



# 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="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.
	<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.
	<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.
	<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.
	<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.
	<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.
	<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.
	<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.

Total Correct Moments:

Total Moments:



# 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="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		
	<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		
	<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		
	<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		
	<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		
	<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		

Total Correct Moments:

Total Moments: