



Comprehensive Quiz 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.

Hand to HHA Workshop convenors after marking session

1. **What is a Moment 1?**
 - 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
2. **What is a Moment 2?**
 - A. Before touching a patient
 - B. After touching a patient
 - C. Before a procedure
 - D. After touching a patient's surroundings
3. **What is a Moment 3?**
 - A. After an operation
 - B. After a needlestick injury
 - C. After a procedure or body fluid exposure risk
 - D. After touching a patient
4. **What is a Moment 4?**
 - A. After a procedure
 - B. Before a patient
 - C. After anything
 - D. After touching a patient
5. **What is a Moment 5?**
 - 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
6. **Which of the following are recorded as a Moment 1?**
 - A. Before shaking hands with patient
 - B. Before taking a patient's pulse
 - C. Before brushing a patient's hair
 - D. All of the above
7. **Which of the following are recorded as a Moment 2?**
 - A. Before performing venipuncture
 - B. After performing venipuncture
 - C. Before assisting a patient to sit up
 - D. All of the above
8. **Which of the following are recorded as a Moment 3?**
 - A. After any Moment 2
 - B. After any body fluid exposure
 - C. After cleaning up a spill of urine on the floor
 - D. All of the above
9. **Which of the following are recorded as a Moment 4?**
 - A. After touching an IDC
 - B. After any Moment 1
 - C. Before cleaning a patient's dentures
 - D. After touching the patient's surroundings without touching the patient
10. **Which of the following are recorded as a Moment 5?**
 - A. After touching the patient's surroundings after touching the patient
 - B. After touching the patient's surroundings without touching the patient
 - C. After touching the patient's surroundings whilst cleaning up a urine spill
 - D. After touching a patient's bed curtain partition
11. **When should a Moment 1 be recorded?**

After observing HCW hand hygiene action:

 - A. Before touching the IV machine attached to patient
 - B. Before reading an IDC measure
 - C. Before touching a patient
 - D. All of the above
12. **When should a Moment 2 be recorded?**

After observing HCW hand hygiene action:

 - A. Before preparing oral medication
 - B. Before administering IV medication
 - C. Before cleaning up a urine spill
 - D. Before applying an oxygen mask
13. **When should a Moment 3 be recorded?**

After observing HCW hand hygiene action:

 - A. Immediately after a procedure
 - B. After placing a pathology specimen jar in the pathology bag
 - C. Immediately after touching a drainage bag
 - D. All of the above
14. **When should a Moment 4 be recorded?**

After observing HCW hand hygiene action:

 - A. After performing non-invasive observations
 - B. After touching the patient & before commencing a procedure
 - C. After touching the patient before touching the curtains
 - D. All of the above
15. **When should a Moment 5 be recorded?**

After observing HCW hand hygiene action:

 - A. After touching a patient's table only
 - B. After touching a patient's table after touching the patient
 - C. After touching a curtain partition
 - D. All of the above

Please fill in the Hand Hygiene Australia audit tool below each of the following questions.
 Note. If it is not stated, don't assume answers.

16. Nurse (N) walks in, picks up drain bottle to view it, puts it down, 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="radio"/> 2				<input type="radio"/> 2		
	<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off
	<input type="checkbox"/> 4				<input type="checkbox"/> 4				<input type="checkbox"/> 4		
	<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.

17. Doctor (DR) walks in and touches the patient on the shoulder without being observed to perform hand hygiene

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="radio"/> 2				<input type="radio"/> 2		
	<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off
	<input type="checkbox"/> 4				<input type="checkbox"/> 4				<input type="checkbox"/> 4		
	<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.

18. Nurse (N) ABHR, assists a patient back to bed, uses ABHR, then assists another patient to stand up, uses ABHR, 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="radio"/> 2				<input type="radio"/> 2		
	<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off
	<input type="checkbox"/> 4				<input type="checkbox"/> 4				<input type="checkbox"/> 4		
	<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.

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="radio"/> 2				<input type="radio"/> 2		
	<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off
	<input type="checkbox"/> 4				<input type="checkbox"/> 4				<input type="checkbox"/> 4		
	<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.

19. Student Allied Health (SAH) walks into patient room, uses ABHR, helps the patient out of bed, moves the curtain back, then helps the patient to walk out of 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
	<input type="radio"/> 2				<input type="radio"/> 2				<input type="radio"/> 2		
	<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off
	<input type="checkbox"/> 4				<input type="checkbox"/> 4				<input type="checkbox"/> 4		
	<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.

20. Cleaner (D) walks in with gloves already on, wipes over bed table, moves to next patient area, wipes over bed table, moves to third patient area, wipes over bed table, takes gloves off, washes hands then walks out

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="radio"/> 2				<input type="radio"/> 2		
	<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off
	<input type="checkbox"/> 4				<input type="checkbox"/> 4				<input type="checkbox"/> 4		
	<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.

