

Supplement 1. Nursing Tasks and Hand Hygiene Included in the Hand Hygiene Scenario

1. Nursing Tasks in Scenario 1 (“Change diapers after measuring blood pressure”)

- A nurse enters the patient’s room with a cart through an open door.
- (1. *performing hand hygiene*) The nurse approaches the patient and curtains up.
- While looking at the patient’s bracelet, the nurse asks for the patient’s name and the first digit of the resident number.
- The nurse measures blood pressure.
- The nurse puts the sphygmomanometer next to the patient and tells the patient changing her position.
- While changing her position, The nurse confirms that the patient has stooled and tells the patient changing her diaper.
- The nurse fakes out new diapers from the drawer and wipes from the patient’s chest of drawers.
- (2. *performing hand hygiene*) The nurse wears clean gloves.
- The nurse removes the patient’ diaper, wipes her hips with a wet tissue and puts on a new diaper.
- The nurse rolls up the used diaper and throws away used diapers in the trash.
- The nurse takes off the used clean gloves. (3. *performing hand hygiene*)
- The nurse puts on the patient’s bottoms and organizes used items. (4. *performing hand hygiene*)
- The nurse puts the sphygmomanometer on the cart.
- The nurse opens the door of the patient’s room to come out of the room (5. *performing hand hygiene*)



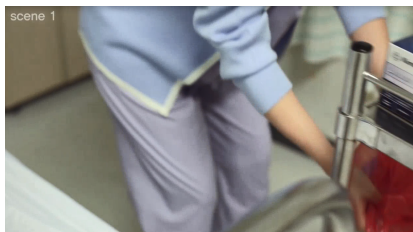
1. Before patient confirmation



2. Before wearing clean gloves



3. After taking off the cleaning gloves



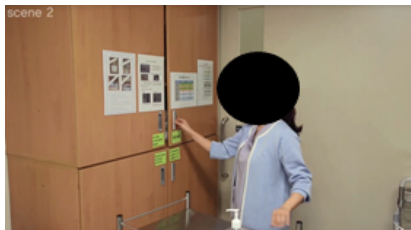
4. Before touching the nurse's cart



5. Before leaving the patient's room

2. Nursing Tasks in Scenario 2(“Insertion of the urinary catheter”)

- (1. *performing hand hygiene*) A nurse opens the inventory and prepares the items to be inserted into the indwelling catheter.
- (2. *performing hand hygiene*) The nurse opens the door of the patient’s room, and enters the patient’s room.
- The nurse closes the curtain in the patient area to protect privacy.
- The nurse confirms the patient’s name and the first digit of the resident number, and explains the reason for the insertion of the indwelling catheter.
- The nurse removes the patient’s bottoms.
- The nurse prepares items for the insertion of the indwelling catheter on the bed.
- (3. *performing hand hygiene*) The nurse fixes the urine bag on the bed.
- (4. *performing hand hygiene*) The nurse wears sterile gloves and inserts an urinary catheter
- The nurse organizes items used for the insertion of the indwelling catheter.
- The nurse takes off sterile gloves. (5. *performing hand hygiene*)
- The nurse explains to the patient about any discomfort after insertion of the indwelling catheter.
- The nurse pulls the curtain and comes out of the patient’s room. (6. *performing hand hygiene*)



1. Before preparing items



2. Before the patient’s room door is opened



3. Before fixing the urine bag on the bed



4. Before wearing sterile gloves



5. After taking off the used gloves



6. After pulling the curtain

3. Nursing Tasks in Scenario 3("Feeding through gastric tube after oral suction")

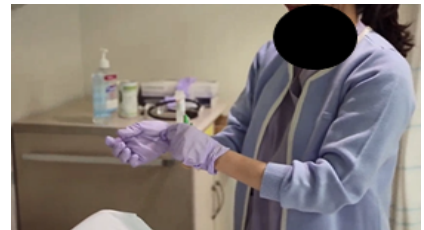
- A nurse enters the patient's room.
- (1. *performing hand hygiene*) The nurse prepares suction items (sterilized items) inside the patient's side table.
- The nurse applies pressure from the wall suction.
- (2. *performing hand hygiene*) The nurse wears clean gloves before oral suction.
- The nurse performs oral suction.
- The nurse discards the used gloves (3. *performing hand hygiene*) and replaces them with new gloves.
- The nurse uses a stethoscope to check the location of the gastric tube to provide a landscape meal.
- (4. *performing hand hygiene*) The nurse feeds meal through the gastric tube.
- The nurse takes off gloves.
- (5. *performing hand hygiene*) The nurse moves to another patient.



