

# Hand hygiene observation – Data Collection Form

Organisation: Vila Central Hospital  
 Depart./Ward: Surgical ward  
 Date: 05 / 02 / 2022  
 Auditor: Graham  
 Start Time: 08:00 Finish Time: 09:00  
 Session no: 1

## 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 surroundings

Notes:

HCW	Moment	Action	Gloves	HCW	Moment	Action	Gloves	HCW	Moment	Action	Gloves
N	<input checked="" type="radio"/> 1	rub	on	DR	<input type="radio"/> 1	rub	on	SDR	<input type="radio"/> 1	rub	on
	<input type="radio"/> 2				<input type="radio"/> 2				<input type="radio"/> 2		
	<input type="checkbox"/> 3	wash	off		<input checked="" type="checkbox"/> 3	wash	off		<input type="checkbox"/> 3	wash	off
	<input type="checkbox"/> 4				<input type="checkbox"/> 4				<input checked="" type="checkbox"/> 4	missed	cont.
	<input type="checkbox"/> 5	missed	cont.		<input type="checkbox"/> 5	missed	cont.		<input type="checkbox"/> 5	missed	cont.
PC	<input checked="" type="radio"/> 1	rub	on	DR	<input checked="" type="radio"/> 1	rub	on	AC	<input type="radio"/> 1	rub	on
	<input type="radio"/> 2				<input type="radio"/> 2				<input type="radio"/> 2		
	<input type="checkbox"/> 3	wash	off		<input type="checkbox"/> 3	wash	off		<input type="checkbox"/> 3	wash	off
	<input type="checkbox"/> 4				<input type="checkbox"/> 4				<input type="checkbox"/> 4		
	<input checked="" type="checkbox"/> 5	missed	cont.		<input checked="" type="checkbox"/> 5	missed	cont.		<input checked="" type="checkbox"/> 5	missed	cont.
D	<input type="radio"/> 1	rub	on	BL	<input type="radio"/> 1	rub	on	SN	<input type="radio"/> 1	rub	on
	<input type="radio"/> 2				<input checked="" type="radio"/> 2				<input type="radio"/> 2		
	<input type="checkbox"/> 3	wash	off		<input type="checkbox"/> 3	wash	off		<input type="checkbox"/> 3	wash	off
	<input type="checkbox"/> 4				<input type="checkbox"/> 4				<input checked="" type="checkbox"/> 4	missed	cont.
	<input checked="" type="checkbox"/> 5	missed	cont.		<input type="checkbox"/> 5	missed	cont.		<input type="checkbox"/> 5	missed	cont.
N	<input checked="" type="radio"/> 1	rub	on	BL	<input type="radio"/> 1	rub	on	O	<input type="radio"/> 1	rub	on
	<input type="radio"/> 2				<input type="radio"/> 2				<input type="radio"/> 2		
	<input type="checkbox"/> 3	wash	off		<input checked="" type="checkbox"/> 3	wash	off		<input type="checkbox"/> 3	wash	off
	<input type="checkbox"/> 4				<input type="checkbox"/> 4				<input type="checkbox"/> 4		
	<input type="checkbox"/> 5	missed	cont.		<input type="checkbox"/> 5	missed	cont.		<input checked="" type="checkbox"/> 5	missed	cont.
N	<input type="radio"/> 1	rub	on	DR	<input type="radio"/> 1	rub	on	AH	<input checked="" type="radio"/> 1	rub	on
	<input type="radio"/> 2				<input checked="" type="radio"/> 2				<input type="radio"/> 2		
	<input type="checkbox"/> 3	wash	off		<input type="checkbox"/> 3	wash	off		<input type="checkbox"/> 3	wash	off
	<input checked="" type="checkbox"/> 4	missed	cont.		<input type="checkbox"/> 4				<input type="checkbox"/> 4		
	<input type="checkbox"/> 5	missed	cont.		<input type="checkbox"/> 5	missed	cont.		<input type="checkbox"/> 5	missed	cont.
N	<input checked="" type="radio"/> 1	rub	on	AH	<input type="radio"/> 1	rub	on		<input type="radio"/> 1	rub	on
	<input type="radio"/> 2				<input type="radio"/> 2				<input type="radio"/> 2		
	<input type="checkbox"/> 3	wash	off		<input type="checkbox"/> 3	wash	off		<input type="checkbox"/> 3	wash	off
	<input type="checkbox"/> 4				<input checked="" type="checkbox"/> 4	missed	cont.		<input type="checkbox"/> 4		
	<input type="checkbox"/> 5	missed	cont.		<input type="checkbox"/> 5	missed	cont.		<input type="checkbox"/> 5	missed	cont.
	<input type="radio"/> 1	rub	on		<input type="radio"/> 1	rub	on		<input type="radio"/> 1	rub	on
	<input type="radio"/> 2				<input type="radio"/> 2				<input type="radio"/> 2		
	<input type="checkbox"/> 3	wash	off		<input type="checkbox"/> 3	wash	off		<input type="checkbox"/> 3	wash	off
	<input type="checkbox"/> 4				<input type="checkbox"/> 4				<input type="checkbox"/> 4		
	<input type="checkbox"/> 5	missed	cont.		<input type="checkbox"/> 5	missed	cont.		<input type="checkbox"/> 5	missed	cont.
	<input type="radio"/> 1	rub	on		<input type="radio"/> 1	rub	on		<input type="radio"/> 1	rub	on
	<input type="radio"/> 2				<input type="radio"/> 2				<input type="radio"/> 2		
	<input type="checkbox"/> 3	wash	off		<input type="checkbox"/> 3	wash	off		<input type="checkbox"/> 3	wash	off
	<input type="checkbox"/> 4				<input type="checkbox"/> 4				<input type="checkbox"/> 4		
	<input type="checkbox"/> 5	missed	cont.		<input type="checkbox"/> 5	missed	cont.		<input type="checkbox"/> 5	missed	cont.

Total Correct Moments: 13

Total Moments: 17