4 (AFT-PAT/ENV) and Moment 1 (BEF-PAT/ENV) may apply.
- If the EMS staff had contact with their personal cell phone, portable radio or crew phone during the patient transfer, it would be considered self-contamination and hand hygiene would need to be performed before re-contacting the patient or patient's environment (stretcher). See Section 3.6 Healthcare Provider Self-Contamination.

Take Away Messages:

- Although additional hand hygiene opportunities may be required during the cleaning/disinfecting process of patient care equipment, stretchers, monitors, back of ambulance, etc. these are outside the scope of the hand hygiene review process and are therefore non-recordable moments. See Section 3.1 - the 4 Moments of Hand Hygiene.
- Gloves and clean linens are considered clean supplies; Moment-2 (BEF-ASP).

EMS - Scenario 3 (Responding to a Medical Call)

The reviewer observes two EMS staff (driver and attendant) dispatched for a chest pain call while in the hospital hallway. The EMS staff enters their ambulance and drives to the scene.

When the EMS staff arrives on scene, they retrieve the treatment bag, monitor and stretcher. The EMS staff enters the patient's home and performs hand hygiene before starting their physical exam and vital signs. The attendant performs hand hygiene before accessing the Aspirin (ASA) from the treatment bag and giving it to the patient to take. The driver accesses IV supplies from the treatment bag (including gloves) and starts an IV. When the driver has completed the IV, they discard the sharp into the sharps container, dispose of the used IV supplies, doff their gloves and perform hand hygiene. The EMS staff then loads the patient onto the stretcher and into the ambulance. The driver closes the ambulance doors then enters the cab of the ambulance to transport the patient to the hospital.



Unit – Outside facility

HCP – Emergency Medical Services (EMS Driver)

Moment 1 (wash/ABHR); Moment 2 (miss), gloves; Moment 3 (wash/ABHR), gloves;
Moment 4 (miss)

HCP – Emergency Medical Services (EMS Attendant)

Moment 1 (wash/ABHR); Moment 2 (wash/ABHR)

Rationale:

EMS Driver

- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the driver performs hand hygiene before contacting the patient for a physical exam and vital signs.
- Moment 2 (BEF-ASP) is recorded as a miss when the driver does not perform hand hygiene before accessing clean supplies from the treatment bag and starting an IV.
- Moment 3 (AFT-BFL) is recorded as compliant when the driver performs hand hygiene after completing the IV.
- Moment 4 (AFT-PAT/ENV) is recorded as a miss when the driver does not perform hand hygiene after contacting the patient environment (stretcher).

EMS Attendant

- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the attendant performs hand hygiene before contacting the patient for a physical exam and vital signs.
- Moment 2 (BEF-ASP) is recorded as compliant when the attendant performs hand hygiene before accessing Aspirin (ASA) from the treatment bag.
- No Moment 4 will be recorded as the attendant is still with the patient during transport.

Exploring Possibilities:

- Additional moments will apply if the driver was diverted to another task (e.g. taking vitals and responding to radio communications) while preparing IV supplies or starting IV.
- If EMS staff accidentally contaminated supplies during patient care (e.g. drop needle on the floor) and is immediately required to retrieve the item hand hygiene would be required before resuming the IV start.

Take Away Messages:

- Hand hygiene must be performed immediately before a clean or aseptic procedure; Moment 2 (BEF-ASP).
- Contacting the treatment bag is not considered a recordable moment. Moment 2 (BEF-ASP) is recorded when the clean and sterile supplies are accessed from within it.

EMS - Scenario 4 (Responding to a Trauma Call)

The reviewer observes two EMS staff (driver and attendant) dispatched for a trauma call while in the station. The EMS staff enters their ambulance and drives to the scene.

When the EMS staff arrives on scene with Fire backup, EMS staff retrieves the treatment bag, monitor and stretcher. EMS staff approaches the patient at a skating rink and notices blood soaked clothing with obvious deformity to the lower limb. EMS staff immediately performs hand hygiene and dons gloves from the treatment bag. The driver starts vital signs as the attendant performs a physical assessment.

Fire staff is delegated to stabilize and splint patient's lower limb. The driver doffs gloves and performs hand hygiene before accessing IV supplies from the treatment bag (including gloves) and starts an IV. When the driver has completed the IV, he discards the sharp into the sharps container disposes of the used IV supplies, doffs his gloves and performs hand hygiene. The attendant accesses the treatment bag for pain management medication and administers medication into patient's IV port (IV site). EMS staff and Fire staff load the patient onto the stretcher and into the ambulance.



Unit – Outside facility

HCP – Emergency Medical Services (EMS Driver)

Moment 2 (wash/ABHR), gloves; Moment 1 (ABHR); Moment 2 (wash/ABHR); Moment 3 (wash/ABHR)

HCP – Emergency Medical Services (EMS Attendant)

Moment 2 (wash/ABHR), gloves; Moment 1 (wash/ABHR); Moment 2 (miss), gloves;
Moment 3 (miss), gloves

HCP - Fire staff – no recordable moments

Rationale:

EMS Driver

- Moment 2 (BEF-ASP) is recorded as compliant when the driver performs hand hygiene before retrieving gloves from the treatment bag.
- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the driver performs hand hygiene before contacting the patient for a physical exam and vital signs.
- Moment 2 (BEF-ASP) is recorded as compliant when the driver performs hand hygiene after removing gloves and before accessing IV supplies/gloves from the treatment bag.
- Moment 3 (AFT-ASP) is recorded as compliant when the driver performs hand hygiene after disposing of IV supplies and removing gloves.

EMS Attendant

- Moment 2 (BEF-ASP) is recorded as compliant when the attendant performs hand hygiene before retrieving gloves from the treatment bag.
- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the attendant performs the physical assessment.
- Moment 2 (BEF-ASP) is recorded as a miss because no hand hygiene was performed before accessing the treatment bag for pain management medication.
- Moment 3 (AFT-ASP) is recorded as a miss because no hand hygiene was performed after administering the medication into the IV port.

Fire Staff

- Are not included in hand hygiene reviews.

Exploring Possibilities:

- If the patient became unstable and there were moments of high activity such as a medical crisis (e.g. cardiac arrest, major trauma, or airway intervention), no moments would be recorded.
- If there was, no Fire support on scene and EMS staff had to provide care for the open fracture, hand hygiene moments would be recorded accordingly.
- If the reviewer observed the driver perform hand hygiene after loading the patient and before entering the cab of the ambulance a Moment 4 (AFT-PAT/ENV) would be recorded.

Take Away Messages:

- RCMP, fire staff and bystanders who may assist with patient care are not included in reviews.
- Hand hygiene must be performed **immediately** after exposure or risk of exposure to blood and/or bodily fluids; Moment 3 (AFT-BFL).
- Hand hygiene moments must be observed to be recorded.

Home Care

Clinics

For guidance on **Home Care Clinics**, please refer to the **Ambulatory Care** section in Appendix B. Observations for home care clinics and home care visits will be kept separate in the Clean Hands Portal.

Home Visits

This department section is designed to provide guidance specifically towards home visits where staff members are visiting and entering client’s homes to provide care or to perform procedures.

Use the following table to assist you in determining whether the setting is considered a client home, or clinic; the list is currently not all-inclusive.

Home Visits	Clinic Care
<ul style="list-style-type: none"> • client home or residence • supportive living facilities • long term care facilities • seniors lodges • adult day support program • congregate living / NDSL 	<ul style="list-style-type: none"> • ambulatory care clinics • long term care facilities

Hand hygiene reviews during home visits will involve a healthcare provider directly observing another healthcare provider interacting with the client during a scheduled home visit.

Observation Point: Normally, client visits will only involve one healthcare provider. However, for the purpose of hand hygiene reviews, a second staff member must be present. **Healthcare providers cannot review themselves.**

It is important for reviewers observing hand hygiene during home care visits to understand key principles, some of which are covered earlier in this guide:

- only record what is observed, do not make assumptions
- do not identify staff members to ensure the healthcare providers anonymity
- collect no more than 10 observations for each healthcare provider per review session

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These principals are especially important during home visits where it can be easy to identify healthcare providers and challenging to obtain adequate observations due to small staffing numbers.

Home care performs a variety of procedures, all of which may be observed with the permission of the patient.

Some of these procedures include:

- dressing change
- catheter care/insertion
- physical assessment
- interview
- injections
- medication delivery
- personal hygiene
- eye care
- activities of daily living (ADL)
- visit from Allied Health staff

During home visits there will be a limited availability of alcohol-based hand rub (ABHR) and sinks. It is important that healthcare providers bring a supply of AHS provided ABHR, liquid soap, and paper towels to the client's home. **Client's soap and towels must not be used.**

Observation Point: If you are observing and note that hand hygiene was not performed due to the absence of hand hygiene facilities, please note that in the observations using a comment. If the healthcare provider uses the client's own soap or towel, the observation is recorded as a "miss".

Identifying the Environments

In the hospital setting the environments are divided into patient environment and healthcare environment. In the client's home, the environment is divided into the client environment and the community environment. The client environment closely aligns with the patient environment and the community environment follows similar principles as the healthcare environment referred to earlier in this guide (see Section 3.5 Environments).

All supplies contained within the healthcare provider's supply bag are considered clean. Therefore, hand hygiene is expected before accessing the clean supplies inside the bag. The exterior of the bag is handled frequently, contacts many surfaces, and is therefore not considered clean.

The following list is not all-inclusive but is intended to provide a guideline for distinguishing between client and community environments.

Client's Environment (similar to Patient Environment for in-facility)

- the client
- any rooms / furniture inside the client's residence
- cupboard and cabinet doors
- all the client's belongings
- client's chart and documents kept at the client's home
- client's medication lock-box
- surfaces contacted within the client's residence
- carry file / tri-folder / laptop

Community Environment (similar to Healthcare Environment for in-facility)

- outside and inside doors and door handles of client's entrance door
- healthcare provider's personal belongings (i.e. shoes, coat, electronics such as cell phone or pager)
- anything outside of the client's house
- client's chart / documents brought from outside client's home
- healthcare provider supply bag
- home parenteral therapy kits (HPT)

Entry / Exit to the Client Home

- The front door and front door knobs are considered community environment. This is because doors and door knobs are **shared surfaces** that are **frequently contacted** by a number of people and **not cleaned regularly**.
- Once inside the client's home, the healthcare provider should remove their shoes and other outdoor clothing.
- The healthcare provider should identify where to set up their work station, place the supply bag on the surface and perform hand hygiene before contacting the client or anything in the client's environment; Moment 1 (BEF-PAT/ENV).
- Hand hygiene should also be performed before accessing clean supplies inside the bag once the bag has been opened.

The 4 Moments for Hand Hygiene can be observed within the client's home. The following are some examples that reviewers may observe; the list is not intended to be all-inclusive:

Moment 1 (BEF-PAT/ENV)

Hand hygiene for the home visit begins after opening and closing the entry door and before contacting the client or anything inside the client's residence.

Moment 1 also applies when the healthcare provider moves from the community environment to the client environment inside the client's home.

- before making contact with the client after entering the residence
- before touching the client's environment
- before making contact with client after contact with community environment (e.g. charts, electronics, supply bag)
- before touching the client or client's environment after self-contamination

Moment 2 (BEF-ASP)

The home care supply bag contains clean supplies. Accessing these supplies is reviewed as Moment 2 (BEF-ASP).

At times, the healthcare provider may bring small, client-specific supply bags into the residence and leave them with the client. The healthcare provider should perform hand hygiene before accessing supplies (clean supplies) inside the client-specific supply bag; Moment 2 (BEF-ASP).

Accessing the PPE kit is a clean procedure. Hand hygiene is required before accessing and donning PPE; Moment 2 (BEF-ASP).

- before accessing clean supplies from the supply bag
- before performing an aseptic procedure (catheter insertion, BGL testing, IV/IO start, suctioning or wound care, etc.)
- before performing a clean procedure such as preparing and giving medications
- before donning personal protective equipment (PPE)

Moment 3 (AFT-BFL)

A healthcare provider should perform hand hygiene immediately after doffing PPE involved in a procedure with the risk of contact with blood and/or bodily fluids; Moment 3 (AFT-BFL).

In summary, a healthcare provider should perform hand hygiene:

- after changing dressings / providing wound care
- after performing an invasive procedure (e.g. catheter insertion, BGL testing, IV/IO start)
- after contacting linens soiled with blood and/or bodily fluids
- after changing an incontinence brief
- after doffing PPE used to perform a procedure involving blood and/or bodily fluids

Moment 4 (AFT-PAT/ENV)

These examples only apply if they are the last point of contact with the client/client's environment.

- after doffing PPE used to contact the client or the client's environment
- after contacting the client/client's environment, before retrieving healthcare provider's belongings and touching the doorknob to leave the residence
- after contact with client/client's environment before self-contamination (refer to Section 3.6 – Healthcare Provider Self-Contamination)



Things to remember ...

- Healthcare reviewers cannot review themselves.
- During home visits there will be a limited availability of AHBR and sinks. It is important that healthcare workers bring a supply of ABHR, liquid soap, and paper towels to the client's home. **Client's soap and towels must not be used.**
- Client environment closely aligns with patient environment in-facility and community environment closely aligns with healthcare environment in-facility.
- Community environment is the shared surfaces that are frequently contacted and not cleaned regularly (front door and doorknob).

Home Care - Scenario 1 (Dressing Change)

The home care nurse (HCN) arrives in their car at the client's home. The HCN opens the door to leave the car, grabs their supply bag and knocks on the client's door. The HCN opens the door and enters the client's home, removes their shoes and coat, and places the supply bag down on the floor, then performs hand hygiene using their personal bottle of ABHR.

The HCN then shakes the client's hand and helps them sit down. The HCN opens the supply bag, performs hand hygiene using ABHR and accesses the clean wound care supplies they will need for the dressing change. They then don gloves and begin the procedure.

After removal and disposal of the old dressing, the HCN then doffs gloves, performs hand hygiene using ABHR and dons a new pair of gloves to continue the procedure.

After finishing the wound care, the HCN doffs their gloves, discards the used wound care supplies and performs hand hygiene using ABHR. The HCN then assists the patient to stand and takes them to their living room. The HCN then performs hand hygiene, grabs their supply bag, puts on their shoes, coat, opens the door and leaves the client's home to return to their car.



HCP – Nurses (HCN)

Moment 1 (wash/ABHR);	Moment 2 (wash/ABHR), gloves;	Moment 3 (wash/ABHR), gloves;
Moment 2 (wash/ABHR), gloves	Moment 3 (wash/ABHR), gloves;	Moment 4 (wash/ABHR)

Rationale:

- Moment 1 (BEF-PAT/ENV) is recorded as compliant as the HCN performed hand hygiene after doffing their coat and shoes and placing the supply bag down, before first contact with the client (i.e. shaking hands).
- Moment 2 (BEF-ASP) is recorded as compliant when the HCN performed hand hygiene before accessing the clean supplies in the bag and before donning gloves and beginning the procedure. These three steps are recorded as a single Moment 2 (BEF-ASP).
- Moment 3 (AFT-BFL) is recorded as compliant when the HCN performed hand hygiene after removing the soiled dressing, which is a blood and/or body fluid exposure risk.
- Moment 2 (BEF-ASP) is recorded as compliant when the HCN performed hand hygiene before donning gloves and redressing the wound. This is a combined moment with Moment 3 above (see Section 3.4 Combined Moments).
- Moment 3 (AFT-BFL) is recorded as compliant when the HCN performed hand hygiene after doffing gloves used for the dressing change.
- Moment 4 (AFT-PAT/ENV) is recorded as compliant when the HCN performed hand hygiene before donning their coat and gloves and leaving the client's home.

Exploring the Possibilities:

- If the HCN did not touch the client after initially performing hand hygiene when entering the client's home, immediately accessing their clean supplies, and donning their gloves the Moment 1 (BEF- PAT/ENV) and Moment 2 (BEF-ASP) could be combined.
- If the HCN did not touch the client or client's environment after doffing the gloves used for the dressing change, hand hygiene would not be required again before donning their coat and gloves to leave the client's home. The Moment 3 (AFT-BFL) and Moment 4 (AFT-PAT/ENV) could be combined.

Home Care - Scenario 2 (Clean Supplies / Medications)

The home care nurse (HCN) enters the client's home doffs their coat and shoes, puts down their supply bag, and performs hand hygiene using ABHR. The HCN speaks to the client and moves to access the designated medication/supply cupboard. The HCN opens the cupboard using a key code. The HCN then performs hand hygiene at the client's sink, using the client's soap, and towel. The HCN then dons gloves, grabs the medication injections within the cupboard and moves to the client to deliver the injection. The HCN cleans the site and delivers the injection, then disposes of the used needle in the sharps container. The HCN then doffs their gloves and performs hand hygiene. The HCN then moves to leave, donning their coat, shoes and supply bag and exits the client's home.



HCP – Nurses (HCN)

Moment 1 (wash/ABHR); Moment 2 (miss); Moment 3 (wash/ABHR), gloves; Moment 4 (wash/ABHR)

Rationale:

- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the HCN performs hand hygiene after doffing their coat and shoes, before first contact with the client's environment (medication cupboard key pad).
- Moment 2 (BEF-ASP) is recorded as a miss when the HCN washed their hands using the client's soap and towel. Hand hygiene was performed at the correct time (after opening the medication cupboard), however, the HCN should not have used the client's soap and towel. The Moment 2 (BEF-ASP) is missed as the HCN accesses medications and gloves (clean supplies) and then delivers the injection.
- Moment 3 (AFT-BFL) is recorded as compliant when the HCN performs hand hygiene after the procedure is complete, after doffing gloves used for the injection.
- Moment 4 (AFT-PAT/ENV) is recorded as compliant, as a combined moment with Moment 3 above, before donning their coat, shoes and supply bag and leaving the home.

Exploring the Possibilities:

- The HCN performed hand hygiene after opening the medication cupboard, had they used their own soap and paper towels instead of the client's the Moment 2 (BEF-ASP) would be recorded as compliant.
- If the HCN had performed hand hygiene using their own soap and paper towels **before** opening the medication cupboard, the Moment 2 (BEF-ASP) would be recorded as a miss, as the HCN needs to have clean hands before accessing clean medications or supplies.
- If the medication were kept in a locked box instead of a cupboard, the recorded hand hygiene moments would be the same.
- If the HCN decided to work with the client after performing hand hygiene after the injection, they would need to perform hand hygiene again before donning their coat, shoes and supply bag to leave; Moment 4 (AFT-PAT/ENV).

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Home Care - Scenario 3 (Check-up / Assessment / Paperwork)

The home care nurse (HCN) enters the client's home doffs their coat and shoes and performs hand hygiene using ABHR. The HCN then sits at the table and speaks to the client. The HCN goes over some paperwork with the client and performs an assessment, contacting multiple surfaces throughout the client's home during the process. After finishing their assessment, the HCN performs hand hygiene using ABHR and moves to don their coat, shoes and supply bag before exiting the client's home.



HCP – Nurses (HCN)

Moment 1 (wash/ABHR); Moment 4 (wash/ABHR)

Rationale:

- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the HCN performs hand hygiene after doffing their coat and shoes, before they first contacted the client's environment.
- There are no Moment 2 (BEF-ASP) accessing clean supplies or Moment 3 (AFT-BFL) as no procedure was performed. Since there was no contact with the community environment during this scenario, no additional moments other than Moment 1 (BEF-PAT/ENV) and Moment 4 (AFT- PAT/ENV) are needed.
- The papers brought into the home are considered bedside charting documents and as paper is not a viable transmission vector, movement between these papers and the client's environment is not a missed moment.
- Moment 4 (AFT-PAT/ENV) is recorded as compliant when the HCN performs hand hygiene before donning their coat, shoes and supply bag and leaving the home.

Exploring the Possibilities:

- If the HCN had self-contaminated them self during the scenario, additional moments of hand hygiene would be recorded; a Moment 4 (AFT-PAT/ENV) and a Moment 1 (BEF-PAT/ENV). Hand hygiene must be performed before and after touching ones face, or personal devices.

Home Care - Scenario 4 (Catheter Insertion)

The home care nurse (HCN) enters the client's home doffs their coat and shoes, puts down their supply bag, and performs hand hygiene using ABHR. The HCN helps to lead the client to their bed, where they plan to perform a catheter insertion. The HCN performs hand hygiene with ABHR, sets up the sterile field, dons sterile gloves and performs the aseptic task of inserting the catheter. The HCN then disposes of the excess supplies, doffs their gloves, performs hand hygiene with their personal soap and paper towels, and then helps the client to get dressed. The HCN then performs hand hygiene using ABHR and moves to leave, donning their coat, shoes and supply bag and exits the client's home.



HCP – Nurses (HCN)

Moment 1 (wash/ABHR); Moment 2 (wash/ABHR), gloves;
 Moment 3 (wash/ABHR), gloves; Moment 4 (wash/ABHR)

Rationale:

- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the HCN performs hand hygiene after doffing their coat and shoes, before first contacting the client.
- Moment 2 (BEF-ASP) is recorded as compliant when the HCN performs hand hygiene before setting up the sterile field, donning sterile gloves and performing the aseptic procedure. All of these actions are observed and recorded as a single Moment 2 (BEF-ASP).
- Moment 3 (AFT-BFL) is recorded as compliant when the HCN performs hand hygiene after disposing of the used supplies, and after doffing the gloves used for the procedure with body fluid exposure risk.
- Moment 4 (AFT-PAT/ENV) is recorded as compliant when the HCN performs hand hygiene after their final contact with the client before donning their coat, shoes and supply bag and leaving the home.

Exploring Possibilities:

- If the HCN contaminated their hands after setting up the sterile field and before donning sterile gloves, hand hygiene would be indicated and a new Moment 2 (BEF-ASP) with gloves would be recorded.
- If the HCN requires additional supplies during the catheter insertion, they would need to doff their gloves and perform hand hygiene before grabbing the extra supplies needed for the catheter insertion. The HCN would need to wash their hands again to finish the aseptic procedure; the recorded moments for these additional actions would be an extra Moment 3 (AFT-BFL) and Moment 2 (BEF-ASP).
- If the HCN had not brought their own soap, paper towels and instead used the client's the Moment 3 (AFT-BFL) would be recorded as a missed opportunity.

Laboratory Services

Laboratory (Lab) Services is responsible for specimen procurement and providing diagnostic testing to patients across the continuum of care. Interactions with patients may occur in acute care, continuing care, ambulatory care, and in outpatient settings. In some cases, Lab Services staff may provide services within patients' homes. For reviews collected during in-home visits, please refer to the Home Care department section.

Lab Services staff who provide patient care include Medical Laboratory Technologists (MLT), Medical Laboratory Assistants (MLA) and Combined Laboratory and X-ray Technologists (CLXTs). CLXTs are more commonly employed in rural areas. If a CLXT is observed performing a phlebotomy and an x-ray during a single patient interaction (e.g. phlebotomy and chest x-ray) the CLXT will be recorded using the Lab Services provider group in the Clean Hands System. If the CLXT is only performing an x-ray, the CLXT should be recorded under the Diagnostic and Therapeutic Technologists provider group.

Although medical laboratory technologists and assistants are required to perform hand hygiene many times when working in the diagnostic area, hand hygiene reviews are limited to those interactions that laboratory staff have with patients and patient care supplies. **No reviews will be performed within the diagnostic testing (technical) area.**

One of the most common interactions that Lab Services staff will have with patients is during blood draws (i.e. phlebotomy or venipuncture). Phlebotomies include all blood draws including micro punctures (i.e. heel pokes, finger pokes) regardless of the equipment used by the phlebotomist. A venipuncture is a blood draw that uses a closed collection system (vacuum-based). When using a vacuum-based system, the risk of a blood exposure is low due to the engineered safety device being used.

Based on IPC program approval, this factor along with consideration of practicality and workflow allows for Lab Services staff to readjust the patient environment as required before removing gloves after performing a phlebotomy, provided that the gloves are not visibly soiled with blood. Moment 3 (AFT-BFL) and Moment 4 (AFT-PAT/ENV) are therefore compressed and recorded as a single Moment 4 (AFT-PAT/ENV) on the hand hygiene review tool.

If the phlebotomist needs to use an alternate collection process to draw the blood sample (i.e. a syringe), performs a micro puncture, or deviates from the standard phlebotomy sequence, the risk of exposure is higher and the use of compressed moments no longer applies.



Vacuum-based system for venipuncture

Observation point: The use of compressed moments is specific to the phlebotomy procedure only. A compressed moment is when two separate hand hygiene moments are recorded as a single moment providing the process outlined in the algorithm is followed.

Observation Point: Hand hygiene reviewers who are not familiar with blood collection devices should receive orientation from an IPC Hand Hygiene Coordinator or from Lab Services.

The phlebotomy may occur within the patient care unit (patient's room, cubicle, curtain space) or it may occur in the laboratory outpatient collection area. *Hand Hygiene for Phlebotomists - Patient Care Settings* algorithm outlines the proper sequence for a standard phlebotomy procedure.



Compressed moments are different than combined moments.

See Section 3.4 (Combined Moments)

In the case where the phlebotomist needs to return to the clean supplies (e.g. unsuccessful draw), the phlebotomist must perform hand hygiene before accessing the supplies; Moment 2 (BEF-ASP).

In addition to phlebotomies, Lab Services may also perform electrocardiograms (ECGs). It is important to note that the ECG procedure may be performed by Lab Services, Diagnostic Imaging, Nursing, or Cardiology and is dependent on the resources available within the facility. Reviewers must be sure to correctly identify the healthcare provider type performing the ECG. If only an ECG is required and is completed by a CLXT, the CLXT is classified under the Lab Services provider group.

The touch surfaces of the ECG machine are cleaned and disinfected after each patient, therefore, the machine is considered patient environment. The healthcare provider may move between the patient and the machine without performing hand hygiene.

Lab Services staff may collect or assist with the collection of other types of patient samples including but not limited to:

- blood glucose testing
- sputum
- urine
- feces
- bone marrow
- buccal swabs
- urea breath tests

Staff in the laboratory collection areas may directly handle patient specimens to properly label and prepare them for the diagnostic area. Hand hygiene must be performed by Lab Services staff after collecting or handling patient specimens; Moment 3 (AFT-BFL).

Lab Services staff may also handle clean and sterile supplies. Supplies may include PPE (including gloves), needle sets, specimen collection containers, dressing supplies (band aids, gauze), ECG leads etc. Depending on the laboratory, sterile blood products (e.g. packed cells, transfusion sets and vaccines) may be issued to nursing staff. Lab Services staff may also provide beverages and food items to patients. Hand hygiene must be performed before the handling of clean and sterile supplies or preparing or providing food and beverages for patients; Moment 2 (BEF-ASP).

The patient requisition/laboratory identification labels are considered bedside charting documents (see Section 3.5 Environments). This enables the healthcare provider to move between the requisition or labels and the patient without performing hand hygiene. Data entry stations are not cleaned between patients and are therefore considered healthcare environment.

Observation Point: When performing data entry in a laboratory outpatient collection area, the healthcare provider may access the patient requisition and immediately enter the patient information into the computer without performing hand hygiene as no direct contact with the patient has occurred and paper presents a low risk of transmission.

Common examples of hand hygiene observations that reviewers may observe; the list is not intended to be all-inclusive:

Moment 1 (BEF-PAT/ENV)

- before contact with the patient’s identification bracelet or the patient’s identification documents (e.g. driver’s license)
- before contact with patient belongings (e.g. coats, purses, blankets) or ambulation aids (e.g. canes, walkers, wheelchairs)
- before positioning the patient for a phlebotomy, electrocardiogram, or any other procedure
- before contact with the patient’s environment (e.g. lowering bedrail, turning on light, adjusting the bed)
- before stabilizing a patient for a procedure (e.g. holding pediatric patient’s arm for the phlebotomy procedure)

Moment 2 (BEF-ASP)

- before accessing clean and sterile supplies including PPE (e.g. gloves, linens, collection supplies, sample containers, sterile blood products)
- before performing a phlebotomy or micro-puncture

- before providing food to a patient (e.g. cookies, juice, water, etc.)
- before preparing and providing oral glucose beverage or urea breath beverage
- before performing a glucometer test
- before collection or assisting with the collection of specimens other than blood (bone marrow, fluids, buccal swabs, etc.)

Moment 3 (AFT-BFL)

- after performing a venipuncture where visible blood is present on the phlebotomist's gloves
- immediately after performing a micro puncture or using a non-vacuum based system to draw blood
- after assisting with the collection of or handling specimens (e.g. urine, feces, buccal swabs, sputum, etc.)

Note: Moment 3 occurs when the healthcare provider **directly** handles the specimen or the transport container (i.e. biohazard bag)

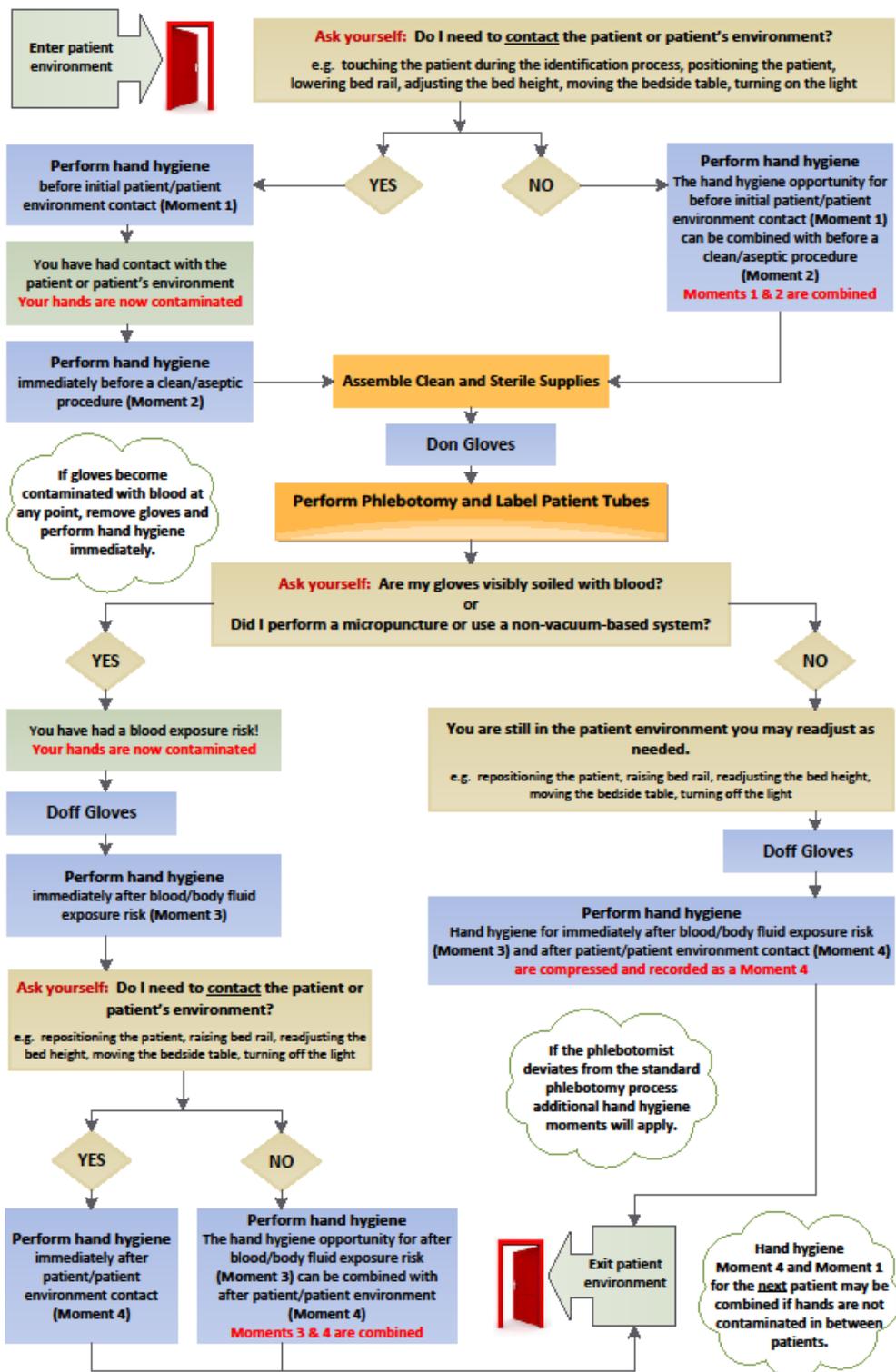
- after removing PPE including gloves
- after the disposal of contaminated sharps

Moment 4 (AFT-PAT/ENV)

These examples only apply if they are the last point of contact with the patient/patient's environment.

- after contact with the patient or patient's environment (e.g. repositioning patient after phlebotomy, repositioning bed, turning off light, etc.)
- after contact with patient belongings (e.g. coats, purses, blankets, etc.) or patient ambulation aids (e.g. canes, walkers, wheelchairs, etc.)
- after completion of an electrocardiogram procedure

Hand Hygiene for Phlebotomists - Patient Care Settings



IPC Hand Hygiene Program Jan 12, 2018

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Lab - Scenario 1 (Preparing Glucose Beverage for Gestational Diabetic Screen)

A medical laboratory assistant (MLA) is at the laboratory outpatient reception desk and greets a patient without making contact. The MLA performs hand hygiene, accesses a clean disposable glass, the glucose beverage from the fridge and gives the beverage to the patient to drink. The MLA takes the used glass from the patient and throws it in the trash. The MLA returns to the reception area to set the timer.



HCP – Laboratory Services (MLA)

Moment 2 (wash/ABHR); Moment 1 (wash/ABHR); Moment 3 (miss); Moment 4 (miss)

Rationale:

- Moment 2 (BEF-ASP) is recorded as compliant when the MLA performs hand hygiene to access the supplies needed (i.e. glucose beverage, clean glass).
- Moment 1 (BEF-PAT/ENV) is recorded as compliant as the MLA's hands are still clean when she hands the glass to the patient. The glass is considered patient environment. This is a combined moment with Moment 2 above (see Section 3.4 Combined Moments).
- Moment 3 (AFT-BFL) is recorded as a miss because the MLA did not perform hand hygiene after taking the cup from the patient (after the patient drank the beverage). This presents a body fluid exposure risk (i.e. saliva).
- Moment 4 (AFT-PAT/ENV) is recorded as a miss when the MLA moves from the patient environment (i.e. used glass) to the healthcare environment (i.e. timer).

Exploring Possibilities:

- If the MLA does not pour the glucose beverage into the glass and hands the bottle directly to the patient, the recorded moments would be the same.
- If the patient discards their own glass into the trash and the MLA had no contact with the used glass, a Moment 3 (AFT-BFL) would not be recorded.

Take Away Messages:

- Glucose beverage is considered food and accessing or handling it is considered a Moment 2 (BEF-ASP).

Lab - Scenario 2 (Specimen Handling)

A registered nurse (RN) walks into the lab reception/drop-off area wearing gloves and carrying a urinalysis specimen contained inside a Ziploc bag. The RN hands the specimen to the medical laboratory technologist (MLT) who takes the bagged specimen and places it on the counter. The RN doffs her gloves and performs hand hygiene. The MLT dons gloves, removes the specimen from the bag and checks to ensure that it is labelled correctly. The MLT then carries the urine container into the technical area and begins to test the specimen.