True or False Questions. Please read the scenario and then decide if the audit sheet is filled in correctly

21. Nurse (N) walks in, uses ABHR, takes a patient's BGL, uses ABHR, then leaves

<i>N</i>	<input type="radio"/> 1	<input checked="" type="checkbox"/> rub	<input type="radio"/> on	<i>N</i>	<input type="radio"/> 1	<input checked="" type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on
	<input checked="" 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		

- True
 False

22. Student Allied Health (SAH) walks in, puts gloves on, helps patient to sit up in bed, takes gloves off, uses ABHR, then leaves

<i>SAH</i>	<input checked="" type="radio"/> 1	<input type="checkbox"/> rub	<input checked="" type="checkbox"/> on	<i>SAH</i>	<input type="radio"/> 1	<input checked="" 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 checked="" 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		

- True
 False

23. Phlebotomist (BL) walks in, uses ABHR, reads patient name band, goes back to trolley, uses ABHR, puts gloves on, takes blood, puts specimen in pathology bag, takes gloves off, then leaves

<i>BL</i>	<input checked="" type="radio"/> 1	<input checked="" type="checkbox"/> rub	<input type="radio"/> on	<i>BL</i>	<input type="radio"/> 1	<input checked="" type="checkbox"/> rub	<input type="radio"/> on	<i>BL</i>	<input type="radio"/> 1	<input checked="" type="checkbox"/> rub	<input checked="" type="checkbox"/> 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 checked="" type="checkbox"/> rub	<input type="checkbox"/> on
	<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"/> wash	<input type="checkbox"/> off
	<input type="checkbox"/> 4				<input checked="" type="radio"/> 4	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 4	<input type="checkbox"/> missed	<input type="checkbox"/> cont.
	<input type="checkbox"/> 5				<input type="checkbox"/> 5				<input type="checkbox"/> 5		

<i>BL</i>	<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 checked="" 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 checked="" type="radio"/> 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		

- True
 False

24. Nurse (N) walks in, uses ABHR, picks up the medical chart, reads it, puts it down, uses ABHR, then leaves

<i>N</i>	<input checked="" type="radio"/> 1	<input checked="" type="checkbox"/> rub	<input type="radio"/> on	<i>N</i>	<input type="radio"/> 1	<input checked="" 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 checked="" type="radio"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 5	<input type="checkbox"/> missed	<input type="checkbox"/> cont.

- True
 False

True or False Questions. Please read the scenario and then decide if the audit sheet is filled in correctly

25. Nurse (N) walks in, uses ABHR, checks patient's BP, uses ABHR, then leaves

<i>N</i>	<input checked="" type="radio"/> 1	<input checked="" type="checkbox"/> rub	<input type="radio"/> on	<i>N</i>	<input type="radio"/> 1	<input checked="" 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		

True

False

26. Dietician (AH) walks in, checks flow rate on NG feed by pressing buttons on pump, uses ABHR, then leaves

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

True

False

27. Nurse (N) walks in, holds up IDC to read, puts IDC down, picks up wound drain bottle to view it, puts wound drain bottle down, uses ABHR, then leaves

<i>N</i>	<input checked="" type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on	<i>N</i>	<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on	<i>N</i>	<input checked="" 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 checked="" type="radio"/> 4	<input checked="" type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off
	<input type="checkbox"/> 4				<input type="checkbox"/> 4				<input type="checkbox"/> 4	<input checked="" type="checkbox"/> missed	<input type="checkbox"/> cont.
	<input type="checkbox"/> 5				<input type="checkbox"/> 5				<input type="checkbox"/> 5		
<i>N</i>	<input type="radio"/> 1	<input checked="" 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"/> wash	<input type="checkbox"/> off
	<input checked="" type="radio"/> 4				<input type="checkbox"/> 4				<input type="checkbox"/> 4	<input type="checkbox"/> missed	<input type="checkbox"/> cont.
	<input type="checkbox"/> 5				<input type="checkbox"/> 5				<input type="checkbox"/> 5		

True

False

28. Student nurse (SN) walks in, uses ABHR, feeds patient lunch, uses ABHR, then leaves

<i>SN</i>	<input checked="" type="radio"/> 1	<input checked="" type="checkbox"/> rub	<input type="radio"/> on	<i>SN</i>	<input type="radio"/> 1	<input checked="" 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 checked="" type="radio"/> 4	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 3	<input type="checkbox"/> wash	<input type="checkbox"/> off
	<input type="checkbox"/> 4				<input type="checkbox"/> 4				<input type="checkbox"/> 4	<input type="checkbox"/> missed	<input type="checkbox"/> cont.
	<input type="checkbox"/> 5				<input type="checkbox"/> 5				<input type="checkbox"/> 5		

True

False