

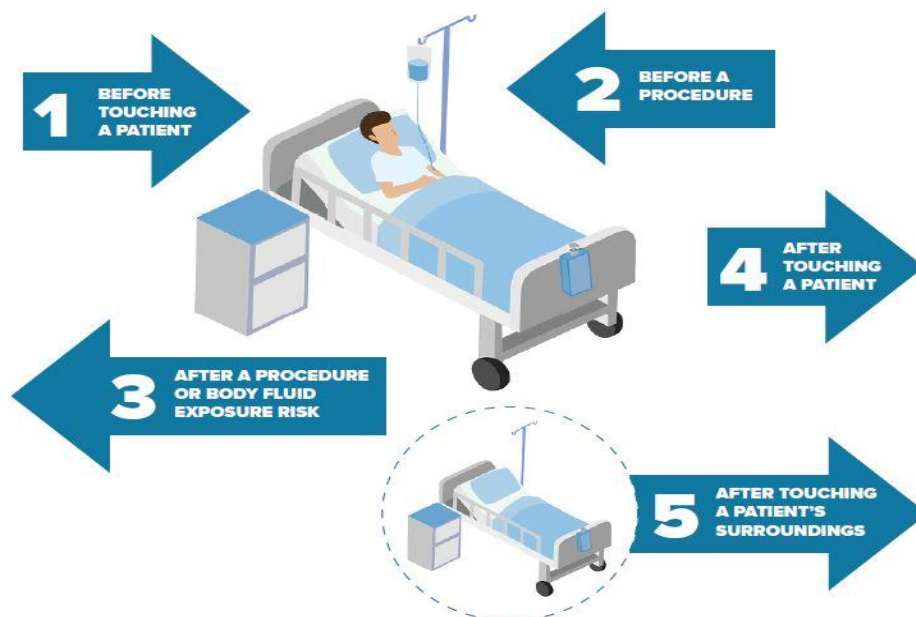
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Direct observational auditing of hand hygiene compliance

User Guide

August 2024

5 Moments for HAND HYGIENE



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About this guide

The National Hand Hygiene Initiative (NHHI) is coordinated by the Australian Commission on Safety and Quality in Health Care. It is one of several initiatives to prevent and control infections in health care.

Monitoring hand hygiene compliance and providing feedback as part of a quality improvement approach is one of the four components of the NHHI. Hand hygiene compliance is a robust indicator of the effectiveness of health service organisation infection prevention and control strategies.

This guide outlines the practice of direct observational auditing of hand hygiene compliance using standardised audit tools. It is intended to be read in conjunction with the [*National Hand Hygiene Initiative Implementation Guide*](#).

Direct observational auditing of hand hygiene compliance

Direct observational auditing of hand hygiene compliance involves observing how and when healthcare workers clean their hands when providing clinical care. These observations are conducted by trained and validated hand hygiene auditors as part of the standardised NHHI auditor training pathways, using the [5 Moments for Hand Hygiene](#)¹ methodology.

There are two categories of hand hygiene auditors:

- Hand Hygiene Auditors (HAs, previously called General Auditors), who can audit hand hygiene compliance by direct observation
- Hand Hygiene Auditor Educators (HAEs, previously called Gold Standard Auditors), who can audit hand hygiene compliance by direct observation and train others to become HAs and HAEs.

See [Auditor training and validation – NHHI](#)² for more information on the new training pathways.

The goal of direct observational auditing is to accurately assess hand hygiene compliance according to established guidelines, using standardised audit tools. This approach allows for data comparison among Australian health service facilities.

Hand hygiene compliance is assessed in both public and private health services against a national benchmark set by the former Australian Health Ministers' Advisory Council. The current national benchmark is 80%.

Direct observational auditing of hand hygiene can be undertaken while auditing other infection prevention and control or clinical practices, such as aseptic technique, use of personal protective equipment, and environmental cleaning.

Routine hand hygiene compliance auditing is not recommended as an outcome measure in the non-acute or mental health settings. However, all facilities should be aware of their jurisdictional requirements when developing a hand hygiene program, which may include auditing in these areas. If auditing is required, it is recommended that it be performed in areas where patient care is provided and where procedures are performed.

¹ <https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/national-hand-hygiene-initiative/what-hand-hygiene/5-moments-hand-hygiene>

² <https://safetyandquality.gov.au/NHHI-auditor-training>

Applying the 5 Moments for Hand Hygiene

Ward-based settings

The patient, patient zone and healthcare zone are important elements of applying the 5 Moments for Hand Hygiene.

The patient

The patient refers to any part of the patient/client including:

- the clothes they are wearing
- any medical device (such as an indwelling urinary catheter, infusion pumps, infusion line, or enteral feeding equipment) connected to the patient/client.

The patient zone

The patient zone includes the patient and the patient's immediate surroundings. It is a space dedicated to an individual patient for their stay or appointment.

If a patient is cared for in a single room, the patient zone is the space inside the single room.

If a patient is cared for in a shared room, the area inside the curtains is the patient zone.

The patient zone is cleaned after the discharge of one patient and before the arrival of the next patient to minimise the risk of transmitting microorganisms between patients.

The healthcare zone

The healthcare zone refers to all areas outside the patient zone, including curtains, partitions, doors, and any shared patient area.

The healthcare zone is shared by patients, healthcare workers and visitors and may be contaminated by microorganisms from these individuals.

The healthcare zone may store clean or sterile medical equipment in some settings. The clean or sterile medical equipment in the healthcare zone should not be contaminated by the patient/client and/or the procedure.

Healthcare workers need to perform hand hygiene before touching these items in the healthcare zone. For example, hand hygiene should be performed before touching a workstation on wheels that is stored in the healthcare zone.

Figure 1. The patient zone.

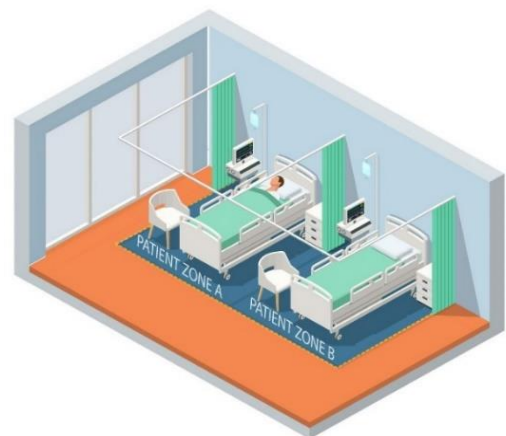
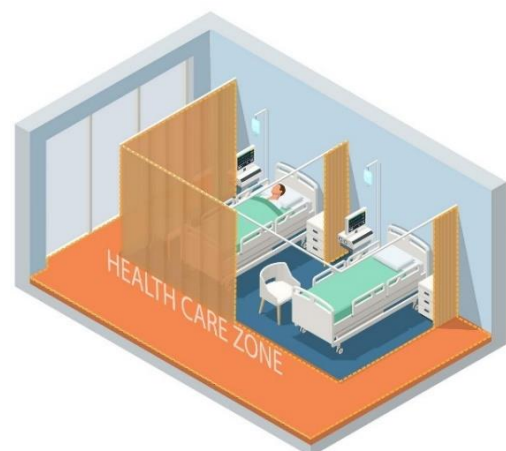


Figure 2. The healthcare zone



Dental/oral health

Some dental services may decide to conduct hand hygiene auditing by direct observation in addition to, or instead of, using program evaluation tools. This decision is based on risk assessment.

Recognising that the auditing methodology developed for acute hospitals may not be suitable for dental/oral health settings, the NHHI includes guidance and [audit tools](#) for dental/oral health settings on how to collect representative data in solo, group, and hospital-based dental services. The audit tools includes the establishment of specific codes for healthcare workers and departments in dental/oral health to ensure accurate reporting.

In the dental/oral health settings, the patient, the patient zone and the healthcare zone are described as:

The patient

The patient refers to any part of the patient/client and/or:

- the clothes they are wearing
- any medical device connected to the patient/client.

The patient zone

The patient zone is the area directly around the patient/client that may become contaminated by the patient and/or a procedure. The patient zone includes:

- the patient/client
- the chair that the patient/client sits on
- any surface or item touched during a procedure
- any other surface or item that may become contaminated by the patient/client and/or the procedure.

The patient zone is cleaned between each patient to minimise the risk of transmitting microorganisms between patients.

The healthcare zone

The healthcare zone refers to all areas outside the patient zone. In some dental/oral health settings, the healthcare zone may store clean or sterile medical equipment. The clean or sterile medical equipment in the healthcare zone should not be contaminated by the patient/client and/or the procedure.

Healthcare workers need to perform hand hygiene before touching clean or sterile equipment in the healthcare zone. For example, during a dental procedure, hand hygiene should be performed before accessing an equipment trolley that is stored in the healthcare zone.

The description of the patient, the patient zone and the healthcare zone can apply on ambulatory care settings.

Theatre settings

Surgical hand hygiene technique should be used in all theatre settings. It is not appropriate to apply the 5 Moments for Hand Hygiene in these settings.

The 5 Moments for Hand Hygiene

Moment 1 – Before touching a patient

When: Immediately before touching a patient

Why: To protect the patient against microorganisms from the hands of the healthcare worker.

When is a Moment 1 required?

Moment	Examples
Before touching a patient	Shaking hands, assisting a patient to move, allied health interventions, touching any medical device connected to the patient (for example, intravenous line pump, urinary catheter).
Before any personal care activities that require physical contact	Bathing, dressing, brushing hair, putting on personal aids such as glasses.
Before taking any non-invasive observations	Taking a pulse, blood pressure, oxygen saturation, temperature, chest auscultation, abdominal palpation, applying ECG electrodes, cardiotocography.
Before providing any non-invasive treatment	Applying an oxygen mask or nasal cannula, fitting slings/braces, application of incontinence aids (including condom drainage), conducting an oral examination without using a sharp instrument (such as using a mirror probe), performing oral X-ray.
Before the preparation or administration of oral medications	Oral medications, nebulised medications.
Before providing oral care and feeding	Feeding a patient (excluding feeding via nasogastric tube or percutaneous endoscopic gastrostomy), brushing teeth or dentures.

The rule for auditing Moment 1

Record a Moment 1 if you have observed that a healthcare worker has or has not performed hand hygiene **immediately** before touching a patient.

Tips when auditing Moment 1

If you observe that a healthcare worker performs hand hygiene and then touches anything before touching the patient, then this should be recorded as a missed Moment 1. This includes touching a part of themselves other than their hands, or any items in the healthcare zone or patient zone, except touching a clean, sterile, or patient-dedicated equipment.

If you observe that a healthcare worker performs hand hygiene outside a patient's room, then enters the room and touches the patient without touching anything between performing hand hygiene and touching the patient, then this should be recorded as a correct Moment 1.

Moment 2 – Before a procedure

When: Immediately before a procedure

Why: To protect the patient against microorganisms from entering the patient's body, including the patient's own microorganisms.

A procedure is a term used to describe any invasive observation, treatment, or intervention where there is the potential for microorganisms to enter the patient's body through broken skin, wound sites, blood, or mucous membranes. Examples of procedures include wound dressings, surgical operations, injections, administering eye drops or taking a patient's blood.

When is a Moment 2 required?

Moment	Examples
Before inserting a needle into a patient's skin or into an invasive medical device connected to the patient	Venepuncture, blood glucose level, arterial blood gas, subcutaneous or intramuscular injections, intravenous line flush.
Before administration of any medications given via an invasive medical device	Intravenous medication, nasogastric tube (NGT) feeds, percutaneous endoscopic gastrostomy (PEG) feeds.
Before the preparation of an aseptic field	Dressing trolley set up for an aseptic procedure.
Before the administration of medications where there is direct or potentially direct contact with mucous membranes	Eye drop instillation, suppository insertion, vaginal pessary.
Before the insertion of, or contact with, an invasive medical device	Procedures involving endotracheal tube, tracheostomy, nasopharyngeal airways, suctioning of airways, urinary catheter, colostomy/ileostomy, vascular access systems, invasive monitoring devices, wound drains, percutaneous endoscopic gastrostomy tubes, nasogastric tube, secretion aspiration.
Before any assessment, treatment, or patient care where contact is made with non-intact skin or mucous membranes or there is the likelihood of penetration of tissue or a cavity	Wound dressings, surgical procedures, digital rectal examination, invasive obstetric and gynaecological examinations and procedures, digital assessment of newborn palate, invasive dental examinations, dental extractions, dental restoration.
Before preparation and administration of any medications or materials for any oral health/dental procedure	Administering topical medication such as fluoride, topical anaesthetic, local anaesthetic or tooth mousse or restorative materials used for restoration procedure.

The rule for auditing Moment 2

Record a Moment 2 if you have observed that a healthcare worker has or has not performed hand hygiene **immediately** before commencing a clinical procedure.

Tips when auditing Moment 2

Once hand hygiene has been performed, nothing in the patient's zone should be touched before the procedure commences (for example, before inserting a needle into a patient's skin or before administering eye drop).