HCP – Nurses (RN)

Moment 3 (wash/ABHR)

HCP – Laboratory Services (MLT)

Moment 3 (miss); Moment 2 (miss)

Rationale:

Nurse

- Moment 3 (AFT-BFL) is recorded as compliant when the RN doffs her gloves and performs hand hygiene after handing the specimen to the MLT.

Medical Laboratory Technologist

- Moment 3 (AFT-BFL) is recorded as a miss because the MLT took the Ziploc bag from the RN and then donned clean gloves to access the specimen.
- Moment 2 (BEF-ASP) is recorded as a miss because the MLT accessed clean supplies (i.e. gloves) without performing hand hygiene after contacting the bagged specimen.

Exploring Possibilities:

- If the MLT would have handled the actual urine specimen instead of the Ziploc bag, the moments recorded would still be the same.

Take Away Message:

- Laboratory specimens present a blood and/or body fluid exposure risk even if they are contained within a transport container. There is no way to ensure the outside of the Ziploc bag does not become contaminated during the bagging process.
- Observations may take place in the laboratory reception/drop-off area, but cannot be collected inside the technical area.

Lab - Scenario 3 (Electrocardiogram)

A combined laboratory and x-ray technologist (CLXT) performed hand hygiene in the corridor and enters a patient's cubicle to perform an ECG. She closes the patient's curtain for privacy, identifies the patient and contacts the wristband in the process. The CLXT accesses clean leads and electrodes and places them on the patient. She performs hand hygiene and proceeds to type the patient information into the ECG machine. She finishes the ECG test, removes the leads and performs hand hygiene. She opens the curtain, dons gloves and proceeds to clean the ECG machine.



HCP – Laboratory Services (CLXT)

Moment 1 (miss); Moment 2 (miss); Moment 4 (wash/ABHR); Moment 2 (miss)

Rationale:

- Moment 1 (BEF-PAT/ENV) is recorded as a miss when the CLXT had contact with the healthcare environment (curtain) before touching the patient (i.e. wristband).
- Moment 2 (BEF-ASP) is recorded as a miss when the CLXT accessed clean supplies (leads) after touching the patient wristband (patient environment).
- Moment 4 (AFT-PAT/ENV) is considered compliant as the CLXT performed hand hygiene after contact with the patient, before contacting the healthcare environment (i.e. curtain).
- Moment 2 (BEF-ASP) is recorded as a miss when the CLXT accesses clean supplies (i.e. gloves) without clean hands after contacting the healthcare environment (i.e. curtain).

Exploring Possibilities:

- If the CLXT had to perform a portable chest x-ray and an ECG during the same patient interaction, then the CLXT would be recorded under the Diagnostic Therapeutic Technologist provider group.
- If the CLXT had to perform a phlebotomy and the ECG during a single patient interaction then Moment 1 (BEF-PAT/ENV), Moment 2 (BEF-ASP) and a **compressed** Moment 4 (AFT-PAT/ENV) would be recorded.

Take Away Message:

- Curtains are considered healthcare environment (see Section 3.5 Environments).
- The ECG machine is cleaned between patients, therefore, the CLXT can move between the patient and the machine without performing hand hygiene.
- Hand hygiene observations associated with patient equipment cleaning cannot be recorded.

Lab - Scenario 4 (Phlebotomy Laboratory Outpatient Department)

A phlebotomist walks to the reception desk to retrieve a lab requisition. He calls the patient and walks alongside them to the collection chair without making contact. The phlebotomist begins to enter the patient information into the computer. The phlebotomist performs hand hygiene and accesses the clean supplies, dons gloves and adds a piece of tape to the top of his glove. He performs the blood collection using a vacuum-based collection system, places a cotton ball on the collection site and places the strip of tape from the top of glove over the cotton ball. The phlebotomist labels the tubes, places the tubes in a biohazard bag, and drops them off in the collection bin. There is no visible blood on the phlebotomist's glove. The phlebotomist doffs their gloves, performs hand hygiene using ABHR and grabs a new requisition from the reception desk.



HCP – Laboratory Services (Phlebotomist)

Moment 2 (wash/ABHR), gloves; Moment 1 (wash/ABHR); Moment 4 (wash/ABHR), gloves

Rationale:

- Moment 2 (BEF-ASP) is recorded as compliant when the phlebotomist accesses the clean supplies and dons gloves to perform the phlebotomy.
- Moment 1 (BEF-PAT/ENV) is recorded as compliant as the phlebotomy procedure was the phlebotomist's first point of direct contact with the patient. This is recorded as a combined moment with Moment 2 above (see Section 3.4 Combined Moments).
- Moment 3 (AFT-BFL) and Moment 4 (AFT-PAT/ENV) is recorded as compliant for a **compressed** Moment 4 (AFT-PAT/ENV) when the phlebotomist performs hand hygiene after doffing gloves. The phlebotomist had no visible blood on their gloves and therefore **only** a Moment 4 (AFT-PAT/ENV) is recorded.

Exploring Possibilities:

- If the phlebotomist handled the patient identification during the data entry process, they would be required to perform hand hygiene before contacting the patient's identification; Moment 1 (BEF-PAT/ENV) and then again after contacting the I.D. before contacting the computer; Moment 4 (AFT-PAT/ENV).
- If the phlebotomist was unsuccessful at the phlebotomy and required a second attempt, only a Moment 1 (BEF-PAT/ENV) and Moment 2 (BEF-ASP) is recorded for the first attempt and a Moment 2 (BEF-ASP) and Moment 3 (AFT-BFL) (if visible soiling of the gloves occurred) and Moment 4 (AFT-PAT/ENV) would be observed and recorded in relation to the second attempt as outlined in the *Hand Hygiene for Phlebotomists in Patient Care Settings* algorithm. Moment 1 (BEF-PAT/ENV) would be recorded at the first point of contact with the patient.

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Take Away Message:

- *Hand Hygiene for Phlebotomists in Patient Care Settings* algorithm outlines key decision points a phlebotomist will need to make.
- A standard phlebotomy procedure using a vacuum-based collection system with standardized workflow in the **outpatient laboratory** setting will require the phlebotomist to perform hand hygiene twice (2) and will be routinely recorded as a Moment 1 (BEF-PAT/ENV), Moment 2 (BEF-ASP) and a **compressed** Moment 4 (AFT-PAT/ENV).
- A phlebotomy performed using a vacuum-based collection system in the **inpatient/emergency** setting may require the phlebotomist to perform three (3) opportunities of hand hygiene and will be routinely recorded as Moment 1 (BEF-PAT/ENV), Moment 2 (BEF-ASP) and Moment 4 (AFT-PAT/ENV) if:
 - The phlebotomist has to contact the patient during the identification process (i.e. check wristband) or contact items in the patient environment (i.e. lower bedrail, turn-on the light).
- Patient's identification is considered the patient's environment.



No reviews will be performed within the diagnostic testing (technical) area of the Lab.

Linen and Environmental Services

Linen and Environmental Services (LES) have developed [protocols](#) for their staff for various cleaning tasks. Environmental Services (ES) staff can be found on any unit and are often wearing similar clothing as other staff on the unit, therefore an easy way to identify ES staff is by the work they are performing and by their environmental services cart which contains the supplies needed for cleaning a room.

An important cleaning concept is 'clean to dirty' which directs ES staff to begin cleaning the 'clean' areas (patient space) first and end with the 'dirty' areas (washroom). This prevents housekeepers from accidentally transferring bacteria from the bathroom to the patient space. Anytime you are observing an ES staff member, they should be moving from clean to dirty for each patient area, and whenever moving from dirty to clean, hand hygiene should occur. ES staff (housekeepers) wears gloves for their day-to-day tasks. Sometimes staff will perform a 'dirty' process first – pick up garbage from floors/tables, and put in garbage can, or remove a filled garbage bag; they would then need to change gloves/wash hands before proceeding to a 'clean' space.

ES staff may need to return to their cleaning cart to retrieve additional supplies, or activities such as changing a cloth, dusting wand, mop or retrieving additional equipment that may be required to clean the patient's room. In this situation staff does not need to perform additional hand hygiene if they wish to return to their supply cart unless they are changing gloves or moving to a new patient space.

When disposable gloves are used, they must be changed between every patient room and when moving from a dirty to clean task. Hand hygiene should be performed before accessing and donning clean gloves and after removing contaminated gloves.

Observation Point: In multi-patient rooms, staff is expected to perform hand hygiene when moving between each patient area/cubicle.



Anytime you are observing an ES staff member, they should be moving from clean to dirty for each patient area, and whenever moving from dirty to clean, hand hygiene should occur.

Refer to the following scenarios for the routine cleaning procedure in a single room and multi-patient room and how hand hygiene moments are recorded.

Linen and Environmental Services - Scenario 1 (Cleaning a Single Room)

An Environmental Services (ES) worker performs hand hygiene then dons gloves before entering/cleaning a patient room. The ES worker begins cleaning the patient room moving from clean to dirty. The ES worker doffs gloves and performs hand hygiene. The ES worker moves back to their cart to change a cloth and retrieve a dusting wand and dons new gloves to resume cleaning. When finished with the patient's room, the ES worker doffs gloves, performs hand hygiene. The ES worker dons new gloves and proceeds to clean the next patient room.



HCP – Linen & Environmental Services (ES worker)

Moment 2 (wash/ABHR), gloves; Moment 1 (wash/ABHR), gloves; Moment 2 (wash/ABHR), gloves;
 Moment 4 (wash/ABHR), gloves; Moment 2 (wash/ABHR), gloves; Moment 1 (wash/ABHR), gloves

Rationale:

ES staff will often move between cleaning a patient space and accessing supplies contained on the ES cart (i.e. clean rags, dusting wand, mop heads, disinfectant wipes). The door to the patient room is often left open to move freely between the cart and the room. Moving between a patient space and the ES cart is in accordance with hand hygiene practices.

- Moment 2 (BEF-ASP) is recorded as compliant when the ES worker performs hand hygiene before accessing gloves needed to clean the patients room.
- Moment 1 (BEF- PAT/ENV) is recorded as compliant when the ES worker began to clean the patient's room. The ES worker's first point of contact is the patient's room. This is considered a combined moment with Moment 2 above (see Section 3.4 Combined Moment).
- Moment 2 (BEF-ASP) is recorded as compliant when the ES worker doffed gloves, performed hand hygiene, accessed the new cleaning cloth and dusting wand from the cart and then donned a new pair of gloves; Moment 2 (BEF-ASP). The ES worker needed to remove their contaminated gloves and perform hand hygiene before donning another pair of gloves.
- Moment 4 (AFT-PAT/ENV) is recorded as compliant when the ES worker completed cleaning the patient room, removed their gloves and performed hand hygiene.
- Moment 2 (BEF-ASP) is recorded as compliant when the ES worker donned new gloves. This is a combined moment with Moment 4 above.
- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the ES worker enters the room of the next patient and begins cleaning. This is a combined moment with Moments 4 and 2 above.

Exploring Possibilities:

- If the reviewer observes the ES worker cleaning a surface that was visibly contaminated with blood and/or body fluids, Moment 3 (AFT-BFL) would be recorded. There must be visible contamination to record a Moment 3 (e.g. when cleaning a urinal spill on the floor).

- If an ES worker performs a task in the patient's environment that does not require contact with the environment (e.g. sweeping) then no Moment 1 (BEF- PAT/ENV) or Moment 4 (AFT-PAT/ENV) would be recorded (i.e. non-recordable). Moment 2 (BEF-ASP) would apply if gloves were donned.

Take Away Message:

- ES workers can access the ES cart and its supplies while working in a patient environment without performing hand hygiene.
- Accessing clean PPE including gloves is considered a Moment 2 (BEF-ASP).

Linen and Environmental Services - Scenario 2 (Cleaning a Multi-Patient Room)

An Environmental Services (ES) worker performs hand hygiene then dons gloves before entering/cleaning a multi-patient room. The ES worker begins to clean patient A's space. The ES worker doffs gloves, performs hand hygiene and moves back to the cart to change the cleaning cloth and retrieve a dusting wand. They don new gloves and continue to clean patient A's space. After finishing in patient A's space, the ES worker doffs gloves, performs hand hygiene, dons a new pair of gloves and proceeds to clean patient B's space located within the same room.

The ES worker finishes cleaning the patient B's space moving from clean to dirty, finishing with the shared bathroom. When finished with the bathroom, the ES worker doffs their gloves, performs hand hygiene.



HCP – Linen & Environmental Services (ES worker)

Moment 2 (wash/ABHR), gloves; Moment 1 (wash/ABHR), gloves; Moment 2 (wash/ABHR), gloves;
 Moment 4 (wash/ABHR), gloves; Moment 2 (wash/ABHR), gloves; Moment 1 (wash/ABHR), gloves

Rationale:

- Moment 2 (BEF-ASP) is recorded as compliant when the ES worker performs hand hygiene before accessing gloves used to begin cleaning patient A's space.
- Moment 1 (BEF- PAT/ENV) is recorded as compliant when the ES worker makes contact with patient A's space to begin cleaning it. This is combined moment with the Moment 2 above (see Section 3.4 Combined Moment).
- ES staff will often move between cleaning a patient space and accessing supplies contained on the ES cart (i.e. clean rags, dusting wand, mop heads, disinfectant wipes). The door is often left open to move freely between the cart and the room. Moving between a patient space and the ES cart is in accordance with hand hygiene practices.
- Moment 2 (BEF-ASP) is recorded as compliant when the ES worker performs hand hygiene and then donned a new pair of gloves to continue cleaning patient A's space.
- Moment 4 (AFT-PAT/ENV) is recorded as compliant when the ES worker doffs their gloves and has completed the cleaning in a single patient's space (patient A's space) in a multi-bed room.
- Moment 2 (BEF-ASP) is recorded as compliant when the ES worker performs hand hygiene before accessing gloves and moves to clean patient B's space. This is combined moment with Moment 4 above.
- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the ES worker performs hand hygiene before contacting (cleaning) patient B's space. This is combined moment with Moment 4 (AFT-PAT/ENV) and Moment 2 (BEF-ASP) above.

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- The final performance of hand hygiene is not yet a recordable moment as the reviewer is not sure what the ES worker will contact next (i.e. if the ES worker proceeds to work in the healthcare environment a Moment 4 (AFT-PAT/ENV) would be recorded. If the ES worker proceeds to grab a pair of gloves a Moment 2 (BEF-ASP) would be recorded.

Exploring Possibilities:

- If the reviewer observes the ES worker cleaning a surface that was visibly contaminated with blood and/or body fluids, Moment 3 (AFT-BFL) would be recorded. There must be visible contamination to record a Moment 3 (AFT-BFL) (e.g. when cleaning a urinal spill on the floor).
- If an ES worker touches the healthcare environment hand hygiene must be performed before accessing the gloves needed to clean patient's B space.
- If an ES worker performs a task in the patient's environment that does not require contact with the environment (e.g. sweeping) then no Moment 1 (BEF- PAT/ENV) or Moment 4 (AFT- PAT/ENV) would be recorded (i.e. non-recordable). Moment 2 (BEF-ASP) would apply if gloves were donned.

Take Away Message:

- ES workers can access the ES cart and its supplies while working in a patient environment without performing hand hygiene.
- Healthcare providers are required to perform hand hygiene when moving between patient spaces in a multi-patient room.
- Accessing clean PPE including gloves is considered a Moment 2 (BEF-ASP).

Nutrition and Food Services

Food service delivery includes the following tasks, which may be performed by a variety of healthcare providers (i.e. Nutrition and Food Services (NFS), nursing, volunteers):

- meal tray delivery and pick-up
- dining room meal service
- refreshments/snack delivery
- patient hydration (water) delivery and refill

Meal Tray Delivery and Pick-up

Reviewers may observe healthcare providers deliver and pick-up meal trays. The proper sequence used by Nutrition and Food Services (NFS) staff for delivery and pick-up, including the proper hand hygiene moments is outlined in Table 1 of this section.

Observation Point: It is anticipated that in almost all situations, the healthcare provider will make contact with the patient or patient’s environment during tray delivery. Reviewers must be certain that contact has been made in order to record the moment.

In the instance that the healthcare provider has absolutely no contact with the patient or patient’s environment during tray delivery, no moments can be recorded. This may occur more frequently in units such as sub-acute, rehabilitation, and mental health where trays may be delivered to patients in a common dining room setting.

Nutrition and Food Services - Scenario 1 (Tray Delivery)

The reviewer observes the Nutrition and Food Services (NFS) worker preparing to distribute meal trays to patients on a unit. The NFS worker performs hand hygiene and retrieves a meal tray from the cart. The NFS worker carries the tray into the patient’s room, moves the patient’s book and sets the tray down on the over-bed table. The NFS worker performs hand hygiene on exit and returns to the meal cart to retrieve the next tray to deliver to the next patient.



HCP – Nutrition & Food Services (NFS worker)

Moment 1 (wash/ABHR); Moment 4 (wash/ABHR); Moment 1 (wash/ABHR)

Rationale:

- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the NFS worker retrieves a meal tray from the cart, carries it into the patient's room and contacts items on the patient's over-bed table (book).
- Moment 4 (AFT-PAT/ENV) is recorded as compliant when the NFS worker exits the patient's room and returns to the meal cart to retrieve the next tray.
- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the NFS worker accesses another tray to deliver to the next patient. This is combined moment with Moment 4 above (see Section 3.4 Combined Moments).

Table 1: Nutrition and Food Services Procedure for Delivery & Pick-up of Meal Trays
(Adapted from the AHS NFS Staff Handbook)

i) **Delivering Trays**

- **Do NOT** wear gloves during tray delivery (unless required by the isolation sign).
- **Before entering the FIRST patient's room on EVERY unit, perform hand hygiene** – use ABHR or wash your hands; Moment 1 (BEF-PAT/ENV). Place the tray on the patient's bedside table.
- If you have time, you can help them get ready to eat (open packages for them); Moment 2 (BEF- ASP).
- **As you leave EVERY patient's bedside, perform hand hygiene** – use ABHR or wash your hands; Moment 4 (AFT-PAT/ENV). One opportunity for hand hygiene may be recorded as Moments 4 (AFT-PAT/ENV) and Moment 1 (BEF-PAT/ENV) combined between patients.

REMEMBER – if you contaminate your hands before touching the next tray (e.g. blow your nose, touch hall rail, pager etc.), **you need to perform hand hygiene again** – use ABHR or wash your hands, before resuming the tray delivery process.

- Perform hand hygiene after the **last patient**; Moment 4 (AFT-PAT/ENV).

Nutrition and Food Services - Scenario 2 (Tray Pick-up)

The reviewer observes the Nutrition and Food Services (NFS) worker preparing to collect meal trays from the unit. The NFS worker performs hand hygiene and retrieves meal tray, carries the tray out of the room and places it on the cart. The NFS worker performs hand hygiene and goes to the next patient's room to retrieve the tray.



HCP – Nutrition & Food Services (NSF worker)

Moment 1 (wash/ABHR); Moment 4 (wash/ABHR); Moment 1 (wash/ABHR)

Rationale:

- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the NFS worker performs hand hygiene and retrieves the patient's tray from their room.
- Moment 4 (AFT-PAT/ENV) is recorded as compliant when the NFS worker performs hand hygiene after placing the used tray on the cart.
- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the NFS worker performs hand hygiene and enters the next patient's room to retrieve their tray. This is a combined moment with Moment 4 above (see Section 3.4 Combined Moments).

Table 1: Nutrition and Food Services Procedure for Delivery & Pick-up of Meal Trays
(Adapted from the AHS NFS Staff Handbook)

Picking-Up Trays

- **Do NOT** wear gloves during tray pick-up (unless required by the isolation sign).
- **Before you arrive at EVERY patient's bedside, perform hand hygiene** – use ABHR or wash your hands. Moment 1 (BEF-PAT/ENV) - first patient, Moment 4 (AFT-PAT/ENV) and Moment 1 (BEF-PAT/ENV) – between patients.

REMEMBER – if you contaminate your hands again before reaching the patient's bedside (e.g. blow your nose), **you need to perform hand hygiene again** – use ABHR or wash your hands.

- Remove any patient items (e.g. medications, false teeth, eye glasses) left on the tray (this is contact with the patient environment other hand hygiene moments may apply (e. g. false teeth); Moment 3 (AFT- BFL).
- If there are any needles or body fluids on the tray, ask nursing to clean the tray before you remove it.
- **As you leave the LAST room on EVERY unit, perform hand hygiene** – use ABHR or wash your hands; Moment 4 (AFT-PAT/ENV).

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These scenarios represent the usual pattern of activity for healthcare providers that are delivering or picking up trays outside of food service areas. If the healthcare provider deviates from these patterns, indications for additional hand hygiene moments will need to be assessed.

Examples may include:

- self-contamination (see Section 3.6 Healthcare Self-Contamination)
- contact with patient’s blood and/or body fluids (e.g. contact with patient urinal, dirty tissues, false teeth etc.); Moment 3 (AFT-BFL) (see Section 3.2 Explanation of the 4 Moments for Hand Hygiene - Moment 3)
- food handling (e.g. opening food packages) (see Section 3.2 Explanation of the 4 Moments for Hand Hygiene - Moment 2)

Dining Room Meal Service

Reviewers may also observe healthcare providers (NFS, nursing, volunteers, Recreation Therapy, etc.) participating in-group dining activities.

Observation Point: Families, visitors, privately hired caregivers who assist with dining activities cannot be reviewed.

In the group setting the patient/resident environment includes their chair and the part of the table they have contacted (e.g. plate, utensils and cups). When serving/assisting with meals or snacks of multiple patients/residents at mealtime, hand hygiene does not need to be performed between serving/assisting each patient/resident, unless:

- the healthcare provider has contact with the patient/resident or their environment
- the healthcare provider’s hands contact saliva or mucous membranes
- the healthcare provider’s hands become visibly soiled

Refer to Scenarios 4 and 5 in the *Guide to Conduct Hand Hygiene Reviews (Appendix A)* for detailed recording instructions and rationale for feeding multiple residents.



Families, visitors, privately hired caregivers who assist with dining activities cannot be reviewed.

The following interactions outlines potential hand hygiene opportunities in a group dining room setting that a reviewer may observe; the list is not intended to be all-inclusive:

Moment 1 (BEF-PAT/ENV) – assist patients/residents prepare to eat

- transport patients/residents from hallway to seat
- help patient/resident get settled in their seats
- move wheelchair closer to table
- put on aprons and/or clothing protectors

Moment 2 (BEF-ASP) – set-up for meals

- dining room set-up (place napkins, condiments, etc.)
- plate food and pour beverages
- deliver food and beverages
- open packages (cutlery, milk, puddings, crackers etc.)
- cut-up food
- make toast in dining room
- spread margarine, jam, etc. on toast
- feed a patient/resident

Moment 3 (AFT-BFL) – clean-up afterwards

- clearing dirty dishes
- after wiping a patient's/resident's mouth

Moment 4 (AFT-PAT/ENV) – clean-up afterwards

- wiping tables

Note: gloves may be worn during clean-up process. Additional moments related to donning gloves, Moment 2 (BEF-ASP) will apply.

Observation Point: If the healthcare provider is moving from dirty to clean tasks such as: removing dirty dishes; Moment 3 (AFT-BFL) to feeding a patient; Moment 2 (BEF-ASP) then additional moments of hand hygiene will apply as the healthcare moves in and out of the patient environment as defined above.

