

Comprehensive Quiz 2 for Hand Hygiene for Auditors:

Name: _____

Hospital / Health Service / State: _____

Email address: _____

Please circle the most correct answer.
There is only one answer per question.

- | | |
|--|---|
| <p>1. What is a Moment 1?</p> <ul style="list-style-type: none"> A. After touching a patient's surroundings B. After touching a patient C. After a procedure or body exposure risk D. Before touching a patient <p>2. What is a Moment 2?</p> <ul style="list-style-type: none"> A. Before touching a patient B. After touching a patient C. Before a procedure D. After touching a patient's surroundings <p>3. What is a Moment 3?</p> <ul style="list-style-type: none"> A. After an operation B. After a needlestick injury C. After a procedure or body fluid exposure risk D. After touching a patient <p>4. What is a Moment 4?</p> <ul style="list-style-type: none"> A. After a procedure B. Before a patient C. After anything D. After touching a patient <p>5. What is a Moment 5?</p> <ul style="list-style-type: none"> A. After touching a patient's surroundings B. After touching a patient C. After touching a patient's IV D. After touching a patient's IDC <p>Please select the correct Moment for the following</p> <p>6. Before taking a BP</p> <ul style="list-style-type: none"> A. Moment 1 B. Moment 2 C. Moment 3 D. Moment 4 E. Moment 5 <p>7. Immediately after emptying an IDC</p> <ul style="list-style-type: none"> A. Moment 1 B. Moment 2 C. Moment 3 D. Moment 4 E. Moment 5 <p>8. Before assisting a Patient to move</p> <ul style="list-style-type: none"> A. Moment 1 B. Moment 2 C. Moment 3 D. Moment 4 E. Moment 5 | <p>9. Immediately after disposing of a used sputum cup</p> <ul style="list-style-type: none"> A. Moment 1 B. Moment 2 C. Moment 3 D. Moment 4 E. Moment 5 <p>10. After reading the end of bed chart only</p> <ul style="list-style-type: none"> A. Moment 1 B. Moment 2 C. Moment 3 D. Moment 4 E. Moment 5 <p>11. Before feeding a patient (orally)</p> <ul style="list-style-type: none"> A. Moment 1 B. Moment 2 C. Moment 3 D. Moment 4 E. Moment 5 <p>12. After taking a pulse prior to leaving the room</p> <ul style="list-style-type: none"> A. Moment 1 B. Moment 2 C. Moment 3 D. Moment 4 E. Moment 5 <p>13. Before handing patient oral medications</p> <ul style="list-style-type: none"> A. Moment 1 B. Moment 2 C. Moment 3 D. Moment 4 E. Moment 5 <p>14. Immediately after cleaning a patients dentures</p> <ul style="list-style-type: none"> A. Moment 1 B. Moment 2 C. Moment 3 D. Moment 4 E. Moment 5 <p>15. Immediately before disconnecting IV fluid bag</p> <ul style="list-style-type: none"> A. Moment 1 B. Moment 2 C. Moment 3 D. Moment 4 E. Moment 5 |
|--|---|

Please fill in the Hand Hygiene Australia audit tool below each of the following written scenarios
 Note. If it is not stated, then the action did not take place

16. Nurse (N) walks in, talks with patient, uses ABHR, picks up IDC to view hourly measure, puts it down, talks to patient again, writes on the medical chart, washes hands, then leaves

Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves
	<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on
	<input type="radio"/> 2	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="radio"/> 2	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="radio"/> 2	<input type="checkbox"/> wash	<input type="checkbox"/> off
	<input type="checkbox"/> 3	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 3	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 3	<input type="checkbox"/> missed	<input type="checkbox"/> 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		

17. Doctor (DR) walks in and shakes the patient's hand has a quick chat with family then leaves the room.

Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves
	<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on
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	<input type="checkbox"/> 5				<input type="checkbox"/> 5				<input type="checkbox"/> 5		

18. Two nurses (N) walk into a 4 bed bay; Nurse 1 uses ABHR, assists a patient back to bed, uses ABHR, then assists another patient to stand up and uses ABHR. Nurse 2 talks to both patients, reads Patient Bs chart, they then leave together.

Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves
	<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on
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	<input type="checkbox"/> 4				<input type="checkbox"/> 4				<input type="checkbox"/> 4		
	<input type="checkbox"/> 5				<input type="checkbox"/> 5				<input type="checkbox"/> 5		

19. Student Physio (SAH) and her Supervisor (AH) walk into patient room, both use ABHR, SAH helps the patient out of bed, then she moves the curtain back, the supervisor uses ABHR, then they both assist the patient to walk out of the room and the stay with the patient.

Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves
	<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on
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20. Cleaner (D) walks in with gloves already on, wipes over bed table, moves that patients IV pole (attached to patient) to mop, then moves to the next patient area, wipes over bed table, also moves this patients chair before moving to third patient area but doesn't touch anything as Nurse (N) wants to see patient first, so D walks out with gloves still on

Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves
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Please look at each scenario below and fill in the Hand Hygiene Australia audit tool beside it
Question 21. Nurse attending wound dressing.

				<table border="1"> <thead> <tr> <th>Hcw</th> <th>Moment</th> <th>Action</th> <th>Glove</th> </tr> </thead> <tbody> <tr> <td rowspan="5"></td> <td><input type="radio"/> 1</td> <td><input type="checkbox"/> rub</td> <td><input type="radio"/> on</td> </tr> <tr> <td><input type="radio"/> 2</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> wash</td> <td><input type="checkbox"/> off</td> </tr> <tr> <td><input type="checkbox"/> 4</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> missed</td> <td><input type="checkbox"/> cont.</td> </tr> </tbody> </table>	Hcw	Moment	Action	Glove		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on	<input type="radio"/> 2			<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off	<input type="checkbox"/> 4			<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.
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Question 22. Nurse checking drains and catheters on patients.

			<table border="1"> <thead> <tr> <th>Hcw</th> <th>Moment</th> <th>Action</th> <th>Glove</th> </tr> </thead> <tbody> <tr> <td rowspan="5"></td> <td><input type="radio"/> 1</td> <td><input type="checkbox"/> rub</td> <td><input type="radio"/> on</td> </tr> <tr> <td><input type="radio"/> 2</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> wash</td> <td><input type="checkbox"/> off</td> </tr> <tr> <td><input type="checkbox"/> 4</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> missed</td> <td><input type="checkbox"/> cont.</td> </tr> </tbody> </table>	Hcw	Moment	Action	Glove		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on	<input type="radio"/> 2			<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off	<input type="checkbox"/> 4			<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.	<table border="1"> <thead> <tr> <th>Hcw</th> <th>Moment</th> <th>Action</th> <th>Glove</th> </tr> </thead> <tbody> <tr> <td rowspan="5"></td> <td><input type="radio"/> 1</td> <td><input type="checkbox"/> rub</td> <td><input type="radio"/> on</td> </tr> <tr> <td><input type="radio"/> 2</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> wash</td> <td><input type="checkbox"/> off</td> </tr> <tr> <td><input type="checkbox"/> 4</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> missed</td> <td><input type="checkbox"/> cont.</td> </tr> </tbody> </table>	Hcw	Moment	Action	Glove		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on	<input type="radio"/> 2			<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off	<input type="checkbox"/> 4			<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.
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Question 23. Physiotherapist applying Oxygen mask

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Question 24. Nurse emptying urinal bottle

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Question 25. Occupational Therapist talking to patient

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Question 26. Blood Collector doing to heel pick blood test on baby

				<table border="1"> <thead> <tr> <th>Hcw</th> <th>Moment</th> <th>Action</th> <th>Glove</th> </tr> </thead> <tbody> <tr> <td rowspan="5"></td> <td><input type="radio"/> 1</td> <td><input type="checkbox"/> rub</td> <td><input type="radio"/> on</td> </tr> <tr> <td><input type="radio"/> 2</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 3</td> <td><input type="checkbox"/> wash</td> <td><input type="checkbox"/> off</td> </tr> <tr> <td><input type="checkbox"/> 4</td> <td></td> <td></td> </tr> <tr> <td><input type="checkbox"/> 5</td> <td><input type="checkbox"/> missed</td> <td><input type="checkbox"/> cont.</td> </tr> </tbody> </table>	Hcw	Moment	Action	Glove		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on	<input type="radio"/> 2			<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off	<input type="checkbox"/> 4			<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.
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Please return ASAP to your course co-ordinator.