



NON ACUTE/COMMUNITY HCWs HAND HYGIENE AUDIT

Name(optional):
Work Area
Date:

Please circle appropriate answer

1. Is an alcohol based hand rub (ABHR) readily available in your area/clinic/domiciliary kit?
Yes: No:
2. If yes, do you use on a regular basis as directed?
Yes: No:
3. If no, do you use soap & water as preferred method of Hand Hygiene?
Yes: No:
If yes, why?.....
4. Does your facility supply ABHR for use during work hours?
Yes: No:
5. Does your facility supply a compatible moisturiser?
Yes: No:
6. Do you regularly use the facility supplied moisturiser?
Yes: No:
If no, why?.....
7. If your hands are visibly soiled do you use
 ABHR Soap and water
8. Do you perform Hand Hygiene before and after wearing gloves?
Yes: No:
9. Do you have alcohol impregnated wipes for all non-critical shared equipment?
Yes: No:
10. Do you have detergent wipes for all non-critical shared equipment?
Yes: No:
11. Do you use these wipes before and after each patient use on your non-critical shared equipment?
Yes: No:
12. Have you attended a hand hygiene education update in the last 12 months?
Yes: No:
13. Have you completed the on-line (www.hha.org.au) learning package this year?
Yes: No:

Thank you for your time & support!