

Continuing Care, Supportive Living & Lodges

Guide to Conduct Hand Hygiene Reviews



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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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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

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- 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

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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).