

## As a group discuss and write down the Moments as they occur in these scenarios.

1. Doctor walks in, uses ABHR, silences the ventilator that is connected to the patient, uses ABHR, then leaves

Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves
Dr	<input checked="" type="radio"/> 1	<input checked="" type="checkbox"/> rub	<input type="radio"/> on	Dr	<input type="radio"/> 1	<input checked="" type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on
	<input type="radio"/> 2				<input type="radio"/> 2				<input type="radio"/> 2		
	<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off
	<input type="checkbox"/> 4				<input checked="" type="radio"/> 4				<input type="checkbox"/> 4		
	<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.

2. Nurse walks in, picks up IDC to read it, puts it down, uses ABHR, then leaves

Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves
	<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on
	<input type="radio"/> 2				<input type="radio"/> 2				<input type="radio"/> 2		
	<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off
	<input type="checkbox"/> 4				<input type="checkbox"/> 4				<input type="checkbox"/> 4		
	<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.

3. Nurse walks into the room, picks up the IDC to read it, puts it down, writes on the medical chart, uses ABHR then leaves

Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves
	<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on
	<input type="radio"/> 2				<input type="radio"/> 2				<input type="radio"/> 2		
	<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off
	<input type="checkbox"/> 4				<input type="checkbox"/> 4				<input type="checkbox"/> 4		
	<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.

4. Student nurse puts gloves on, connects PEG feed to patient, takes gloves off, uses ABHR then leaves

Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves
	<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on
	<input type="radio"/> 2				<input type="radio"/> 2				<input type="radio"/> 2		
	<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off
	<input type="checkbox"/> 4				<input type="checkbox"/> 4				<input type="checkbox"/> 4		
	<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.

5. Nurse walks into patient room, uses ABHR, adjusts the patient's sheets, picks up IDC to read it, brushes the patient's hair, uses ABHR, then leaves the room

Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves
	<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on
	<input type="radio"/> 2				<input type="radio"/> 2				<input type="radio"/> 2		
	<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off
	<input type="checkbox"/> 4				<input type="checkbox"/> 4				<input type="checkbox"/> 4		
	<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.
	<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on
	<input type="radio"/> 2				<input type="radio"/> 2				<input type="radio"/> 2		
	<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off
	<input type="checkbox"/> 4				<input type="checkbox"/> 4				<input type="checkbox"/> 4		
	<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.

6. Physio walks into patient room, uses ABHR checks the patient's BP, moves curtain aside, moves the over bed table closer to the patient, uses ABHR, then leaves

Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves
	<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on
	<input type="radio"/> 2				<input type="radio"/> 2				<input type="radio"/> 2		
	<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off
	<input type="checkbox"/> 4				<input type="checkbox"/> 4				<input type="checkbox"/> 4		
	<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.

7. Nurse uses ABHR then prepares oral medications with medications sitting on the patient's medical chart, signs the chart whilst giving the medications, uses ABHR then moves the curtain aside

Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves
	<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on
	<input type="radio"/> 2				<input type="radio"/> 2				<input type="radio"/> 2		
	<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off
	<input type="checkbox"/> 4				<input type="checkbox"/> 4				<input type="checkbox"/> 4		
	<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.

8. Nurse picks up the medication chart, gets the medications out of the patient drawer, prepares medication, gives medication via NGT, signs the medication chart, then leaves

Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves
	<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on
	<input type="radio"/> 2				<input type="radio"/> 2				<input type="radio"/> 2		
	<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off
	<input type="checkbox"/> 4				<input type="checkbox"/> 4				<input type="checkbox"/> 4		
	<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.

9. Volunteer walks in, picks up a dirty nappy from the floor, puts it in the bin, then leaves

Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves
	<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on
	<input type="radio"/> 2				<input type="radio"/> 2				<input type="radio"/> 2		
	<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off
	<input type="checkbox"/> 4				<input type="checkbox"/> 4				<input type="checkbox"/> 4		
	<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.

10. Cleaner walks in with gloves on, cleans up vomit from the floor, moves patient chair out of the way, then leaves still with gloves on.

Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves
	<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on
	<input type="radio"/> 2				<input type="radio"/> 2				<input type="radio"/> 2		
	<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off
	<input type="checkbox"/> 4				<input type="checkbox"/> 4				<input type="checkbox"/> 4		
	<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.

11. Nurse walks in, helps the patient to adjust position in bed, puts gloves on, empties IDC, takes urinal to pan room, takes gloves off, washes hands then leaves

Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves
	<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on
	<input type="radio"/> 2				<input type="radio"/> 2				<input type="radio"/> 2		
	<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off
	<input type="checkbox"/> 4				<input type="checkbox"/> 4				<input type="checkbox"/> 4		
	<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.

Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves
	<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on
	<input type="radio"/> 2				<input type="radio"/> 2				<input type="radio"/> 2		
	<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off
	<input type="checkbox"/> 4				<input type="checkbox"/> 4				<input type="checkbox"/> 4		
	<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.

12. Nurse walks up to a single room with a patient with VRE, puts gloves on, walks in, adjusts patient's oxygen mask, empties IDC into a urinal bottle, empties urinal in toilet, then leaves the room takes off PPE and washes hands.

Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves
	<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on
	<input type="radio"/> 2				<input type="radio"/> 2				<input type="radio"/> 2		
	<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off
	<input type="checkbox"/> 4				<input type="checkbox"/> 4				<input type="checkbox"/> 4		
	<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.

Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves
	<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on
	<input type="radio"/> 2				<input type="radio"/> 2				<input type="radio"/> 2		
	<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off
	<input type="checkbox"/> 4				<input type="checkbox"/> 4				<input type="checkbox"/> 4		
	<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.

13. Nurse walks in, uses ABHR, picks up IDC to read, puts it back, picks up NGT drainage bag to review, puts it back, picks up wound drain to review, puts it back, uses ABHR then leaves

Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves
	<input type="radio"/> 1				<input type="radio"/> 1				<input type="radio"/> 1		
	<input type="radio"/> 2	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 2	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 2	<input type="checkbox"/> rub	<input type="radio"/> on
	<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off
	<input type="checkbox"/> 4				<input type="checkbox"/> 4				<input type="checkbox"/> 4		
	<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.

Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves
	<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on
	<input type="radio"/> 2				<input type="radio"/> 2				<input type="radio"/> 2		
	<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off
	<input type="checkbox"/> 4				<input type="checkbox"/> 4				<input type="checkbox"/> 4		
	<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.