



# 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

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="checkbox"/> 2. Wash	<input type="checkbox"/> 2. Off	<input type="radio"/>	2	<input type="checkbox"/> 2. Wash	<input type="checkbox"/> 2. Off	<input type="radio"/>	2	<input type="checkbox"/> 2. Wash	<input type="checkbox"/> 2. Off
<input type="checkbox"/>	3	<input type="checkbox"/> 3. Missed	<input type="checkbox"/> 3. Cont.	<input type="checkbox"/>	3	<input type="checkbox"/> 3. Missed	<input type="checkbox"/> 3. Cont.	<input type="checkbox"/>	3	<input type="checkbox"/> 3. Missed	<input type="checkbox"/> 3. Cont.
<input type="checkbox"/>	4			<input type="checkbox"/>	4			<input type="checkbox"/>	4		
<input type="checkbox"/>	5			<input type="checkbox"/>	5			<input type="checkbox"/>	5		

Total Correct Moments:

Total Moments: