

Correctional Centres

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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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

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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
- 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

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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.