If the healthcare provider is performing a continuous dirty to dirty task (i.e. clearing dirty dishes) and does not deviate from the task then hand hygiene is not required until the task has been completed; Moment 3 (AFT-BFL) and then when exiting the dining room would be a Moment 4 (AFT-PAT/ENV).

If the healthcare provider is cleaning a **vacant** group dining area after mealtime, only one Moment 4 (AFT-PAT/ENV) will apply, hand hygiene must be performed when the cleaning task is complete.

Refreshment / Snack Delivery

Refreshment and snacks may be delivered using a snack cart system. The following outlines potential hand hygiene opportunities during refreshment/snack delivery:

Moment 1 (BEF-PAT/ENV)

- before contact with a patient or patient's environment
- before moving items on the bedside table to place the snack
- before a handshake or hug with a patient

Moment 2 (BEF-ASP)

- handling food
- before preparing the snack/refreshment cart
- before preparing coffee, tea
- before handling packaged food items

Moment 3 (AFT-BFL)

- after risk of exposure to blood and/or body fluids
- picking up dirty cups, utensils, or dishes used by a patient

Moment 4 (AFT-PAT/ENV)

- after contact with the patient or patient's environment
- after moving an item on the bedside table to deliver food items
- after a handshake with a patient

Patient Hydration (Water) Delivery and Refill

These processes are site-specific. For hand hygiene review guidelines during water delivery and refill, please contact your IPC Zone Reviewer or site Infection Control Professional for assistance.

Operating Room

The Operating Room (OR) is an area within a healthcare facility where surgical procedures are performed. The procedures vary based on the healthcare facility.

The OR theatre is a unique setting in which both the healthcare and patient environment are located within the theatre. It is important that the reviewer distinguishes between the two environments.

The **healthcare environment** within the theatre includes but is not limited to:

- computers within the theatre including the anesthesia computer **but not** vitals monitors
- patient charts
- whiteboards within the theatre where the case information is written

The **patient environment** within the theatre includes but are not limited to:

- the operating table and the controls to adjust the table
- the vitals monitors and controls attached to the anesthesia machine
- IV pump and pole
- door handles
- patient equipment that is cleaned between cases

There is a vast array of staff working in this setting which differs from one OR theatre to another and one site to another. Reviewers should identify the healthcare provider by looking at ID badges, nametags, and if unsure ask the healthcare provider or one of their co-workers.

Examples of the healthcare providers within the theatre include but are not limited to:

- nurses (RN, OR Tech (LPN), LPN, Healthcare Aide)
- physician (Surgeons, Anesthesiologists, Residents, Physician Assistants)
- respiratory services staff (Respiratory Therapists, Anesthesia Techs)
- student-physician (Medical Students and Clinical Clerks)
- student-nurse
- student-other
- cardiac care staff (Cardiac Perfusionist)
- other staff (Medical Device Reprocessing Technician/Surgical Reprocessor)
- service workers (Service Aides)
- porters

Observation Point: While representatives from medical manufacturing companies may be present in the OR, they are not AHS employees and therefore cannot be observed.

Observation Point: The 4 Moments for Hand Hygiene will be observed within the OR theatre, however, the surgical scrub is not recorded during a review as this is a separate procedure related to the surgical procedure and requires a specific technique. For questions about this, please contact your IPC Hand Hygiene Coordinator or zone Project Manager.

The following are examples of the 4 Moments for Hand Hygiene the reviewer may observe while in the OR theatre; the list is not intended to be all-inclusive:

Moment 1 (BEF-PAT/ENV)

- before direct patient contact
- before assisting with moving or adjusting a patient's positioning
- before contacting the operating table or stretcher
- before contacting patient vitals monitor or anesthesia machine
- moving from the OR computer or patient chart to the patient

Moment 2 (BEF-ASP)

- before donning PPE including gloves (for non-scrubbed staff)
- before opening a vascular access device (IV)
- before accessing, preparing and giving medications including accessing supplies and medication in the anesthesia cart and medication drawers in the anesthesia machine
- before catheter insertion
- before patient site preparation
- before accessing clean linens and/or clean surgical supplies

Moment 3 (AFT-BFL)

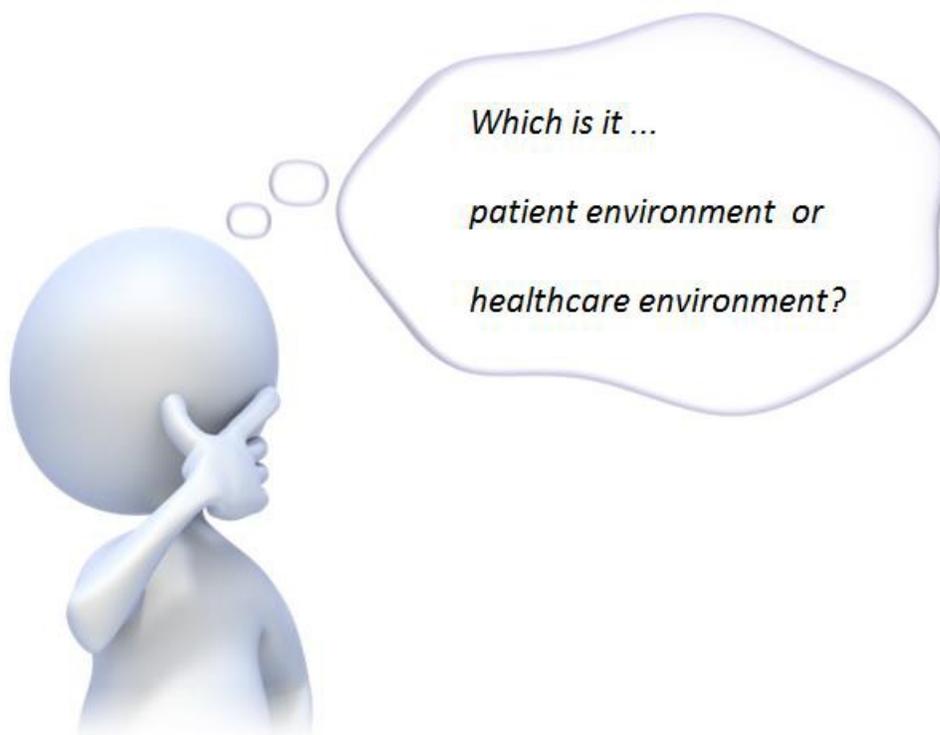
- after contact with blood and/or body fluids
- after any invasive/surgical procedure
- after catheter insertion
- after surgical preparation on a patient
- after doffing PPE including gloves used to contact blood and/or body fluids (including both scrubbed and non-scrubbed staff)

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Moment 4 (AFT-PAT/ENV)

These examples only apply if they are the last point of contact with the patient/patient environment.

- after direct patient contact
- after repositioning/transferring the patient
- after leaving the patient to access clean supplies
- after contact with patient vitals monitor
- after leaving the patient to chart
- after transferring the patient to the Post Anesthesia Care Unit



Operating Room - Scenario 1 (Patient Prep)

A circulating nurse (RN) performs hand hygiene, opens a catheter set, dons gloves and inserts the catheter. The RN then doffs gloves, dons a new pair of gloves and begins to clip the hair on the patient's abdomen. Once the hair is clipped the RN accesses adhesive gloves from a clean/sterile storage cabinet within the theatre and removes loose hair from the patient's abdomen. The RN doffs her gloves, performs hand hygiene and begins working on the computer.



HCP – Nurses (RN)

Moment 2 (wash/ABHR), gloves; Moment 1 (wash/ABHR), gloves; Moment 3 (miss), gloves;
 Moment 2 (miss), gloves; Moment 2 (miss), gloves; Moment 4 (wash/ABHR), gloves

Rationale:

- Moment 2 (BEF-ASP) is recorded as compliant when the RN performs hand hygiene before opening the catheter set and donning gloves and inserting the catheter. This is recorded as a single Moment 2 (BEF-ASP).
- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the RN performs hand hygiene before inserting the catheter which is the initial point of contact with the patient, therefore, also a Moment 1 (BEF-PAT/ENV). This is a combined moment with Moment 2 above (see Section 3.4 Combined Moments).
- Moment 3 (AFT-BFL) is recorded as a miss when the RN doffs gloves after catheter insertion which presents a blood exposure risk.
- Moment 2 (BEF-ASP) is recorded as a miss because the RN dons a new pair of gloves without performing hand hygiene. Gloves are considered a clean supply.
- Moment 2 (BEF-ASP) is recorded as a miss when the RN does not perform hand hygiene after clipping the patient's abdomen and then accesses clean supplies from a clean/sterile supply cabinet within the theatre.
- Moment 4 (AFT-PAT/ENV) is recorded as compliant. Once the RN removes the loose hair, she doffs gloves and performs hand hygiene before going to the computer (healthcare environment).

Exploring Possibilities:

- If the RN had to exit the theatre to access adhesive gloves there would be a missed opportunity for a Moment 4 (AFT-PAT/ENV), Moment 1 (BEF-PAT/ENV) and a Moment 2 (BEF-ASP).

Operating Room - Scenario 2 (Medication)

An anesthesiologist is working with the anesthesia machine and goes directly to accessing a new syringe and medication from the medication cart. The anesthesiologist prepares the medication and pushes it through the patient's IV line. The anesthesiologist then begins charting on his computer.



HCP – Physicians (Anesthesiologist)

Moment 2 (miss); Moment 4 (miss)

Rationale:

- Moment 2 (BEF-ASP) is recorded as a miss when the anesthesiologist did not perform hand hygiene after working in the patient environment (anesthesia machine) and before accessing clean supplies and medication from the medication cart.
- Moment 4 (AFT-PAT/ENV) is recorded as a miss when the anesthesiologist did not perform hand hygiene after contacting the patient environment (patient's IV line) and before working in the healthcare environment (computer).

Exploring Possibilities:

- If the anesthesiologist pushed the medication via IV access site there would be a risk of body fluid exposure; Moment 3 (AFT-BFL).

Operating Room - Scenario 3 (Patient Positioning Before the Start of a Case)

A surgeon is in the theatre working on his computer before the start of a case. The circulating nurse (RN) asks for help in positioning the patient. The surgeon assists in positioning the patient and returns to the computer.



HCP – Physicians (Surgeon)

Moment 1 (miss); Moment 4 (miss)

Rationale:

- Moment 1 (BEF-PAT/ENV) is recorded as a miss when the surgeon did not perform hand hygiene after contacting the computer and before contacting the patient.
- Moment 4 (AFT-PAT/ENV) is recorded as a miss when the surgeon did not perform hand hygiene after positioning the patient and returning to the computer.

Operating Room - Scenario 4 (Removing of Surgical Aseptic Attire)

After closing (completing) the surgery, the surgeon removes gloves and gown, then helps to take down the drape at the patient's head. The surgeon then exits the theatre and performs hand hygiene using soap and water at the scrub sink.



HCP – Physicians (Surgeon)

Moment 3 (miss), gloves; Moment 4 (wash/ABHR)

Rationale:

- Moment 3 (AFT-BFL) is recorded as a miss when the surgeon did not immediately perform hand hygiene after removing gloves contaminated with blood and/or body fluids.
- Moment 4 (AFT-PAT/ENV) is recorded as compliant. The surgeon used soap and water to perform hand hygiene once all surgical attire was doffed and surgery was completed.

Exploring Possibilities:

- If the surgeon had waited to remove their gloves until after taking down the drape the hand hygiene opportunities would still be the same; Moment 3 (AFT-BFL) is missed when contacting the drape and Moment 4 (AFT-PAT/ENV) is recorded as compliant when hand hygiene is performed after the surgical attire was removed and before contacting the healthcare environment.

Operating Room - Scenario 5 (Accessing Clean Supplies / Aseptic Presentation)

A circulating nurse (RN) is requested to hand the scrub nurse a suture. The RN leaves the computer and performs hand hygiene. The RN retrieves a suture and aseptically presents it to the scrub nurse. The RN is then asked for some abdominal sponges; she retrieves them from the supply cabinet and aseptically presents them to the scrub nurse.



