

Moment 4 - After contact with a Resident or their environment

Goal: After 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 4 examples:

- After exiting residents room and touching residents environment
- After making a resident comfortable in bed
- After shaking hands
- After touching resident's equipment upon exiting resident's room
- After bringing a resident a project or exercise equipment in physiotherapy/occupational therapy
- After taking vital signs (temp, B/P, pulse)
- After contact with resident's wheelchair or walker

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Hand Hygiene Clean Wave Audit- Moment 4

4 Hand Hygiene After Moment Four Watch Moment #4 five times and record results. *Turn page over for examples*

Was hand hygiene performed after contact with the resident/resident environment?	ABHR	Soap & Water	Missed
Was hand hygiene performed after contact with the resident or resident environment?	ABHR	Soap & Water	Missed
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(ABHR = Alcohol Based Hand rub)

Steps in the audit process: *Step 1* – Observe a Team Member. *Step 2* - Note if they do hand hygiene after Moment #4 (turn page over for examples). *Step 3* - Record if they performed hand hygiene or missed a hand hygiene opportunity after resident or resident environment contact.

Goal: To recognize Moment #4 in action.

Name: _____	Date: _____	Unit: _____
Position: Nursing HCA Unit clerk Other _____		
<i>Note: Please submit entries into the 'CLEAN WAVE' ballot box (yellow sign on lid) located on each unit</i>		

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Goal: To recognize Moment #4 in action.

Name: _____	Date: _____	Unit: _____
Position: Nurse HCA Unit clerk Other _____		
<i>Note: One entry per staff member /day. Please submit entries into the box located on your unit.</i>		