



# Hand Hygiene observation - Data collection form.

Organisation:

Depart/Ward:

Date:  /  /

Auditor:  Session No.:

Start Time:  Finish Time:

Duration of Session:  mins

### FIVE MOMENTS FOR HAND HYGIENE

1. Before Touching a Patient
2. Before a Procedure
3. After a Procedure or Body Fluid Exposure Risk
4. After Touching a Patient
5. After Touching a Patient's Surrounds

- N = Nurse (Registered/Enrolled)
- DR = Medical Practitioner
- PC (OSO) = Personal Care Staff; Operational Support Officer/AIN
- AH = Allied Health; Physio, OT, Speech, Social Work, Pharmacy
- D = Domestic, Cleaning, Food Service
- AC = Admin and Clerical
- BL = Invasive Tech including Phlebotomist
- SN = Student Nurse
- SDR = Student Medical Practitioner
- SAH = Student Allied Health
- SPC = Student PC staff/SIN
- O = Other Not Specified

This resource was originally developed by Hand Hygiene Australia under a contract with the Australian Commission on Safety and Quality in Health Care for coordination of the National Hand Hygiene Initiative.

Hcw	Moment	Action	Glove	Hcw	Moment	Action	Glove	Hcw	Moment	Action	Glove
	<input type="radio"/> 1	<input type="checkbox"/> 1. Rub	<input type="radio"/> 1. On		<input type="radio"/> 1	<input type="checkbox"/> 1. Rub	<input type="radio"/> 1. On		<input type="radio"/> 1	<input type="checkbox"/> 1. Rub	<input type="radio"/> 1. On
	<input type="radio"/> 2				<input type="radio"/> 2				<input type="radio"/> 2		
	<input type="checkbox"/> 3	<input type="checkbox"/> 2. Wash	<input type="checkbox"/> 2. Off		<input type="checkbox"/> 3	<input type="checkbox"/> 2. Wash	<input type="checkbox"/> 2. Off		<input type="checkbox"/> 3	<input type="checkbox"/> 2. Wash	<input type="checkbox"/> 2. Off
	<input type="checkbox"/> 4				<input type="checkbox"/> 4				<input type="checkbox"/> 4		
	<input type="checkbox"/> 5	<input type="checkbox"/> 3. Missed	<input type="checkbox"/> 3. Cont.		<input type="checkbox"/> 5	<input type="checkbox"/> 3. Missed	<input type="checkbox"/> 3. Cont.		<input type="checkbox"/> 5	<input type="checkbox"/> 3. Missed	<input type="checkbox"/> 3. Cont.
	<input type="radio"/> 1	<input type="checkbox"/> 1. Rub	<input type="radio"/> 1. On		<input type="radio"/> 1	<input type="checkbox"/> 1. Rub	<input type="radio"/> 1. On		<input type="radio"/> 1	<input type="checkbox"/> 1. Rub	<input type="radio"/> 1. On
	<input type="radio"/> 2				<input type="radio"/> 2				<input type="radio"/> 2		
	<input type="checkbox"/> 3	<input type="checkbox"/> 2. Wash	<input type="checkbox"/> 2. Off		<input type="checkbox"/> 3	<input type="checkbox"/> 2. Wash	<input type="checkbox"/> 2. Off		<input type="checkbox"/> 3	<input type="checkbox"/> 2. Wash	<input type="checkbox"/> 2. Off
	<input type="checkbox"/> 4				<input type="checkbox"/> 4				<input type="checkbox"/> 4		
	<input type="checkbox"/> 5	<input type="checkbox"/> 3. Missed	<input type="checkbox"/> 3. Cont.		<input type="checkbox"/> 5	<input type="checkbox"/> 3. Missed	<input type="checkbox"/> 3. Cont.		<input type="checkbox"/> 5	<input type="checkbox"/> 3. Missed	<input type="checkbox"/> 3. Cont.

Total Correct Moments:

Total Moments: