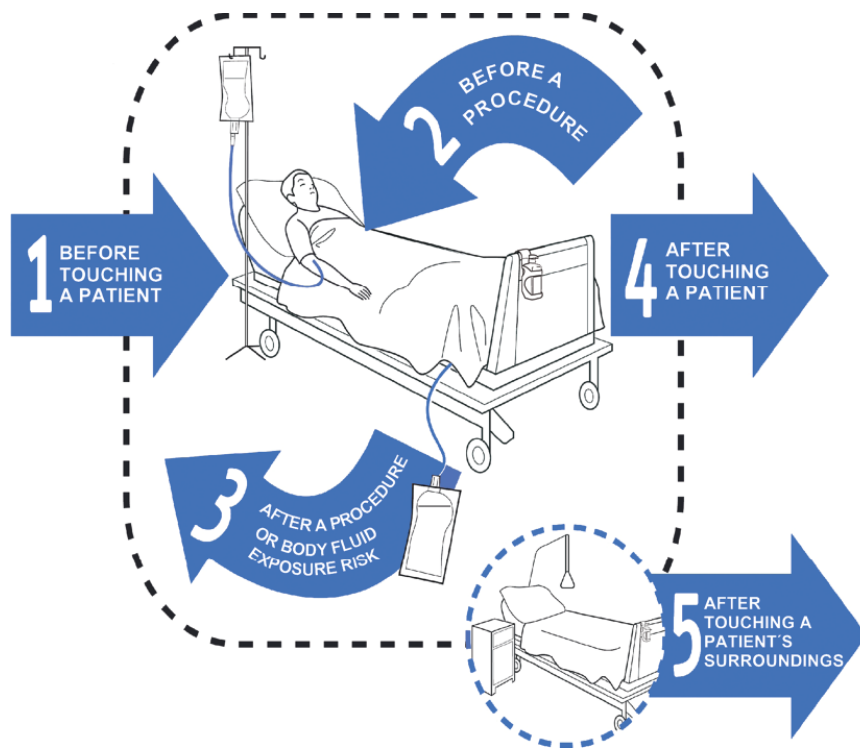




**Hand Hygiene Australia**  
[www.hha.org.au](http://www.hha.org.au)

# 5 Moments for HAND HYGIENE



## Workshop Pre-Reading

## Chapter 6

# The 5 Moments for Hand Hygiene

### 6.1 Aim

To ensure all staff involved in the HHA 5 Moments for Hand Hygiene program clearly understand the 5 Moments for Hand Hygiene.



## 6.2 What are the 5 Moments for Hand Hygiene?

- Moment 1:** Before touching a patient
- Moment 2:** Before a procedure
- Moment 3:** After a procedure or body fluid exposure risk
- Moment 4:** After touching a patient
- Moment 5:** After touching a patient's surroundings

### 6.2.1 The Levels of Evidence to Support the 5 Moments for HH (2)

**1A** - Strongly recommended for implementation and strongly supported by well designed experimental, clinical, or epidemiological studies

**1B** - Strongly recommended for implementation and supported by some experimental, clinical, or epidemiological studies and a strong theoretical rationale

#### **Moment 1**

Before and after touching patients (1B)

#### **Moment 2**

Before handling an invasive medical device for patient care, regardless of whether or not gloves are used (1B)

If moving from a contaminated body site to a clean body site during patient care (1B)

#### **Moment 3**

After removing gloves (1B)

After contact with body fluids or excretions, mucous membranes, non-intact skin, or wound dressings (1A)

If moving from a contaminated body site to a clean body site during patient care (1B)

#### **Moment 4**

Before and after touching patients (1B)

#### **Moment 5**

After contact with inanimate surfaces and objects (including medical equipment) in the immediate vicinity of the patient (1B)



## 6.2.2 Key terms within the 5 Moments for HH

### Patient

Refers to any part of the patient, their clothes, or any medical device that is connected to the patient.

### Procedure

Is an act of care for a patient where there is a risk of direct introduction of a pathogen into the patient's body.

### Body Fluid Exposure Risk

Any situation where contact with body fluids may occur. Such contact may pose a contamination risk to either HCW or the environment.

### Patient Zone

Includes the patient and the patient's immediate surroundings.

Assumptions are generally made that within the patient zone the patient flora rapidly contaminates the entire patient zone; and the patient zone is cleaned between patients.

Within the patient zone there are 2 critical sites, the clean site (e.g. IV access point) that needs to be protected against micro-organisms, and the body fluid site (e.g. IDC) that leads to the HCWs hands being exposed to body fluid.

### Healthcare Zone

Is the area outside of the patient zone.

Assumptions are generally made that within the healthcare zone there are organisms foreign and potentially harmful to all patients, and that transmission of these pathogens to the patient results in exogenous infection.



## 6.3 The 5 Moments in Detail

### Moment 1 – Before Touching a Patient

#### WHY:

To protect the patient against acquiring potential pathogens from the hands of the HCW.

#### WHEN:

<b>Touching a patient in any way:</b>	Shaking hands, Assisting a patient to move, Allied health interventions, Touching any invasive medical device connected to the patient (e.g. IV pump, IDC)
<b>Any personal care activities:</b>	Bathing, Dressing, Brushing hair, Putting on personal aids such as glasses
<b>Any non-invasive observations:</b>	Taking a pulse, Blood pressure, Oxygen saturation, Temperature, Chest auscultation, Abdominal palpation, Applying ECG electrodes, CTG
<b>Any non-invasive treatment:</b>	Applying an oxygen mask or nasal cannulae, Fitting slings/braces, Application of incontinence aids (including condom drainage)
<b>Preparation and administration of oral medications:</b>	Oral medications, Nebulised medications
<b>Oral care and feeding</b>	Feeding a patient, Brushing teeth or dentures
<b>Contacts with a patient's surroundings before, during &amp; after any of the above:</b>	Bedside table, Medical chart

#### TO PREVENT: Cross Colonisation of Patients

HCWs may have any number of organisms on their hands, if there is no hand hygiene prior to touching the patient these micro-organisms can be transferred to the patient.



## Moment 2 – Before a Procedure

### WHY:

To protect the patient from potential pathogens (including their own) from entering their body during a procedure.

### WHEN:

<b>Insertion of a needle into a patient's skin, or into an invasive medical device:</b>	Venipuncture, Blood glucose level, Arterial blood gas, Subcutaneous or Intramuscular injections, IV flush
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<b>Preparation and administration of any medications given via an invasive medical device, or preparation of a sterile field:</b>	IV medication, NGT feeds, PEG feeds, Baby feeds, Dressing trolley set up
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<b>Administration of medications where there is direct contact with mucous membranes:</b>	Eye drop instillation, Suppository insertion, Vaginal pessary
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<b>Insertion of, or disruption to, the circuit of an invasive medical device:</b>	Procedures involving the following: ETT, Tracheostomy, Nasopharyngeal airways, Suctioning of airways, Urinary catheter, Colostomy/ileostomy, Vascular access systems, Invasive monitoring devices, Wound drains, PEG tubes, NGT, Secretion aspiration
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<b>Any assessment, treatment and patient care where contact is made with non-intact skin or mucous membranes:</b>	Wound dressings, Burns dressings, Surgical procedures, Digital rectal examination, Invasive obstetric and gynaecological examinations and procedures, Digital assessment of newborn palate
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### TO PREVENT: Endogenous and exogenous infections in patients

HCWs may have any number of organisms on their hands, or they may pick up micro-organisms from the patients skin, if there is no hand hygiene immediately prior to a procedure these micro-organisms can be enter the patient's body.

### Moment 3 – After a Procedure or Body Fluid Exposure Risk

#### WHY:

To protect yourself and the healthcare surroundings from potential pathogens from the patient.

#### WHEN:

After any Moment 2:

See Moment 2

#### After any potential body fluid exposure:

Contact with a used urinary bottle / bedpan,  
Contact with sputum either directly or indirectly via a cup or tissue, Contact with used specimen jars / pathology samples, Cleaning dentures, Cleaning spills of urine, faeces or vomit from patient surroundings, After touching the outside of a drain

Contact with any of the following:  
Blood, Saliva, Mucous, Semen, Tears, Wax, Breast milk, Colostrum Urine, Faeces, Vomitus, Pleural fluid, Cerebrospinal fluid, Ascites fluid, Organic body samples e.g. Biopsy samples, Cell samples, Lochia, Meconium, Pus, Bone Marrow, Bile

#### TO PREVENT: Infection in HCWs and / or cross colonisation of the healthcare environment and HCWs

After touching a patient the HCW has the patient's micro-organisms on their hands; these micro-organisms can be passed on to whatever the HCW is in contact with next.



## Moment 4 – After Touching a Patient

### WHY:

To protect yourself and the healthcare surroundings from potential pathogens from the patient.

### WHEN:

**After any Moment 1 except where there has been a potential body fluids exposure:** See Moment 1 and 2

### **TO PREVENT:** Infection in HCWs and / or cross colonisation of the healthcare environment and HCWs

After touching a patient the HCW has the patient's micro-organisms on their hands; these micro-organisms can be passed on to whatever the HCW is in contact with next.

## Moment 5 – After Touching a Patient's Surroundings

### WHY:

To protect yourself and the healthcare surroundings from potential pathogens from the patient's surroundings.

### WHEN:

**After touching the patient's immediate surroundings when the patient has not been touched:**

Patient surroundings include: Bed, Bedrails, Linen, Table, Bedside chart, Bedside locker, Call bell/TV remote control, Light switches, Personal belongings (including books, Mobility aids), Chair, Foot stool, Monkey bar

### **TO PREVENT:** Infection in HCWs and / or cross colonisation of the healthcare environment and HCWs

After touching the patient's environment the HCW has micro-organisms on their hands; these micro-organisms can be passed on to whatever the HCW is in contact with next.

## 6.4 Two Patients within the Same Patient Zone

Two or more patients may be in such close contact that they occupy the same physical space and touch each other frequently. For example, a mother and her newborn child, or twins occupying the same cot. The two close patients may be viewed as occupying a single patient zone. Hand hygiene is still required when entering or leaving the common patient zone, and before and after procedures, but the indication for hand hygiene when moving between the two patients is probably of little preventative value because they are likely to share the same microbial flora (1).

See [Appendix 14](#) for detailed examples of the 5 Moments for Hand Hygiene.



# Chapter 7

## Hand Hygiene Measures: Auditing Hand Hygiene Compliance

### 7.1 Aim

To accurately assess HH compliance (HHC) in accordance with published guidelines using a standardised HH observation assessment tool (1, 53).

To achieve a high rate of HHC, HCWs need education, clear guidelines, some understanding of infectious disease risk, and acceptable hand hygiene products (1).



### 7.1.1 Auditing with the 5 Moments for Hand Hygiene Tool

HHC auditing is the established outcome measure for assessing the effectiveness of a hand hygiene program within the National Hand Hygiene Initiative. HHC is a valid and reliable measure within the acute care sector, in both public and private hospitals throughout Australia. HHA anticipate receiving data from most acute hospitals within Australia.

Currently HHA do not recommend routine HHC auditing as an outcome measure in the non-acute, primary care, or mental health setting. HHA recommend the use of other program evaluation tools (staff HH knowledge surveys, product placement and availability surveys) within non-acute primary care, and mental health settings.

All facilities should be aware of their jurisdictional requirements when planning measurements of their hand hygiene program.

## 7.2 HHC Training

The approach to accurately assessing HHC according to the 5 Moments for Hand Hygiene is described below. In addition, training in the HHC assessment tool, data entry and data analysis will be provided at training workshops conducted by Hand Hygiene Australia. Further support is available to all hospitals by contacting the Hand Hygiene Australia representative for your state or territory (see website for contact details [www.hha.org.au](http://www.hha.org.au) ).

## 7.3 Methodology for Collection of HHC Data

Direct observation by trained observers is the gold standard to monitor compliance with optimal hand hygiene practice (1).

Any 'unsafe' practices that are observed during hand hygiene auditing should be addressed immediately or reported to the appropriate manager for follow-up; otherwise compliance rates should be reported after an audit has been fully completed (50).

Observation does not justify infringing the principle of patient privacy. Auditors should show discretion regarding where they place themselves and their movements whilst conducting audits (51). It is recommended that patients be informed on admission that hand hygiene audits are regularly conducted as a quality improvement activity. Patients or their family may request they not be involved in an audit.

This section details the decisions needing to be made before a HH Compliance audit can be conducted.



### 7.3.1 Hand Hygiene Auditors

Careful thought and planning needs to be put into choosing the right people to conduct the HHC audits. The appropriate people will vary between facilities.

**Points to consider include:**

- Availability to attend HHA Auditor training
- Have time available to conduct audits
- Have a good understanding of auditing/feedback/education processes
- Have a background as a clinical health professional
- Acknowledge and understand safety and privacy concerns of patients and staff.

#### 7.3.1.1 Infection Control Practitioners (ICPs) as Auditors

In many organisations ICPs observe HH and collect information about performance.

**Advantages:**

- ICPs have a knowledge of hand hygiene guidelines
- Can intervene and educate on the spot to correct unacceptable performance
- Can provide immediate feedback to staff for good hand hygiene practices
- Are usually already involved in teaching and training of all staff in correct hand hygiene principles
- Raises profile of ICPs by increased time spent on the wards.

**Disadvantages**

- Prevents ownership of ward/department staff in monitoring hand hygiene
- May promote HH as an infection control problem rather than a hospital wide issue.

#### 7.3.1.2 Other personnel as Auditors

Instead of ICPs, other clinical staff could conduct audits. For example, ward nurses, allied health staff, students, return to work program participants.

**Advantages:**

- Could promote widespread acceptance/ownership/participation in activities to improve hand hygiene within their area
- Auditor training would increase knowledge of hand hygiene guidelines and highlight that HHC is an organisational concern.

**Disadvantages:**

- Would need to take time out of their usual position to conduct audits
- May not feel comfortable giving feedback or correcting unacceptable performance
- ICPs would still need to have a full understanding of the auditing process as they would likely still be doing the education component of the program.



## 7.3.2 Training Auditors

There are two types of training proposed by the HHA team: 'Gold standard' auditing and general auditing. A gold standard auditor has the ability to train further staff at their own facility in the skills of auditing. The general auditor is enabled to audit only.

### 7.3.2.1 Gold Standard Auditor Training

Participants should attend a workshop run by a HHA coordinator, and pass the required assessments, which results in them being awarded a 'Gold Standard' status. Prior to attending the workshop participants are required to complete online:

- Workshop registration form
- Pre-Reading [Chapter 6](#) of this HHA Manual
- Pre-Training Quiz.

**During this workshop the following topics will be covered:**

- History of Hand Hygiene
- Hand Hygiene Program Implementation
- 5 Moments in Detail
- How to use the audit tool
- How to enter data on the website
- Written Quiz
- Auditing time on the wards
- DVD Quiz
- Reporting requirements to HHA
- Promotion of the Hand Hygiene Program
- Education requirements for training staff in Hand Hygiene
  - General hospital staff
  - Other auditors.

### 7.3.2.2 General Auditor Training

Participants can either attend a workshop run by a HHA coordinator, or be trained in their own facility by a Gold standard auditor. Regardless of trainer the following topics should be covered:

- 5 Moments in Detail
- How to use the audit tool
- How to enter data on the computer
- Written Quiz
- Auditing time on the wards
- DVD Quiz.

See [Appendix 16](#) - How to Train Auditors Guide for detailed instructions.



### 7.3.2.3 Gold Standard and General Auditor Training Hurdle Requirements

All participants of the HHA 5 Moments for HH Auditing training are required to pass the following assessments to become accredited:

- Written Quiz
- DVD Quiz
- Appropriate auditing on the wards.

If a participant does not pass the assessments they are required to either:

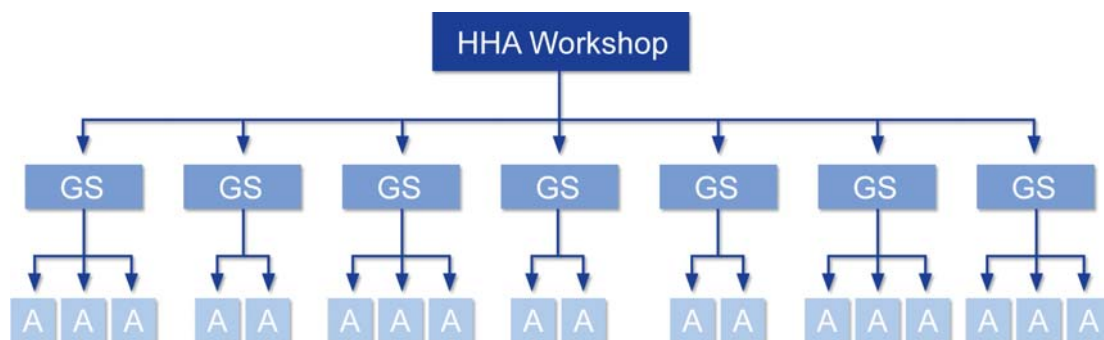
- Pass a supplementary quiz
- Have further follow-up with an accredited auditor
- Repeat the training workshop.

The participant's total score on the initial assessments will dictate which of the above is required.

### 7.3.2.4 Roles of Auditors

Once the training has been completed and a full comprehension of auditing and data entry has been shown then that person can be considered the approved auditor for their facility.

To ensure consistency of the auditing program and to ensure validation of auditors, people trained by HHA become the "Gold standard" auditors. The people the Gold Standard auditors train become auditors. The auditors are not able to train anyone in the auditing process (see diagram below).



	Taught by	Can teach 5 Moments	Can conduct audits	Can teach how to audit
<b>Gold Standard</b>	HHA	Yes	Yes	Yes
<b>Auditor</b>	Gold Standard	Yes	Yes	No

### 7.3.2.5 Inter-rater and Intra-rater Reliability and Validation

Inter-rater reliability should be addressed in the auditor training programs by pairing HH observers for observations of the same session and then comparing observations recorded, using the HHA trained and validated person as the “gold standard”. Each HH observer should be paired with each of the other validated observers (if more than 2 observers). Until there is >90% inter-rater agreement in all recordings (e.g. type of HCW, HCW activity, HH Moment, HH performance), the official data collection process should not begin.

Intra-rater reliability should be addressed through use of the HHA 5 Moments Program DVD. This DVD should be observed on at least two occasions, a few days apart. Data should be recorded on the standard data collection form. The rate of agreement for all recordings is then calculated. If there is less than 90 % agreement, HH observers should seek further training.

Practice sessions may be necessary for HH observers prior to each data collection period to ensure reliable results. Careful attention is required to ensure that observations are recorded correctly and there is consistent reporting, not only by the individual auditors (intra-rater reliability) but also between the various auditors (inter-rater reliability). The HH team should discuss issues as they arise and reach a consensus opinion/approach.

### 7.3.2.6 Annual Review for HHA Gold Standard Auditors

As of 2011 all Gold Standard Auditors will be required to complete auditing skills validation training on an annual basis. To maintain ‘auditor’ status all auditors should also collect a minimum of 100 Moments each year.

Where possible HHA will also encourage attendance at a HHA Gold Standard Auditors Forum.

Further details will be available on the HHA website.

### 7.3.2.7 Overcoming Bias in Auditing

Observer bias is introduced by inter-observer variation in the observation. The HHA training schedule of validation of auditors has been created to minimise this bias.

Selection bias is introduced by selecting HCWs, care settings, and observation times with specific hand hygiene behaviour. In practical terms, this bias can be minimised by randomly choosing locations (from your set reporting wards) and times of the day to audit.

When HCWs know HH compliance is being measured, they often initially attempt to behave correctly. This is known as the “Hawthorn Effect” (54). Recent evidence suggests that the Hawthorn effect may only increase compliance in areas that already have good compliance rates, but there will be no noticed effect on wards starting with low compliance (55).

However, with repeated observations, HCWs generally grow accustomed to the observer and are less affected by their presence (56), particularly if they know the auditor and are comfortable being observed.



### 7.3.3 Equipment Required to Conduct a Hand Hygiene Audit

The following equipment is required to conduct an audit:

- Clipboard and pen
- Copies of HHA Audit forms (see [Appendix 9](#))
- HHA coding sheet (see [Appendix 10](#))
- HHA audit ward summary sheet (see [Appendix 12](#))

OR

- PDA / smart phone with HHA HHC application.

### 7.3.4 HCW Definitions Required for Auditing

HCW Code	Type of HCW	Extended Definition
N	Nurse	All nurses – RN, Div 1, Div 2/EN, Midwives, Agency staff, Domiciliary nurses, Psychiatric
DR	Medical Doctor	All doctors – Consultants, Registrars, Residents, Interns, Visiting Consultants, GPs, Dentists
PC	Personal Care staff	PSA, AIN, PCW, wardsmen, orderly, warders, ward/nursing assistants
AH	Allied Health	Physiotherapists, Occupational therapists, Dieticians, Speech Pathologists, Radiographers, Pharmacists, P&O, Allied Health Assistants, Podiatrists, Music/Play therapists, Audiologists, Plaster technicians, ECG technician
D	Domestic staff	Staff engaged in the provision of food and cleaning services, maintenance people
AC	Administrative and Clerical staff	Ward clerks
BL	Invasive technician	Phlebotomists, Dialysis technicians
SN, SAH, SDR, SPC	Students	Students of N, AH, DR, PC
O	Other	Persons not categorised elsewhere



### 7.3.5 How to Conduct a HHA Hand Hygiene Compliance Audit

- Select wards for HH Compliance audits as per [Chapter 2](#)
- Allocate time to conduct audits
  - Aim is to start auditing 6-8 weeks prior to the due date for data submission
  - Try to ensure you audit at many different times of the day to avoid selection bias. Sessions should be undertaken in an ad hoc manner during both morning and afternoon shifts
  - Busy periods are the best time for HH observations
  - Day-to-day variation in HH compliance may occur – therefore, observation sessions are best run over several days/weeks
- Information regarding when the observation sessions will be occurring should be provided to ward Unit Managers prior to commencing compliance auditing
- Wards / departments should be asked to ensure ABHR products are in all the appropriate places before auditing commences
- If there are barriers to HH e.g. No available ABHR, soap or paper towels this should be recorded in the notes section of the audit tool, then reported to the shift or unit manager prior to leaving the area
- Arrive at target ward / department and introduce self to the shift manager and inform them of your role
- Always perform HH yourself upon entering a ward to audit. It is very important to lead by example
- HH auditors are encouraged to be open and honest about what you are doing, and show the audit tool and how the data collected is deidentified. This may be for staff, patients or visitors
- There needs to be at least one patient and a HCW present in a room to start auditing. If neither are present, move to another room
- Observers need to position themselves to view the patient bed, sink, and ABHR area
- When patients' bed curtains are drawn, permission should be sought from the relevant HCW and patient to allow auditors to continue to view activities in the area. Although there may be some occasions when this is not appropriate, these are rare. Observing HCW activities behind closed curtains in the ICU is often necessary
- HH compliance should be assessed on all types of HCWs who enter observed ward bays. The presence or absence of a convenient location from which to observe patient beds and HH facilities may impact on which patient bays are selected for observation
- The number of HCWs observed at one time depends on their level of activity and the competency of the auditor. More than one HCW can be observed at the same time, provided their HH *Moments* can be accurately observed and recorded. If this is not possible, then the compliance of additional HCWs should not be recorded until the index HCW has left the bay, or has ceased activity

- It is better to record fewer Moments accurately than many Moments inaccurately. If no activity occurs, HH observers should proceed to another room. Reasons for no activity may include:
  - No HCW present in the room
  - HCW activities were performed unobserved behind closed curtains
  - All patients leave the bay during the observation session
  - The HCW may continue with one Moment for a long time i.e. Allied health assessment – Moment 1 may take 20 minutes, Nursing procedure may take 15 minutes
- Try not to observe the same HCW for the entire audit session. The aim is to audit a cross section of all HCW categories that work on that ward
- Moments should not be recorded before they have been undertaken. If you are unsure if a HCW performed any HH then do not record it
- A HH Moment is only documented when the field observer can accurately observe the HCW and the *Moment* that has been completed. If an auditor is unsure whether the observed HCW performed HH, then such *Moments* should not be recorded. The only exception is when a HCW is observed to enter a room and go directly to the patient.
- As per Note 3 of The Rules: The HCW must be observed to perform HH as they approach the patient. If hand hygiene is not observed it should be recorded as a missed action
- A Moment finishes when a HCW:
  - Moves from one patient to another
  - Leaves the room on completion of patient care
  - Touches the curtain partition in a multi-patient room
  - HCW moves from touching a patient to doing a procedure or vice versa
- A Moment can finish in another area outside a patient room if patient care is not yet completed e.g. transporting a bedpan to the pan room
- The HHC audit session has no specific time frame, it can be conducted for as long or as little as the auditor has time for
- At the conclusion of an audit session the following needs to be completed:
  - Thank the shift manager and highlight any problems that need addressing immediately e.g. No HH product available
  - Complete the audit form by filling in the finish time and duration of session, and by tallying up the total Moments collected and the total correct Moments collected
  - Do HH yourself prior to leaving the ward.



**There can be circumstances where it is not appropriate to conduct a HH observation session; these include:**

- Emergency situations where HH is secondary to patient safety (e.g. when any hospital 'code' is called)
- In palliative care situations
- If the patient, or patient's family object
- During private discussions between medical staff and patient/ patient's family.

### 7.3.6 How to Use the HH Audit Tool

- The HHA HHC audits should only be conducted by trained and validated staff
- For each session fill in the demographic details on the top of the form on arrival at target ward
  - Health Service = Hospital or Network name
  - Session number = The audit number for that particular ward which is then transferred to the HH ward summary sheet (see [Appendix 12](#))
    - > The first audit on a specific ward will be session no. 1
    - > The second audit on the same ward will be session no.2
    - > The first audit on a different ward will be session no. 1 on that ward
  - Start and Finish times are for your own personal statistics to enable you to calculate the amount of time it takes to conduct each audit
- For each Moment observed the following should be recorded on the audit form:
  - HCW – needs to be filled in every time a Moment is observed (see [Section 7.3.4](#))
  - Moment – fill in the Moment observed.  
Only one Moment should be filled in per box. If multiple Moments are observed then multiple boxes need to be filled in (see [Appendix 11](#))
  - Action – needs to be filled in for every Moment observed
    - > If no HH action is observed then it is recorded as a missed action
    - > If the HCW performs HH then proceeds to touch their face/nose/mouth or touches items in the healthcare environment prior to touching the patient then this should be recorded as a missed HH action
    - > If a HCW is observed to do HH incorrectly (e.g. one handed, minimal volume ABHR or no soap) this should be recorded as a missed action
  - Gloves – are only recorded if the HCW puts gloves on in a before Moment, takes gloves off in an after Moment, or continues from one Moment to another with the same pair of gloves
    - > Even if gloves are worn for patient care HH still needs to be performed and recorded before and after glove use
    - > If no gloves are worn then the "gloves" box is left blank.



## 7.4 Two Moments for Hand Hygiene “Double Moments”

Two moments for hand hygiene may sometimes fall together. Typically, this occurs when moving directly from one patient to another without touching anything in between. In this situation a single hand hygiene action will cover the two moments for hand hygiene, as Moments 4 and 1 coincide.

Another example of simultaneous moments is when moving from touching a patient to performing a procedure on that same patient; Moment 4 and Moment 2 coincide. However, when auditing in either situation, both Moments are recorded as individual Moments on the audit tool.

## 7.5 When NOT to record a Moment

HHC is audited by Moments; it is not audited by HH action.

It is important to understand that HH actions not corresponding to an opportunity (or reason for HH) and therefore “additional” and not required should not be taken into account by the observer. For example, HCW walks into a patient’s room, does HH then walks out without touching anything – No Moment is recorded.

## 7.6 When NOT to Audit

The 5 Moments for Hand Hygiene Program has been designed for ALL healthcare facilities. Product placement, staff education and program promotion are relevant in all healthcare settings whether an acute tertiary facility, or the local GP clinic. However, the actual Hand Hygiene auditing has been designed specifically for acute hospitals. For all other healthcare facilities HHA would recommend educating their staff about the 5 Moments, and conducting other program audits that are available on the HHA website under the heading of Additional Audit Tools.

[www.hha.org.au/ForHealthcareWorkers/auditing.aspx](http://www.hha.org.au/ForHealthcareWorkers/auditing.aspx)

## 7.7 Rules for Auditing the 5 Moments

Rules	Extended Definition
<b>Moment 1</b>	<b>HH Moment 1</b> is recorded only once the HWC touches the patient.
<b>Moment 2</b>	<b>HH Moment 2</b> is recorded immediately prior to any procedure Once HH has been performed, nothing else in the patient's environment can be touched prior to the procedure starting.
<b>Moment 3</b>	<b>HH Moment 3</b> is recorded immediately after a procedure of body fluid exposure risk: <ul style="list-style-type: none"> <li>• Nothing else should be touched prior to performing hand hygiene</li> <li>• Touching the outside of a drain or drainage bag (eg urinary catheter, wound drain, chest tube drain, CSF drain), even when the circuit is not broken, is considered a body fluid exposure risk</li> <li>• Moment 3 may be recorded as a stand alone HH Moment when there is a body fluid exposure risk, but the HCW has not touched the patient - eg cleaning a spill of vomit, urine or faeces.</li> </ul>
<b>Moment 4</b>	<b>HH Moment 4</b> is recorded after touching the patient <ul style="list-style-type: none"> <li>• Touching the patient surroundings after touching the patient is recorded as a single Moment 4.</li> <li>• If after Moment 3 there is touching of patient surroundings this is recorded as a Moment 4.</li> </ul>
<b>Moment 5</b>	<b>HH Moment 5</b> is recorded when the HWC leaves the patient zone after touching the patient's immediate surroundings and the patient has not been touched. <ul style="list-style-type: none"> <li>• When multiple items in the patient surroundings are touched, only one Moment 5 is recorded.</li> </ul>
Notes	
<b>Note 1</b>	Generally for every 'before' Moment there should be an 'after' Moment recorded, unless the auditor does not witness the action. <b>Moment 1</b> is generally followed by a <b>Moment 4 or Moment 3</b> <b>Moment 2</b> is generally followed by a <b>Moment 3</b> <b>Moment 5</b> is not paired with other moments  There are very few situations when two 'afters' may be recorded sequentially however you will never have two 'before' moments in a row.
<b>Note 2</b>	The HWC must be observed to perform HH as they approach the patient. If HH is not observed it should be recorded as a 'missed' action (ie HH not performed).
<b>Note 3</b>	No 'before' Moment can be recorded if auditing commences after a HCW is already touching a patient, or in the process of performing a procedure.  No 'after' Moment can be recorded unless the moment is observed.
<b>Note 4</b>	Patient bed curtains are outside the patient zone as they are frequently contaminated. Touching the curtains is leaving the patient zone. HH should be performed between touching the curtains and touching the patient.
<b>Note 5</b>	The Aussie 5 Moments for HH audit tool rewards staff who clean their hands at the most important times eg Moving from touching a patient to performing a procedure M1, M4, M2, M3 are recorded as 4 Moments, but the HCW is only required to perform 3 HH actions.

