

# Home Care

## Guide to Conduct Hand Hygiene Reviews



2021 Alberta Health Services

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



This work is licensed under a [Creative Commons Attribution-Non-commercial-Share Alike 4.0 International license](#). The License does not apply to AHS trademarks, logos or content for which Alberta Health Services is not the copyright owner.

**Disclaimer:** This material is intended for general information only and is provided on an "as is", "where is" basis. Although reasonable efforts were made to confirm the accuracy of the information, Alberta Health Services does not make any representation or warranty, express, implied or statutory, as to the accuracy, reliability, completeness, applicability or fitness for a particular purpose of such information. This material is not a substitute for the advice of a qualified health professional. Alberta Health Services expressly disclaims all liability for the use of these materials, and for any claims, actions, demands or suits arising from such use.

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

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.

Original date: February 2018  
Revised date: March 4, 2021

**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

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

Original date: February 2018  
Revised date: March 4, 2021

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:

---

Original date: February 2018  
Revised date: March 4, 2021

- 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

Original date: February 2018  
Revised date: March 4, 2021

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).

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

Original date: February 2018  
Revised date: March 4, 2021



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.