Auditors should only audit clinical procedures or patient care activities if they are familiar with them. For example, a cleaner or other non-clinical healthcare worker auditor should not audit a healthcare worker performing a clinical procedure. The non-clinical healthcare worker may not be able to accurately identify when hand hygiene moments are required during the procedure.

Moment 3 – After a procedure or body fluid exposure risk

When: Immediately after a procedure or body fluid exposure risk

Why: To protect the healthcare worker and healthcare environment from becoming contaminated with the patient's microorganisms.

When is a Moment 3 required?

Moment	Examples
After performing a procedure	<ul style="list-style-type: none">• After insertion of a needle into a patient's skin or an invasive medical device• After administration of any medications given via an invasive medical device, preparation of a sterile field• After administration of medications where there is direct contact with mucous membranes• After insertion of, or disruption to, the circuit of an invasive medical device• After any assessment, treatment, or patient care where contact is made with non-intact skin or mucous membranes or there is the likelihood of penetration of tissue or cavity• After preparation and administration of any medications or materials for any oral health/dental procedure.
After a potential body fluid exposure	<ul style="list-style-type: none">• Contact with a used urinary bottle/bedpan• Contact with sputum either directly or indirectly via a cup or tissue• Contact with used specimen jars/pathology samples• Cleaning dentures• Cleaning spills of body fluids from patient surroundings• After touching the outside of a wound or chest drain or oral suction tubing• Contact with a used dental instruments or appliances• After touching surfaces that potentially contaminated with body fluid.

Body fluids include blood, saliva, mucous, semen, tears, ear wax, breast milk, colostrum, urine, faeces, vomitus, pleural fluid, cerebrospinal fluid, ascites fluid, organic body samples (such as biopsy samples, cell samples, lochia, meconium, pus, bone marrow, bile).

The rule for auditing Moment 3

Record a Moment 3 if you have observed that a healthcare worker has or has not performed hand hygiene **immediately** after a procedure has been undertaken or after being potentially exposed to a body fluid.

Tips when auditing Moment 3

After a procedure or body fluid exposure risk, nothing should be touched before the removal of gloves and the performance of hand hygiene.

Touching the outside of a drain or drainage bag, even when the circuit is closed and not broken, is a body fluid exposure risk.

Moment 3 can be recorded as a standalone moment when there is a body fluid exposure risk but no patient contact (for example, after cleaning up a body fluid spill on the floor without touching the patient).

Moment 4 – After touching a patient

When: After touching a patient

Why: To protect the healthcare worker and healthcare environment from becoming contaminated with the patient's microorganisms.

When is a Moment 4 required?

Moment	Examples
After a Moment 1, except if there has been exposure to body fluids	After touching a patient, after touching an intravenous pump or other medical equipment connected to the patient

Record a Moment 4 if you have observed that a healthcare worker has or has not performed hand hygiene after touching a patient.

Tips when auditing Moment 4

If you observe that a healthcare worker touches an item in the patient zone after touching a patient, this should be recorded as one Moment 4

If you observe that a healthcare worker touches the patient's surroundings after Moment 3 but before leaving the patient zone, this should be recorded as a Moment 4. This is because:

- hand hygiene should be performed after a procedure or a body fluid exposure risk and before touching the patient zone to prevent cross-contamination from the healthcare worker's hands to the patient zone. This hand hygiene moment is recorded as a Moment 3
- when the healthcare worker leaves the patient zone, hand hygiene should be performed again after touching the patient zone. As the healthcare worker touches the patient while they are in the patient zone, this hand hygiene moment is recorded as a Moment 4.

For example, a nurse touches an indwelling urinary catheter to check urine output, performs hand hygiene, records urine output on a patient's observation chart, which is kept at the patient's bed end, and then performs hand hygiene. These hand hygiene moments should be recorded as a correct Moment 3 and a correct Moment 4.

Moment 5 – After touching a patient’s surroundings

When: After touching anything in the patient zone when the patient has not been touched or is not present

Why: To protect the healthcare worker and healthcare environment from becoming contaminated with the patient’s microorganisms.

When is a Moment 5 required?

Moment	Examples
After touching any items in the patient zone but the patient has not been touched while the healthcare worker was in the patient zone.	Any items in the patient zone include bed, bedrails, linen, table, bedside chart, bedside locker, call bell/TV remote control, light switches, personal belongings (including books, mobility aids), chair, footstool, monkey bar that is attached to a patient’s bed

The rule for Auditing Moment 5

Record a Moment 5 if you have observed that a healthcare worker has or has not performed hand hygiene when leaving the patient zone after touching the patient’s immediate surroundings without touching the patient.

