



# 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 surroundings

Notes

Hcw	Moment	Action	Glove	Hcw	Moment	Action	Glove	Hcw	Moment	Action	Glove
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.
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