## 7.8 Auditing Requirements

### 7.8.1 HH Compliance Data Required by HHA

To achieve appropriately valid results, HH compliance should be assessed on a defined minimum number of HH observations (Moments). The time taken to complete the required number of observations will vary depending on the level of clinical activity in the observed area, the experience of the auditor, and the time of day the audit is conducted. Nevertheless, the key determinate of adequate HH compliance assessment is the use of HH Moments, not the time taken.

The data collection schedule will be influenced by the number of acute beds in each facility (see Table below), the number of trained staff available to undertake HH observations, and the option taken for the selection of wards (See [Section 2.3.3](#)). HH compliance rates should be reflective of a cross-section of the institutions' HCWs, rather than just repeated or prolonged observations on a small number of HCWs.

The time taken to complete all the observation sessions will depend upon the number of HH Moments observed for each session, the number of observation sessions completed each day and the number of field observers available.

Number of acute inpatient beds at the hospital	Required number of HH audits per year	Required number of wards per HH audit *	Required number of HH Moments per ward	Total minimum HH Moments for hospital per audit
>400	3	7	350	2450
301-400	3	6	350	2100
201-300	3	5	350	1750
101-200	3	4	200	800
51-100	3	2	100	200
25-50	3	1	100	100
< 25	3	1	50	50

### 7.8.2 Further Logistics of HHC Auditing

The HH observer team should remain alert to reliability problems and devise strategies to reduce them. During the first few days of data collection, the HH Program Officer should review data collection forms for consistency and query inconsistencies or illegible recordings. HH observers should discuss and resolve observational process or recording difficulties either with other Gold Standard auditors, or contact the state representative.



### 7.8.3 Documentation of HHC

#### Points to consider:

- Data sheets should be stored in a safe and secure place
- Following each observation session, forms should be secured together and numbered (e.g. “page 1 of 2”)
- A cumulative tally of the number of HH Moments observed should be recorded on the HH Ward Summary Sheet (see [Appendix 12](#)) to ensure that the target number of observations has been achieved - this can be analysed by the HH Program Officer at the end of each day
- Before commencing data entry, each data collection form should be accounted for by cross-checking with the HH Ward Summary Sheet.

## 7.9 Data Entry and Management

All HH compliance data should be recorded for each of the *5 Moments* on the standard HHA paper data collection form (see [Appendix 9](#)) and later entered into the HHA HHC Application on the HHA website for analysis. Alternative data collection methods and forms may be used as long as the data fields are identical to those required by HHA, and these data fields are submitted to HHA in the prescribed format.

- Each session on each wards should be recorded on a new data collection form
- Each session on the wards should be entered as a new session in the HHA HHC Application
- To ensure accuracy of data entry, each session entered should be double checked to verify that the total correct HH actions and total Moments correspond to the data collection form.

## 7.10 Data analysis

To calculate the overall rate of HH compliance for each area, the following data are required:

*Y = total number of Moments observed*

*X = Total number of appropriately performed HH Moments*

*Rate of overall HH compliance =  $X/Y \times 100 = \% \text{ rate of overall HH compliance}$*

If a sub-analysis of only certain specific Moments is required, then a similar calculation is performed, but where:

Y = the number of specified Moments and X = number of appropriately performed HH actions for that particular *Moment*.



## 7.11 Data Validation

### 7.11.1 At the conclusion of the ward audit:

- Check that all demographic fields on each HHA 5 Moments audit sheet are correct and legible
- Check that there is a HCW / Moment / Action (+/- Gloves) in each box, if one item is missing that Moment needs to be crossed out as it is incomplete and it cannot be used
- Add up total number of Moments collected and write the total on the bottom right corner of audit sheet (see [Appendix 9](#))
- Add up number of correct Moments (rub or wash) collected and write on bottom right corner of audit sheet
- Fill in HHA ward summary sheet for each session on each ward ensuring that all fields are filled in (see [Appendix 12](#)).

### 7.11.2 Data Entry

- Check each field as you enter data as mistakes can easily be made and are easier to correct at time of entering data
- Enter data from paper audit sheets as per fields on HHA HHC Application for each session
- Check total number of moments for each session entered into HHCApplication equals numbers recorded on summary sheet.

## 7.12 Reporting Results

Feedback of results to those concerned is a very powerful promotional tool and should firstly address groups with a strong internal identity. A short delay between observation and reporting of results may increase the effect of the feedback given. Continual feedback of unchanging bad results without any intervention should be avoided, as it may lead to loss of interest (1).

### 7.12.1 How to generate reports from the HHC Application (HHCApp)

HH compliance should be reported in a defined manner:

- Overall HH compliance
- Overall HH compliance according to:
  - Each of the 5 Moments
  - HCW type.

The HHA database allows easy calculation of all these rates (at both a ward and hospital level), and reporting of HH compliance according to the above criteria.

For step by step instructions on how to use the HHA HHCApp please refer to the HHA website

[www.hha.org.au/UserFiles/file/HHCApp/HHCAppInstructionsForOrganisationAdministrators2010-05-25.pdf](http://www.hha.org.au/UserFiles/file/HHCApp/HHCAppInstructionsForOrganisationAdministrators2010-05-25.pdf) .

### 7.12.2 Report Submissions to Hand Hygiene Australia

HH compliance data should be submitted to HHA three times per year. The HHA Coordinator for your jurisdiction will be responsible for ensuring you are aware when data is due. The submission dates are also published on the HHA website home page.

