



HAND RUB/MOISTURISER AUDIT

Name (optional):

Date:

Work Area:

Campus:

Please circle appropriate answer

1. Is an alcohol based hand rub (ABHR) available in your work area? Yes No
2. If yes, do you use on a regular basis as directed? Yes No
3. If no, do you use soap & water as preferred method of Hand Hygiene Yes No

In no, why? _____

4. Does one pump of your ABHR give enough solution to cover all your hands? Yes No
5. Does using the ABHR save time when performing hand hygiene? Yes No
6. On a scale of 1-10 how would you rate your ABHR for cleaning hands (please circle)
1 2 3 4 5 6 7 8 9 10

7. Do you have alcohol impregnated wipes in your area? Yes No
8. Do you have detergent wipes in your area? Yes No
9. Do you use them for all shared non-critical equipment? Yes No
10. Do you use these before and after each patient use? Yes No
11. Do you have access to a hospital- supplied moisturiser? Yes No
12. Is the placement of the moisturiser easily accessible?
If no, where would it best be placed?
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13. Do you regularly use the hospital- supplied moisturiser? Yes No
If no, please go to question 15

14. How often do you use the hospital supplied moisturiser?
Once per shift 5 times a shift
3 times a shift More

15. If not, why not?
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16. Have you attended an in-service on hand hygiene in the last year? Yes No
17. Have you completed the on-line (www.hha.org.au) learning package this year? Yes No

Thank you for your time & support!