HCP – Nurses (RN)

Moment 2 (wash/ABHR)

Rationale:

- Moment 2 (BEF-ASP) is recorded as compliant when the RN performs hand hygiene before accessing the sutures from the clean supply cabinet. When accessing multiple clean supplies we do not record separate moments for each supply, as hand hygiene is not required between clean supplies.
- If the nurse accesses clean supplies and then documents on the computer, hand hygiene is required before accessing more clean supplies.

Public Health (including Oral Health)

The emphasis for Public Health (PH) is to keep the population healthy, and improve the health of the community. Community and Public Health provides services to the community in four main areas:

- Maternal, Child and Family Health
- Communicable Disease Control
- School Health
- Health Promotion
- Sexual Health

This includes, but is not limited to, prenatal education, home visits and support for families following a birth, breastfeeding support, parent support, travel health services, oral health, immunization, and communicable disease follow-up and sexual health. PH work in partnership with other internal health service providers as well as community agencies/groups. PH may provide health education services to individuals, families or groups in settings such as schools, community sites and at public health sites / community health centers.

Hand hygiene reviews will be primarily focused to areas where clients and healthcare providers are interacting such as:

- treatment spaces in public health sites
- oral health clinics
- immunization clinics (schools, community centers)
- pop-up clinics: a pop-up clinic is a travelling clinic where necessary infrastructure (e.g. dental chair, lights, etc.) is taken to the facility where care is provided
- home visits: for hand hygiene reviews performed in the home environment, please refer to the Home Care (Home Visits) section in Appendix B

Observation Point: Hand hygiene reviews will not be performed in vaccine depots or in education-based classroom settings.

The predominant types of healthcare providers that will be observed during hand hygiene reviews in PH settings include but are not limited to:

- nurses (RNs, LPNs)
- administrative and clerical services
- dental hygienists, dental assistants
- dentists (dentists and volunteer dentists are recorded as physicians)
- volunteers

The 4 Moments for Hand Hygiene can be observed within the Public Health setting. The following are examples of moments for hand hygiene that reviewers may observe; the list is not intended to be all-inclusive:

Moment 1 (BEF-PAT/ENV)

- before contact with client belongings (e.g. identification documents, client immunization cards, ambulation aids, car seats)
- before taking a client's weight or measurement
- before positioning a client

Moment 2 (BEF-ASP)

- before accessing clean or sterile supplies (e.g. intramuscular, oral or subcutaneous vaccines, drapes for weigh scales)
- before donning PPE (e.g. gloves, face protection)
- before clean/aseptic procedures such as vaccinations, assisting with breastfeeding, blood draws, oral health checks, pap smears etc.

Moment 3 (AFT-BLF)

- after administering an oral or nasal vaccine
- after collecting a patient specimen (e.g. urine, pap, swab)
- after an oral hygiene check
- after helping with breastfeeding
- after doffing PPE used to protect against blood or body fluid exposure risk

Moment 4 (AFT-PAT/ENV)

- after helping a patient with belongings (e.g. purses, diaper bags, car seats, sweaters etc.)
- after contact with used linens (e.g. drapes for infant weigh scales)
- after contact with toys used for the client visits

Observation Point: When providing care to a parent and a baby (e.g. helping a mom to feed), the baby and parent are considered one unit. There is no need to perform hand hygiene when moving from parent to baby unless interactions involve Moment 2 (BEF-ASP) or Moment 3 (AFT-BLF).

Public Health - Scenario 1 (Baby-well Visit)

Mom and baby present to the treatment space for the baby’s 6-month baby-well visit. The registered nurse (RN) confirms the baby’s identification without making contact. The mom hands the baby’s immunization record to the RN. The RN accesses a clean drape to cover the weigh scale and proceeds to take baby’s measurements. The RN enters the information into the computer, provides consultation and gains permissions from mom.

The RN performs hand hygiene and retrieves the vaccine from vaccine fridge located in the treatment space. The RN prepares and administers the oral rotavirus vaccine, performs hand hygiene and accesses the vaccine fridge within the room for the remaining vaccines. The RN prepares and administers the vaccines consecutively into the baby’s thighs and updates the patient’s passport. The RN performs hand hygiene, finishes the computerized charting, and gives verbal instructions to mom and opens the door to escort the mom to the waiting room.



HCP – Nurses (RN)

Moment 1 (miss);	Moment 2 (miss);	Moment 4 (miss);
Moment 1 (wash/ABHR);	Moment 2 (wash/ABHR);	Moment 3 (wash/ABHR), gloves;
Moment 2 (wash/ABHR);	Moment 4 (wash/ABHR)	

Rationale:

- Moment 1 (BEF-PAT/ENV) is recorded as miss when the RN contacts the baby’s immunization record. The immunization record is considered patient belongings (environment).
- Moment 2 (BEF-ASP) is recorded as miss when the RN accesses the clean drape. The drape is considered clean supplies.
- Moment 4 (AFT-PAT/ENV) is recorded as a miss when the RN leaves the patient and returns to the computer. The computer is considered healthcare environment.
- Moment 1 is recorded as compliant when the nurse contacts the patient after contact with the healthcare environment (i.e. the computer)
- Moment 2 (BEF-ASP) is recorded as compliant when the RN performs hand hygiene before accessing the fridge where the vaccines are stored, preparing and administering the vaccine.
- Moment 3 (AFT-BFL) is recorded as compliant when the RN performs hand hygiene after administering the oral vaccine. Oral vaccines present a risk of exposure to patient’s saliva.
- Moment 2 (BEF-ASP) is recorded as compliant when the RN accesses the fridge to retrieve the remaining vaccines. This is an example of a combined moment with Moment 2 (BEF-ASP) above (see Section 3.4 Combined Moments).
- Moment 4 (AFT-PAT/ENV) is recorded as compliant when the RN performed hand hygiene after the vaccines were completed and she contacted the computer to finish the charting.

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Exploring Possibilities:

- If the RN did not have to give the oral vaccine and the visit only required intramuscular injections, no Moment 3 (AFT-BFL) would be recorded. Intramuscular or subcutaneous vaccinations do not present a significant risk of exposure to blood when safety engineered devices and proper protocols are followed.
- If the RN had contact with the patient, before opening the door, a Moment 4 (AFT-PAT/ENV) would be recorded as a miss. Doorknobs in treatment areas are considered healthcare environment.
- If vaccines are stored in the vaccine cooler bag and the cooler bag has been cleaned before loading vaccines, the vaccine bag functions as a vaccine fridge and observations would be recorded the same.

Take away messages:

- Oral vaccines present body fluid exposure risk. Intramuscular and sub-cutaneous injections do not present significant body fluid exposure risk if safety devices are engaged and proper protocols are followed.
- Patient identification and immunization cards are considered patient environment.
- The computer within the treatment space is considered healthcare environment.
- Doorknobs are considered healthcare environment.

Public Health - Scenario 2 (School Immunization Clinic)

The registered nurse (RN) is providing vaccines at a school clinic. The RN has established a pop-up clinic with the vaccines stored in the cooler bag. The RN accesses the required vaccines from the cooler bag. The RN performs hand hygiene, accesses the clean syringes and prepares the immunizations for a student.

The RN flips through school consent forms, finds the correct form, identifies the student and rolls up the student's shirt sleeve. The RN performs hand hygiene and administers the vaccine. The RN completes the necessary after care, paperwork, and discharges the student. The RN performs hand hygiene and begins preparing supplies for the next student's immunization.



HCP – Nurses (RN)

Moment 2 (miss);	Moment 2 (wash/ABHR);	Moment 1 (miss);
Moment 2 (wash/ABHR);	Moment 4 (wash/ABHR);	Moment 2 (wash/ABHR)

Rationale:

- Moment 2 (BEF-ASP) is recorded as a miss when the RN accesses the vaccine in the cooler bag without performing hand hygiene.
- Moment 2 (BEF-ASP) is recorded as compliant when the RN accesses the clean supplies (syringes) and prepares the vaccine.
- Moment 1 (BEF-PAT/ENV) is recorded as a miss when the RN contacts the student to roll up their sleeve.
- Moment 2 (BEF-ASP) is recorded as compliant when the RN administers the vaccine. This is a clean/aseptic procedure.
- Moment 4 (AFT-PAT/ENV) is recorded is compliant when the RN provides the aftercare to the student.
- Moment 2 (BEF-ASP) is recorded as compliant when the RN performs hand hygiene to access the clean supplies required to administer the vaccine to the next student. This is a combined moment with Moment 2 (BEF-ASP) above (see Section 3.4 Combined Moments).

Exploring possibilities:

- If the RN had not pre-prepared the two patient's vaccines and had to re-access the cooler bag, hand hygiene would need to be performed.
- If the RN could not move directly from the first student to the second student (i.e. had to adjust the chair), a combined moment would not apply. Additional hand hygiene moments would be required.

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Take away messages:

- Hand hygiene must be performed after opening the cooler bag before accessing the vaccinations stored inside; Moment 2 (BEF-ASP). The exterior of the vaccine bag is not considered clean, therefore, an additional hand hygiene Moment 2 (BEF-ASP) is required before preparing the vaccination.
- If contact is made with the patient (e.g. clothing) or healthcare environment (chair) additional hand hygiene moments are required before performing the clean/aseptic procedure.

Public Health - Scenario 3 (Oral Care)

The dental hygienist performs hand hygiene, verbally greets the mom and child; takes the child's identification card from the mom and sets it down on computer desk. The hygienist verifies client information in the computer. The hygienist performs hand hygiene, dons gloves and PPE (i.e. face protection, gloves) and continues to prepare clean supplies needed for exam. Mom assists child to climb up on the exam chair.

The hygienist performs an oral assessment and fluoride treatment. The hygienist collects contaminated supplies and disposes in appropriate area. The hygienist removes her gloves, performs hand hygiene, removes her mask/eye protection and performs hand hygiene. The hygienist returns the identification to the mom, gives post care instructions and returns to her workstation. The mom and child leave the exam room.



HCP – Dental Care (Dental hygienist)

Moment 1 (wash/ABHR);	Moment 4 (miss);	Moment 2 (wash/ABHR), gloves;
Moment 1 (wash/ABHR), gloves;	Moment 3 (wash/ABHR), gloves;	Moment 4 (miss)

Rationale:

- Moment 1 (BEF-PAT/ENV) is recorded as compliant as the hygienist performs hand hygiene before contact with child's identification card.
- Moment 4 (AFT-PAT/ENV) is recorded as a miss when the hygienist accesses the computer without performing hand hygiene.
- Moment 2 (BEF-ASP) is recorded as compliant as the hygienist performs hand hygiene before preparing clean supplies, donning PPE and performing the oral assessment. This is recorded as a single Moment 2 (BEF-ASP) as accessing PPE is part of the clean/aseptic procedure.
- Moment 1 (BEF-PAT/ENV) is recorded as compliant when the hygienist performs the oral assessment. The oral assessment is the hygienist's first point of contact with the client. This is recorded as a combined moment with Moment 2 (BEF-ASP) above (see Section 3.4 Combined Moments).
- Moment 3 (AFT-BFL) is recorded as compliant when the hygienist performs hand hygiene following PPE removal (used to protect against an exposure of bodily fluids).
- Moment 4 (AFT-PAT/ENV) is recorded as a miss when the hygienist does not perform hand hygiene after returning identification card to the mom and makes contact with the workstation (healthcare environment).

Exploring Possibilities:

- If the hygienist could confirm the patient's identification without making contact with the ID card (e.g. card held by mom), the first Moment 1 (BEF-PAT/ENV) and Moment 4 (AFT-PAT/ENV) would not apply. Moment 1 (BEF-PAT/ENV) would be recorded when beginning the oral assessment as this would be the hygienist's first point of contact with the child.
- If the hygienist had to position the child, there would be an additional hand hygiene needed in accordance with the 4 Moments for Hand Hygiene.