### 7.12.3 Using Reports for Further Education about HH Compliance

HH compliance rates are both a useful outcome measure for the HH culture-change program, and a very useful educational tool for HCWs. Reporting results of hand hygiene observation to HCWs is an essential element of multi-modal strategies to improve hand hygiene practices. Early feedback of HH compliance rates to audited HCWs is a crucial and effective component to achieving improvements in HH compliance and to engaging HCWs in effective cultural-change. The HH Program team should oversee such education and feedback.

The overall ward reports should be given to the managers of the wards in a timely manner, with subsequent reporting to all ward staff followed by further training as required from the audits.

The overall hospital reports should be presented to the hospital management at regular intervals, and should become a standard agenda point on hospital meetings.

### 7.12.4 Hospital, State/Territory, National Reporting of Hand Hygiene Compliance

Overall rates of HH compliance (including 95% confidence intervals) will be reported for each healthcare institution, each state/territory and nationally three times per year. All data submitted is analysed by HHA and reported to the ACSQHC, and fed back to each jurisdiction.



### 7.13 Other available audit tools

In the HHA HHC tool neither the duration of the HH action, nor other quality aspects of HH such as the quantity of product used, technique of HH, donning/doffing of gloves, type of gloves used, length of fingernails, or presence of jewellery are assessed. Once the HH program has been well established in your facility these are items you may wish to address whilst conducting the HHC audit, but they will not be reportable to HHA.

HHA has a number of extra audit tools available for each healthcare facility on the HHA website; also see [Appendix 20](#).



## 7.14 Overview of Approaches for Measuring Compliance to HH Guidelines (57)

	Observation	Product Measurement	Surveys
Brief Description	People observe hand hygiene behaviour and record the number of hand hygiene episodes in relation to recommended practices.	Measuring the amounts of liquid soap, alcohol-based hand rub (ABHR), paper towels, and gloves used in a particular over a specified period of time.	<p>Surveying health care workers about their own hand hygiene practices, knowledge, attitudes, and product satisfaction.</p> <p>Surveying patients and families about their attitudes and perceptions of the hand hygiene practices of health care workers.</p>
Strengths	<p>Can pinpoint the hand hygiene behaviour of individuals.<sup>1,2</sup></p> <p>Can assess hand hygiene technique.<sup>1</sup></p> <p>Most reliable method of assessing adherence rates.<sup>2</sup></p>	<p>Allows efficient monitoring of hand hygiene per patient day over time in a given unit.<sup>1</sup></p> <p>Is not subject to selection or recall bias.<sup>1</sup></p> <p>Is less time-consuming and less costly than other methods.<sup>2</sup></p>	<p>Inexpensive.<sup>1</sup></p> <p>Not resource intensive.<sup>2</sup></p> <p>Can provide some information on compliance.<sup>2</sup></p> <p>Focuses health care workers' attention on their own hand hygiene practices.<sup>1</sup></p>
Limitations	<p>Awareness of observation can influence staff behaviour.<sup>1,3</sup></p> <p>Labour intensive and costly.<sup>1,2</sup></p> <p>Requires training.<sup>1-3</sup></p> <p>Captures only a sample of all hand hygiene opportunities.<sup>1</sup></p>	<p>Does not reveal who is performing hand hygiene.<sup>1</sup></p> <p>Does not assess technique.<sup>1,3</sup></p> <p>Does not capture hand hygiene opportunities.<sup>1,3</sup></p> <p>cannot account for spillage, use of product for purposes other than hand hygiene, and 'borrowing' between wards.<sup>3</sup></p> <p>Can be affected by product use by patients and families.<sup>1</sup></p> <p>Can be difficult to correlate with observation.<sup>2</sup></p> <p>Validity has been well-established.<sup>2</sup></p>	<p>Inadequate reliability or validity for self-respect of adherence.<sup>1,2,4</sup></p> <p>Health care workers tend to overestimate compliance.<sup>2</sup></p> <p>Validity depends on the quality of the survey's development and testing.</p>

1. Haas JP, Larson EL. Measurement of compliance with hand hygiene. *J Hosp Infect* 66:6-14, May 2007.
2. World Health Organisation (WHO): WHO Guidelines on Hand Hygiene in Health Care (Advanced Draft): A Summary. Geneva, Switzerland: WHO, 2006.
3. Gould DJ et al. Measuring handwashing performance in health service audits and research studies. *J Hosp Infect* 66:109-115, 2007.
4. Harrington L, et al. Reliability and validity of hand hygiene measures. *J Healthc Qual* 29(4):20-29, 2007.





# Hand Hygiene Observation - Coding Classification Sheet.

## Code: Type of Healthcare Worker:

<b>N</b>	Nurse (Registered/Enrolled), Midwife
<b>DR</b>	Medical Practitioner
<b>PC</b>	Personal Care staff, includes PSA, AIN, PCW, wardsmen, orderlies, warders, ward/nursing assistants etc
<b>AH</b>	Allied Health, includes qualified staff engaged in duties of a diagnostic, professional or technical nature
<b>D</b>	Domestic, includes staff engaged in the provision of food and cleaning services, maintenance people.
<b>AC</b>	Administrative and Clerical, includes staff engaged in administrative and clerical duties. eg ward clerks etc
<b>BL</b>	Invasive Technician, includes phlebotomists, dialysis technicians etc
<b>SN</b>	Student Nurse, includes persons undertaking study to become nurses
<b>SDR</b>	Student Medical Practitioner, includes persons undertaking study to become a medical practitioner
<b>SAH</b>	Student Allied Health, includes persons undertaking study to become an allied health practitioner
<b>SPC</b>	Student Personal Care staff, includes persons undertaking study to become personal care staff
<b>O</b>	Other, includes persons not categorised elsewhere.