Tips when auditing Moment 5

A Moment 5 should be recorded after you observe that a healthcare worker touches the patient’s surroundings, but not the patient, and then leaves the patient zone. A patient does not have to be in the room for a Moment 5 to occur

A Moment 5 should not be recorded if you observe that the healthcare worker touches the patient’s surroundings as well as the patient

When multiple items in the patient zone are touched without touching the patient, record only one Moment 5 when the healthcare worker leaves the patient zone

If you observe that a healthcare worker touches the patient’s surroundings after a Moment 3 (for a hand hygiene moment after a body fluid exposure risk but no patient contact) when leaving the patient zone, then a Moment 5 should be recorded. This is because:

- hand hygiene should be performed after the body fluid exposure and before touching the patient zone to prevent cross-contamination from the healthcare worker’s hand to the patient zone. This hand hygiene moment is recorded as a Moment 3
- when the healthcare worker leaves the patient zone, hand hygiene should be performed again after touching the patient zone. As the healthcare worker does not touch the patient while in the patient zone, this hand hygiene moment is recorded as a Moment 5.

For example, a cleaner cleans up vomit on the floor inside a single patient room, removes gloves and performs hand hygiene, moves the patient’s overbed table, and then performs hand hygiene before leaving the room. These hand hygiene moments should be recorded as a correct Moment 3 and a correct Moment 5.

Before and after moments

Generally, for every 'before' Moment, there should be an 'after' Moment recorded unless the auditor does not observe the action.

Tips for before and after moments

- Moment 1 is usually followed by either a Moment 4 or a Moment 3.
- Moment 2 is usually followed by a Moment 3.
- Moment 2 can be recorded as a standalone Moment 2 if hand hygiene is performed before the preparation of an aseptic field.
- Moment 3 can be recorded as a standalone moment when there is a blood or body fluid exposure risk but no direct patient contact (for example, after cleaning up a body fluid spill on the floor without patient contact).
- Moment 5 is a standalone moment – there is no before moment for Moment 5.

When continually observing a healthcare worker, there are a few situations when two after moments may be recorded sequentially. However, a Moment 1 and a Moment 2 never occur together in sequence. Either a Moment 4 or a Moment 3 will be recorded in between a Moment 1 and a Moment 2.

Double moments

When a healthcare worker moves directly from one patient to another or from one task to another task on the same patient, double moments may occur.

In this situation, a single hand hygiene action will cover two moments for hand hygiene.

For example, you observe a nurse taking vital sign observations on Patient A, performing hand hygiene, and then taking vital sign observations on Patient B. The one hand hygiene action covers for two moments – a Moment 4 after touching Patient A and Moment 1 before touching Patient B. However, if the nurse touches anything else after performing hand hygiene and before touching Patient B, such as curtains, there are no double moments.

Only audit what you see

Auditors should only audit and record hand hygiene moments that they see.

If you commence auditing after a healthcare worker has already touched a patient or is performing a procedure, only observed moments should be recorded.

If you observe a healthcare worker entering a patient's room and touching the patient without performing hand hygiene, you should record this as a missed Moment 1 unless you had seen them clean their hands before they entered the room.

Healthcare workers should perform hand hygiene when leaving the patient zone or the patient room. Sometimes during patient care, healthcare workers need to leave the patient room to complete a task before they can perform hand hygiene, such as putting a used bedpan in a washer disinfectant. When the healthcare worker leaves the patient room, you may follow the healthcare worker to see if they do hand hygiene and record any moments you observe. If you choose not to follow the healthcare worker, you should not record any further hand hygiene actions that have occurred outside the patient's room.

If you stop auditing while patient care is still in progress, you should only record the hand hygiene moments you have observed.

Actions that are not auditable

During auditing, you may observe additional hand hygiene actions that are necessary for clinical care, general hygiene and ensuring a clean and safe healthcare environment. These hand hygiene actions may not correspond to the 5 Moments for Hand Hygiene. These moments do not need to be recorded.

Examples of hand hygiene actions that do not need to be recorded:

- A healthcare worker walks into a patient's room, performs hand hygiene, and then leaves the room without touching anything
- A healthcare worker performs hand hygiene after cleaning shared patient equipment without touching the patient or anything in the patient's surroundings.

Curtains

Curtains are not part of the patient zone as they may not be changed between each patient and are potentially contaminated with microorganisms. They are part of the healthcare zone.