1. Before preparing suction items



2. Before wearing clean gloves



3. Before changing gloves



4. Before gastric tube feeding



5. Before moving to another patient

4. Nursing Tasks in Scenario 4(“Measure urine volume after emptying urine bag”)

- A nurse enters a patient’s room.
- (1. *performing hand hygiene*) The nurse wears gloves to empty the urine of a patient.
- The nurse goes to the patient with a cotton ball and one urine container.
- The nurse empties urine from the urine bag.
- The nurse wipes the outlet of the urine bag with an alcohol swab. (2. *performing hand hygiene*)
- The nurse checks the amount of urine in the patient using urinary pain.
- After that, the nurse places the urine container under the cart.
- The nurse takes off the gloves. (3. *performing hand hygiene*)
- The nurse records the amount of urine on the patient’s intake/output record sheet and come to the cart.
- (4. *performing hand hygiene*) The nurse moves to another patient with a new cotton ball and a new urine container.



1. Before wearing gloves



2. After cleaning the urine bag outlet while wearing gloves



3. After taking off gloves



4. Before moving to another patient

5. Nursing Tasks in Scenario 5 (“Assist patient movement after fluid exchange”)

- A nurse enters the patient’s room.
- (1. *performing hand hygiene*) While checking the patient, the nurse checks the condition of the patient’s intravenous injection site inserted into the arm by hand.
- The nurse confirms that the infusion prescription has changed.
- The nurse checks the infusion prescription for infusion exchange.
- (2. *performing hand hygiene*) The nurse removes the infusion fluid.
- The nurse connects new infusion fluid. (3. *performing hand hygiene*)
- The nurse is about to leave the patient’s room after cleaning up, but the patient asks for help in moving to the bathroom.
- (4. *performing hand hygiene*) The nurse supports the patient to move.
- After moving the patient to the bathroom, the nurse closes the bathroom door. (5. *performing hand hygiene*)



1. Before patient contact for intravenous injection



2. Before exchange of infusion



3. After exchange of infusion



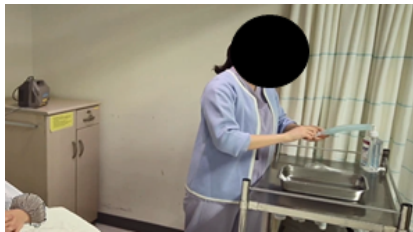
4. Before pt contact to help move



5. After assisting in toilet movement

6. Nursing Tasks in Scenario 6 (“Assist wheelchair mobility after respiratory treatment”)

- A nurse enters the patient’s room.
- For the patient’s respiratory treatment, the nurse checks the dosage sheet (1. *performing hand hygiene*) and prepares inhaled medications in the nebulizer kit.
- The nurse delivers the prepared nebulizer kit to the patient without touching the patient.
- After starting nebulizer treatment, the nurse leaves the patient’s ward (2. *performing hand hygiene*).
- The nurse returns to the patient’s room at the end of the nebulizer treatment.
- (3. *performing hand hygiene*). The nurse turns off the nebulizer kit.
- The nurse explains that the patient needs to be transferred to the physical therapy room.
- The nurse puts the nebulizer kit in the patient drawer.
- (4. *performing hand hygiene*) The nurse brings a wheelchair placed next to the patient’s bed for transportation.
- (5. *performing hand hygiene*) The nurse supports the patient and sit in a wheelchair.
- The nurse transfers the patient to the physical therapy room.



1. Before preparing medicines



2. After delivering nebulizer kit to patient



3. Before turning off nebulizer



4. Before touching the wheelchair



5. Before touching the patient