Take away message:

- Proper PPE removal requires multiple hand hygiene steps to be performed (i.e. between the removal of gloves and face protection and after the removal of face protection) but only a single Moment 3 (AFT-BFL) is recorded.

Renal Services (Hemodialysis)

Hemodialysis is a procedure that replaces some functions of the kidney such as removing fluid and waste products. Dialysis start times are usually scheduled and reviewers should check with department staff to confirm start times for patients. The dialysis procedure takes approximately four hours to complete for each patient. During this time, the nurse will move between multiple patients. Nurses may chart, hand out medication, and provide care to other patients unit wide (i.e. troubleshooting, comfort measures, nutritional needs etc.) and set-up supplies at each station for discontinuing dialysis during the four hour period.

Before performing hand hygiene reviews in hemodialysis, reviewers are encouraged to complete an orientation to the hemodialysis department with a qualified hand hygiene reviewer. Orientation should provide a comprehensive overview of the patient environment and the healthcare environment within the hemodialysis setting.

Before conducting hand hygiene reviews in hemodialysis, there is information that reviewers must understand:

- The machine, patient's chart cover and the furniture in the hemodialysis station have been cleaned and low level disinfected with a healthcare approved cleaner/disinfectant. Once the cleaning and disinfection have been completed, the area remains vacant until the next patient arrives. During this period, the touch surfaces of the machine remain untouched and therefore clean.
- During the initiation of a run, the nurse often needs to move rapidly between the patient, and the controls on the machine. During this process the machine, patient and the patient's chart are considered patient environment. It is not necessary for the nurse to un-glove and perform hand hygiene during this short phase of treatment unless gross soiling occurs or there is a need to uncover and directly manipulate/touch the access site or central line (aseptic procedure).
- Gloves are 'task specific' and must be removed as soon as the task for which they were donned is completed. Gloves must never be worn when accessing clean supplies from a common source. The only times gloves used during patient care may be worn outside of the patient station is when transporting soiled items to the soiled holding area/room.
- The nurse will access the patient's bloodstream for the dialysis procedure by central venous catheter (CVC), fistula or graft. The CVC is a series of tubes that exits the patient's upper chest. The fistula or graft may be located on the patient's inner forearm or upper arm. Occasionally you may see accesses originating from the lower limbs usually on patients who have been on dialysis for a long time.



Often the nurse needs to move rapidly between the patient, and the controls on the machine. During this process the machine, patient and the patient's chart are considered patient environment.

During the dialysis procedure, there are several opportunities for reviewers to observe the 4 Moments for Hand Hygiene. The following are some examples that reviewers may observe; the list is not intended to be all inclusive:

Moment 1 (BEF-PAT/ENV)

- if the healthcare provider has physical contact with the patient during admission and helping the patient settle into the station
- if the healthcare provider has direct contact with the patient or patient's environment when the patient is being weighed
- before taking vital signs (blood pressure, temperature, etc.)
- before any contact the healthcare provider has with the dialysis station or the patient
- before setting-up the dialysis machine
- when the healthcare provider leaves the station to retrieve supplies, even if supplies are nearby, the healthcare provider must perform hand hygiene before re-entering the area

Moment 2 (BEF-ASP)

- before donning PPE, including gloves
- before accessing the patient's fistula, CVC, or graft site
- before gloving to initiate or to discontinue a run
- before accessing clean supplies/linens
- before needling the access site
- before removing dressings to visualize or manipulate an access site
- before gloving for a dressing change or wound treatment
- before preparation or administration of intramuscular or intravenous medications
- before food handling or feeding a patient

Moment 3 (AFT-BFL)

- after removing dressings
- after performing wound care
- after terminating hemodialysis
- after handling or disposing of contaminated tubing and dialyzer
- after emptying a bedpan or urinal

Moment 4 (AFT-PAT/ENV)

These examples only apply if they are the last point of contact with the patient/patient environment.

- moving away from the bedside to retrieve supplies (even if only a few steps away)
- moving in-between patients, such as when doing 30 minute checks during a run session
- after performing service or cleaning on the machines

Observation Point: when the healthcare provider moves between stations without leaving the area to go do any other task or touch any other objects, Moment 1 (BEF-PAT/ENV) and Moment 4 (AFT-PAT/ENV) are combined (see Section 3.4 Combined Moments).

Initiating Dialysis

The patient moves from the waiting room to the treatment space/area, is weighed and goes to the dialysis station where the nurse will coach the patient, do vital signs such as blood pressure, pulse, temperature and others measures using equipment involving patient contact and then enters dialysis machine settings.

The nurse will:

- “Access” the patient’s bloodstream for the dialysis procedure: before accessing the bloodstream the nurse performs hand hygiene, dons procedure mask, eye protector, and gloves.
- Disinfect the skin or catheter at the access point.
- Insert a needle (with tubing), allow the tubing to fill with blood and clamp the line.
- Take blood samples (if required).
- Attach the tubing to the dialysis machine and start the machine.
- Removes gloves and performs hand hygiene. Dons new gloves. Clean/disinfect the machines touch surfaces (note if screen/controls have not been touched with gloved hands during the initiation process then cleaning the screen may not be necessary).
- Documents procedure - charting should only be done after the nurse doffs gloves and performs hand hygiene.
- If the patient has a CVC, there may be a transparent dressing. The nurse may just view the site in which case she can continue the dialysis process with the patient without changing gloves.
- If the patient has a dressing that requires changing, the nurse needs to remove gloves and clean hands after removing the old dressing. The nurse should don new gloves before proceeding with the dressing change; Moment 3 (AFT-BFL) and Moment 2 (BEF-ASP) are combined moments.

Discontinuing the Procedure

The nurse performs hand hygiene, dons a mask, eye protector, and gloves. The nurse will:

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- Attach the tubing to a bag of solution that rinses the blood from the tubing back to the patient
- Disconnect the tubing from the patient and complete a flushing procedure for the patient's lines.
- Take patient's final blood pressure.
- Remove gloves and perform hand hygiene.
- Complete documentation.
- Will continue to check the site for any bleeding and provide final care to the patient. Depending on the patient care required, the nurse may have additional hand hygiene moments.

Setting-up for the Next Patient

The assigned person (e.g. service attendant) performs hand hygiene and dons mask, eye protector, and gloves and:

- clean supplies and sets-up the space for the next patient
- removes the tubing attached to the hemodialysis machine
- cleans the dialysis station
- performs hand hygiene
- accesses

Preparing the Hemodialysis Area for Next Run

If the healthcare provider is cleaning multiple **vacated** patient spaces as a continuous task in a hemodialysis unit, (i.e. retrieving dirty linen from all spaces) only one Moment 4 (AFT-PAT/ENV) will apply. Moment 2 (BEF-ASP) will be recorded when accessing gloves for cleaning.

Hand hygiene must be performed when moving from a dirty procedure to a clean procedure for example a Moment 2 (BEF-ASP) will be recorded when healthcare provider accesses clean linen or supplies to prepare the space for the next group of patient.

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References

- Alberta Health Services Infection Prevention and Control. Hand Hygiene Policy PS-02 (Oct 4, 2011). AHS, 2016. Retrieved 6th April 2016 from <https://extranet.ahsnet.ca/teams/policydocuments/1/clp-hand-hygiene-ps-02-policy.pdf>
- Alberta Health Services Infection Prevention and Control. Hand Hygiene Procedure PS-02-01(Oct 4, 2011). AHS, 2016. Retrieved 6th April 2016 from <https://extranet.ahsnet.ca/teams/policydocuments/1/clp-hand-hygiene-ps-02-policy.pdf>
- Alberta Health Services Laboratory Services. Provincial Point-of-care Testing Manual. Roche Accucheck Inform II Meter Patient Testing SOP (LTR 70188). AHS, 2015. Retrieved 6th April 2016 from <https://ahs.labqms.com/labFrame.asp?DID=9062>
- Alberta Health Services Human Resources. Occupational Exposure to Blood and Body Fluids Policy 1111. AHS, June 24, 2009. Retrieved 8th April 2016 from <https://extranet.ahsnet.ca/teams/policydocuments/1/clp-ahs-pol-occupational-exposure.pdf>
- Canadian Patient Safety Institute. Hand Hygiene Toolkit. CPSI, 2016. Retrieved 6th April 2016 from <http://www.patientsafetyinstitute.ca/en/toolsResources/Pages/Hand-Hygiene-Toolkit.aspx>
- Covenant Health Infection Prevention and Control. Hand Hygiene Auditor Information Definitions. Covenant Health, 2016. Retrieved 6th April 2016 from <http://www.compassionnet.ca/Page173.aspx>
- Hand Hygiene Australia. 5 Moments for Hand Hygiene. HHA, 2016. Retrieved 6th April 2016 from <http://www.hha.org.au/home/5-moments-for-hand-hygiene.aspx>
- Hand Hygiene Australia. References for Health-care Workers. HHA, 2016. Retrieved 6th April 2016 from <http://www.hha.org.au/ForHealthcareWorkers.aspx>
- Ontario Agency for Health Protection and Promotion (Public Health Ontario), Provincial Infectious Diseases Advisory Committee. Best Practices for Hand Hygiene in All Healthcare Settings. 4th Edition. Toronto, ON: Queen's Printer for Ontario. April 2014.
- Perry, A.G. & Potter, P.A. (2004). Clinical Nursing Skills & Techniques 5th Edition. St. Louis: Mosby, Inc.
- Public Health Agency of Canada. Hand Hygiene Practices in Health-care Settings. PHAC, 2012. Retrieved 6th April 2016 from http://publications.gc.ca/collections/collection_2012/aspc-phac/HP40-74-2012-eng.pdf
- Public Health Ontario. Just Clean Your Hands. Ontario Agency for Health Protection and Promotion. 2016. Retrieved 6th April 2016 from <http://www.publichealthontario.ca/en/BrowseByTopic/InfectiousDiseases/JustCleanYourHands/Pages/Just-Clean-Your-Hands.aspx>
- Trillis III, Floyd et al. (2008, November). Contamination of Hospital Curtains with Health-care-Associated Pathogens. Infection Control and Hospital Epidemiology. 29.11 pp.1074-1076. Retrieved 14th March 2016 from <http://www.jstor.org/stable/10.1086/591863>
- World Health Organization (2009). WHO Guidelines on Hand Hygiene in Healthcare. First Global Patient Safety Challenge Clean Care is Safer Care. World Alliance for Patient Safety. Geneva, World Health Organization Press. Retrieved 6th April 2016 from http://apps.who.int/iris/bitstream/10665/44102/1/9789241597906_eng.pdf
- World Health Organization (2012). Hand Hygiene in Outpatient and Home-based Care and Long-term Care Facilities: A Guide to the Application of the WHO Multimodal Hand Hygiene Improvement Strategy and the "My Five Moments for Hand Hygiene" Approach. Geneva, World Health Organization. Retrieved 6th April 2016 from http://www.who.int/gpsc/5may/hh_guide.pdf

Feedback

Feedback Request Form

The *Guide to Conduct Hand Hygiene Reviews* is intended to support new and experienced Hand Hygiene Reviewers to conduct hand hygiene reviews in a consistent and standardized manner across the province. Health care providers (nurses, physicians, others etc.) who are being observed by Hand Hygiene Reviewers may reference the guide to understand how observations are being collected. Leaders and managers may reference the document to understand the review process better and guide departmental resource development.

If you have any comments, concerns or revisions for this document please print this page, share your comments and email to Hand.Hygiene@ahs.ca

General Comments:

Page #	Section	Comment (justification for change)	Proposed Change	Follow-up (Admin use)
e.g. 13	"Hand Hygiene is the single most effective method to prevent Hospital Acquired Infections"	Same information provided in previous section, here redundant	Delete section	

Submitted by / Title:		Date:	
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