Hand hygiene should be performed:

- after touching the curtains and before touching the patient, so that microorganisms are not transferred from the curtains to the healthcare worker and subsequently to the patient and healthcare environment
- after touching the patient and before touching the curtains to prevent contamination of the curtains.

Glove use

Wearing gloves does not replace the need for hand hygiene, as gloves do not provide complete protection against hand contamination.

Even if gloves are worn for patient care, hand hygiene is required immediately before and after glove use. If hands are not clean, microorganisms on the hands may be transferred to the outside of the glove when putting them on. Microorganisms on the outside of the glove will put the patient at risk of healthcare-associated infections. Microorganisms can also be easily transferred from the outside of gloves to the healthcare workers' hands during glove removal.

Auditing glove use is optional. Please see your organisation's requirements on auditing glove use.

If auditing of glove use is required, the following rules apply:

- Gloves should be recorded as 'On' if the healthcare worker puts gloves on for a before Moment (Moment 1 or Moment 2)
- Gloves should be recorded as 'Off' if the healthcare worker takes gloves off as part of an after Moment (Moment 3, Moment 4 or Moment 5)
- Gloves should be recorded as 'Cont.' if the healthcare worker continues from one moment to another with the same pair of gloves. This should be recorded with a Missed hand hygiene action
- If gloves are not worn, the gloves section should be left blank.

Conducting a direct observational audit on hand hygiene compliance

This section describes the process of conducting a hand hygiene compliance audit.

Timing of audits

It is recommended that auditing begins at least six to eight weeks before the due date for data submission (see [National Hand Hygiene – Audit Requirements](#)).³ This allows time for feedback/reporting of results, education, and any other interventions needed to improve compliance before the next audit cycle.

Some facilities are required to report compliance results every month and therefore require auditing continuously throughout the year. In this case, it is still important for the auditor to provide feedback on results and implement new interventions regularly throughout the year.

If you need to report monthly, consider reporting on progress with interventions/action plans rather than just reporting data each month. Report data for national audit periods 1 and 3 and, if applicable, for period 2, after the close of each audit period.

Time needed to complete an audit

To achieve valid results, hand hygiene compliance should be assessed on a defined minimum number of observations (Moments). The time needed to complete the observations will vary depending on the level of clinical activity in the observed area, the experience of the auditor, and the time of day the audit is conducted.

The data collection schedule will be influenced by the number of acute beds in each facility, the number of trained staff available to undertake hand hygiene observations, and the option taken for the selection of wards.

Compliance rates should reflect a cross-section of the facility's healthcare workers rather than repeated or prolonged observations of a small number of healthcare workers.

Ward preparation

Before auditing begins, unit managers should be notified and wards/departments should be asked to ensure alcohol-based hand rub (sometimes referred to as hand sanitiser) products are in all the appropriate places.

If there are barriers to hand hygiene (for example, no available alcohol-based hand rub, soap or paper towels), this should be recorded in the notes section of the audit tool and then reported to the shift or unit manager before leaving the area.

³ <https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/national-hand-hygiene-initiative-nhhi/national-audits-and-hhcapp-nhhi/national-hand-hygiene-initiative-audit-requirements-nhhi>

Conducting a hand hygiene compliance audit

Before the audit:

- Arrive at the target ward/department and introduce yourself to the shift manager and inform them of your role
- Always perform hand hygiene upon entering a ward/department to audit to lead by example.

During the audit:

- Be open and honest about what you are doing, show the audit tool to those involved, and describe how the data collected is de-identified. This may be for healthcare workers, patients or visitors
- Position yourself to view the patient bed, sink, and alcohol-based hand rub area; however, you must remain out of the workflow area of the observed healthcare workers. The presence or absence of a convenient location from which to observe patient beds and hand hygiene facilities may impact on which patient bays are selected for observation
- If a patient's bed curtains are drawn, seek permission from the healthcare worker and patient to allow auditors to continue to view activities in the area. There may be some occasions when this is not appropriate, however, these are rare
- Assess hand hygiene compliance on all categories of healthcare workers who enter observed ward bays; try not to observe the same healthcare worker for the entire audit session
- The observational audit session has no specific time frame, it can be conducted for as long or as little time as the auditor has allocated.

Documenting Moments:

- Only document a hand hygiene Moment when you can accurately observe the healthcare worker and the Moment that has been completed. If you are unsure whether the observed healthcare worker performed hand hygiene, then do not record the Moment
- A Moment finishes when a healthcare worker:
 - moves from one patient to another
 - moves from one procedure to another
 - leaves the room on completion of patient care
 - touches the curtain partition in a multi-patient room
 - moves from touching a patient to doing a procedure or vice versa
- A Moment can finish in another area outside a patient room if patient care is not yet completed; for example, transporting a bedpan to the pan room.

Observing multiple healthcare workers at the same time:

- More than one healthcare worker can be observed simultaneously, provided their hand hygiene Moments can be accurately observed and recorded. If this is not possible, then the compliance of additional healthcare workers should not be recorded until the index healthcare worker has left the bay or has ceased activity
- Accurate observation of multiple healthcare workers depends on the level of activity and the competency of the auditor. It is better to record fewer Moments accurately than many Moments inaccurately.

Concluding the audit:

- Thank the shift manager
- Highlight any problems that need addressing immediately. For example, hand hygiene products are unavailable
- If data is collected on a mobile device, a report can be generated immediately to provide feedback to the ward.

In some circumstances, it is not appropriate to conduct a hand hygiene observation session; including:

- in emergency situations where hand hygiene is secondary to patient safety, such as resuscitation, a deteriorating patient, or when any hospital 'code' is called
- where there is a security risk
- if the patient or patient's family object
- during private discussions between healthcare workers and the patient or patient's family.

Patient safety and privacy during hand hygiene audits

Any unsafe practices that are observed during hand hygiene auditing should be addressed immediately or reported to the appropriate manager for follow-up. Otherwise, compliance rates should be reported after an audit has been fully completed.

If an unsafe practice is observed during an audit:

- stop the unsafe practice
- provide feedback immediately to the healthcare worker involved
- report it to the appropriate manager to follow up
- contact your hand hygiene lead or infection prevention and control lead for support and advice.

Observation does not justify an auditor infringing patient privacy. Show discretion regarding where you place yourself and your movements while conducting audits. It is recommended that patients are informed on admission that hand hygiene audits are regularly conducted as a quality improvement activity. Patients or their families may request not to be involved in an audit.

Glossary

The following terms are used throughout this guide:

Term	Explanation
Alcohol-based hand rub (sometimes called Alcohol-based hand sanitiser)	<p>An alcohol-containing preparation (liquid, gel, or foam) designed to reduce the number of viable microorganisms on the hands without the use or aid of running water.</p> <p>It is recommended that alcohol-based hand rub products:</p> <ul style="list-style-type: none"> • meet the EN1500 testing standard for the bactericidal effect • have Therapeutic Goods Administration (TGA) approval as a hand hygiene product for a healthcare setting.
Aseptic technique	<p>An aseptic technique aims to prevent microorganisms on hands, surfaces, and equipment from being introduced to susceptible sites. Unlike sterile techniques, aseptic techniques can be achieved in typical ward and home settings.</p>
Body fluids	<p>Any substance secreted by the body except sweat. Includes blood, saliva, mucous, semen, tears, ear wax, breast milk, colostrum, urine, faeces, vomitus, pleural fluid, cerebrospinal fluid, ascites fluid, organic body samples (for example, biopsy samples, cell samples, lochia, meconium, pus, bone marrow, bile).</p>
Body fluid exposure risk	<p>Any situation where contact with body fluids may occur and such contact may pose a contamination risk to either healthcare workers or the environment.</p>
Contact	<p>The touching of any patient or their immediate surroundings or performing any procedure.</p>
Curtains	<p>Patient bed curtains are outside the patient zone and are frequently contaminated with microorganisms foreign to the patient inside.</p> <p>Touching the curtains after caring for a patient is considered to be equivalent to leaving the patient zone.</p> <p>Hand hygiene should be performed between touching the curtains and touching the patient and vice versa.</p>
Glove use	<p>Glove use by healthcare workers is recommended for two main reasons:</p> <ul style="list-style-type: none"> • to prevent microorganisms that may be infecting, commensally carried, or transiently present on healthcare workers' hands from being transferred to patients and from one patient to another • to reduce the risk of healthcare workers acquiring infections from patients.
Hand hygiene	<p>A general term applying to processes aiming to reduce the number of microorganisms on hands. This includes the application of a waterless antimicrobial agent (for example, alcohol-based hand rub) to the surface of the hands; and the use of soap/solution (plain or antimicrobial) and water (if hands are visibly soiled), followed by patting dry with single-use towels.</p>
Hand hygiene action	<p>A hand hygiene action can be undertaken either by rubbing with an alcohol-based hand rub or hand washing with soap and water.</p>

