#### Moment 1 - Before contact with a Resident or their environment

Goal: Whenever you have contact with the resident or the resident's environment you perform Hand Hygiene. The resident/resident environment includes:

- In a single room this is everything in the residents room
- In a multi-bed room this is the area inside the resident's curtain (touch the curtain and then the resident = missed hand hygiene opportunity)
- In an ambulatory setting, the resident environment is the area that may come into contact with the resident within their cubicle

**Healthcare Environment:** Environment beyond the resident's immediate area. In a single room this is outside the room. In a multi-bed room this is everything outside the resident's bed area

#### Moment 1 examples:

- Prior to entering resident room and touching resident
- Prior to touching resident or their environment, if you have touched the curtain in a multi-patient room
- Prior to shaking hands
- Prior to touching resident's equipment

- Prior to touching a resident or their environment, if you have touched your face/uniform/lab coat
- Prior to touching the resident or their environment, if you have touched the door/door handle
- Prior to contact with resident's wheelchair or walker
- Prior to putting on gloves and/or other PPE

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## Hand Hygiene Clean Wave Audit- Moment 1

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4	

### Hand Hygiene Before Moment One Watch Moment #1 five times and record results. Turn page over for examples

Was hand hygiene performed before contact with the resident or resident environment?	ABHR	Soap & Water	Missed			
Was hand hygiene performed before contact with the resident or resident environment?	ABHR	Soap & Water	Missed			
Was hand hygiene performed before contact with the resident or resident environment?	ABHR	Soap & Water	Missed			
Was hand hygiene performed before contact with the resident or resident environment?	ABHR	Soap & Water	Missed			
Was hand hygiene performed before contact with the resident or ABHR Soap & Water Miresident environment?						
(ABHR = Alcohol Based Hand rub)						
Name: Date:	Unit: _					
Position: Nursing HCA Unit clerk Other						
Note: One entry per staff member/ day. Please submit entries into the box located on your unit.						

## Hand Hygiene Clean Wave Audit - Moment 1

# 1

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Name:				Date:	Unit:		
Position:	Nurse	HCA	Unit clerk	Other			
Note: One	entry pe	r staff m	nember /day. F	Please submit entries into the	box located on your unit.		