

Addictions & Mental Health

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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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

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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

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- 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)

- 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