Term	Explanation
Hand hygiene compliance	<p>A measurement of appropriate hand hygiene. It is defined as when hand hygiene is considered necessary and is classified according to one of the 5 Moments.</p> <p>If the action is performed when there is no indication, and it has no impact on preventing microbial transmission, then it is not considered an act of hand hygiene compliance.</p> <p>The number of Moments constitutes the denominator for assessing hand hygiene compliance. The actual hand hygiene actions undertaken are compared to the number of Moments observed to calculate the hand hygiene compliance rate.</p> <p>Hand hygiene non-compliance is defined when there is an indication for hand hygiene (a Moment), and yet no hand hygiene was undertaken.</p>
Hand hygiene moments	<p>The 5 Moments for Hand Hygiene is a theoretical model based on the World Health Organization's 'My 5 Moments for Hand Hygiene' approach for preventing the transmission of microorganisms. This model is fundamental to the NHHI.</p> <p>The 5 Moments for Hand Hygiene are the five critical moments that occur during the provision of clinical care where there is an elevated risk of transmitting microorganisms between a healthcare worker, a patient, and the environment.</p> <p>The 5 Moments for hand hygiene are:</p> <ul style="list-style-type: none"> • Moment 1: Before touching a patient • Moment 2: Before a procedure • Moment 3: After a procedure or body fluid exposure risk • Moment 4: After touching a patient • Moment 5: After touching a patient's surroundings.
Hand hygiene product	Any product used for the purpose of hand hygiene, including soap and water.
Hand washing	The application of soap and water to the surface of the hands.
Healthcare zone	<p>Refers to all areas outside the patient zone, including curtains, partitions, doors, and any shared patient area.</p> <p>The healthcare zone is shared by patients, healthcare workers and visitors and may be contaminated by microorganisms from these individuals.</p>
Healthcare workers	All people delivering healthcare services, including students and trainees, who have contact with patients or with body substances.
Invasive medical device	Devices which, in whole or part, enter the body through an orifice or through any surface of the body. This includes penetrating skin, mucous membranes, organs or internal cavities of the body. Examples include surgical instruments, implantable devices, dental equipment, intravascular devices, medical and therapeutic devices.
Outcome measure	A feature used to describe the effects of care on the health status of patients and populations (for example, infection rate).
Patient/Client	A person/client who is receiving care in a health service organisation.
Patient contact	Involves touching the patient and their immediate surroundings or performing any procedure on the patient.

Term	Explanation
Patient surroundings	All inanimate surfaces that are touched by or in physical contact with the patient (such as bed rails, bedside table, bed linen, invasive devices, dressings, personal belongings, and food) and surfaces frequently touched by healthcare workers while caring for the patient (such as monitors, knobs and buttons).
Patient zone	<p>The patient zone includes the patient and the patient's immediate surroundings. It is a space dedicated to an individual patient for that patient's stay or appointment.</p> <p>If a patient is cared for in a single room, the patient zone is the space inside the single room. If a patient is cared for in a shared room, the patient zone is the area inside the curtains. The patient zone is cleaned after the discharge of one patient and before the arrival of the next patient to minimise the risk of transmission of microorganisms between patients.</p> <p>In the dental and ambulatory care settings, the patient zone is the area directly around the patient/client that may become contaminated by the patient and/or a procedure. In these settings, the patient zone includes:</p> <ul style="list-style-type: none"> • the patient/client • the chair that the patient/client sits on • any surface or item touched during a procedure • any other surface or item that may become contaminated by the patient/client and/or the procedure. <p>The patient zone is cleaned between each patient to minimise the risk of transmission of microorganisms between patients.</p>
Procedure	<p>A term that used to describe any invasive observation, treatment, or intervention where there is the potential for microorganisms to enter the patient's body through broken skin, wound sites, blood, or mucous membranes.</p> <p>Examples of procedures include wound dressings, surgical operations, injections, administering eye drops or taking a patient's blood.</p>
WHO	World Health Organization

More information

Tools to support hand hygiene compliance auditing are available at [Audit tools – NHHI](#).⁴

For more information, please visit: [National Hand Hygiene Initiative – NHHI](#).⁵

You can also contact the project team by email at handhygiene@nhhi.safetyandquality.gov.au.

⁴ <https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/national-hand-hygiene-initiative-nhhi/national-audits-and-hhcapp-nhhi/audit-tools-nhhi>

⁵ <https://www.safetyandquality.gov.au/our-work/infection-prevention-and-control/national-hand-hygiene-initiative>

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