## Code: Hand Hygiene Action:

<b>Rub</b>	HCW used ABHR
<b>Wash</b>	HCW washed hands with soap and water
<b>Missed</b>	Moment for HH observed but not performed

## Code: Glove Use:

<b>On</b>	HCW put gloves on
<b>Off</b>	HCW removed gloves
<b>Cont</b>	HCW continued to wear the same pair of gloves Leave blank if no gloves

## Code: Moments for Hand Hygiene:

- 1 Before touching a patient** - Before touching the patient in any way. This indication applies when the healthcare worker enters the patient's immediate surroundings to make contact with him or her. Eg. personal care activities, non-invasive observations, non invasive treatments, preparation and administration of oral medications, oral care and feeding, before touching any invasive medical device connected to the patient. Contact with the patient's surroundings during any of the above
- 2 Before a procedure** - Before performing any procedure where there is a risk of the direct introduction of a disease causing organism into the patient's body. - This indication applies before the insertion of a needle into a patient's skin, or into an invasive medical device. Preparation and administration of any medications given via an invasive medical device. Administration of medications where there is direct contact with a patient's mucous membranes. Insertion of, or disruption to, the circuit of an invasive medical device. Any assessment, treatment and patient care where contact is made with non-intact skin. Preparation of a sterile field.
- 3 After a procedure or body fluid exposure risk** - After any procedure or potential or actual body fluid exposure risk exposure - This indication applies at the conclusion of the procedure or after actual or potential exposure of the hands to a body fluid. Eg. after a Moment 2 contact, contact with a used urinary bottle / bedpan, with sputum either directly or indirectly via a cup or tissue, contact with used specimen jars / pathology samples, cleaning dentures, cleaning spills of urine, faeces or vomit from patient surroundings, after touching the outside of a drain.
- 4 After touching a patient** - After having touched the patient. This indication applies after a healthcare worker has touched a patient Eg. personal care activities, non-invasive observations, non invasive treatment, preparation and administration of oral medications, oral care and feeding, contact with the patient's surroundings during any of the above
- 5 After touching a patient's surroundings** - After touching the patient's immediate surroundings when the patient has not been touched. This indication applies when the healthcare worker leaves the immediate patient surroundings after having touched any objects. Patient surroundings include - bed, bed rails, linen, table, bedside chart, bedside locker, call bell/TV remote control, light switches, personal belongings, (including books, mobility aids), chair, foot stool. Eg. changing bed linen, holding a bed rail, clearing the bedside table.



# 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:



# Hand Hygiene observation - Data collection form.

Organisation: MEMORIAL HOSPITAL

Depart/Ward: ACUTE

Date: 1 / 1 / 2010

Auditor: PAM Session No.: 1

Start Time: 0800 Finish Time 0900

Duration of Session: 60 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
N	<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input checked="" type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input checked="" type="radio"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.	DR	<input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> rub <input checked="" type="checkbox"/> wash <input type="checkbox"/> missed	<input type="radio"/> on <input checked="" type="checkbox"/> off <input type="checkbox"/> cont.	SAH	<input type="radio"/> 1 <input type="radio"/> 2 <input checked="" type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input checked="" type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input type="radio"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.
PL	<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> rub <input type="checkbox"/> wash <input checked="" type="checkbox"/> missed	<input type="radio"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.	DR	<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> rub <input type="checkbox"/> wash <input checked="" type="checkbox"/> missed	<input type="radio"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.	SN	<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5	<input type="checkbox"/> rub <input type="checkbox"/> wash <input checked="" type="checkbox"/> missed	<input type="radio"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.
D	<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5	<input type="checkbox"/> rub <input type="checkbox"/> wash <input checked="" type="checkbox"/> missed	<input type="radio"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.	BL	<input type="radio"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input checked="" type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input checked="" type="radio"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.	SN	<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> rub <input checked="" type="checkbox"/> wash <input type="checkbox"/> missed	<input type="radio"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.
SDR	<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5	<input checked="" type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input type="radio"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.	O	<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5	<input checked="" type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input type="radio"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.	AH	<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input checked="" type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input type="radio"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.
SPC	<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input checked="" type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input type="radio"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.	AC	<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input checked="" type="checkbox"/> 5	<input checked="" type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input type="radio"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.	N	<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input checked="" type="checkbox"/> 4 <input type="checkbox"/> 5	<input checked="" type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input type="radio"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.
N	<input checked="" type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input checked="" type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input type="radio"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.	DR	<input type="radio"/> 1 <input checked="" type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input checked="" type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input type="radio"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input type="radio"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input type="radio"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input type="radio"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input type="radio"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input type="radio"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input type="radio"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input type="radio"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.
	<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input type="radio"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input type="radio"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.		<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> rub <input type="checkbox"/> wash <input type="checkbox"/> missed	<input type="radio"/> on <input type="checkbox"/> off <input type="checkbox"/> cont.

Total Correct Moments: 14

Total Moments: 17





## Detailed Examples of the 5 Moments

### 1. HCW walks in, silences IV alarm, then leaves

#### Moment by moment

- 1 – prior to touching patient
- 4 – after touching patient

### 2. HCW changes IV fluid bag, then leaves

#### Moment by moment

- 2 – prior to disconnecting IV
- 3 – after reconnecting IV

### 3. HCW prepares oral medications with medications sitting on patient medical chart, then signs chart whilst giving medications to patient, then moves curtain aside

#### Moment by moment

- 1 – pre giving medications to patient
- 4 – prior to moving curtain

### 4. HCW walks in, touches the patient, moves the over bed table, adjusts the sheets, moves the chair, gets the patient out of bed then leaves

#### Moment by moment

- 1 – prior to touching patient
- 4 – after touching the patient

### 5. HCW walks in, picks up IDC to read it, puts it down, then leaves

#### Moment by moment

- 1 – pre IDC as IDC is considered to be a part of the patient
- 3 – after IDC (potential body fluid risk)

### 6. HCW walks into the room, picks up IDC to read it, puts it down, writes on the medical chart then leaves

#### Moment by moment

- 1 – pre IDC as IDC is considered to be a part of the patient
- 3 – after IDC (potential body fluid risk)
- 4 – after chart – after continuum of patient care

**7. HCW walks in, cleans up urine from the floor, then leaves**

**Moment by moment**

- 3 – after clean up as body fluid exposure risk

**8. HCW walks in, cleans up vomit from the floor, moves patient furniture, then leaves**

**Moment by moment**

- 3 – after clean up as body fluid exposure risk
- 5 – after touching patient surroundings

**9. HCW walks into patient room, touches patient, then picks up IDC to read it, then touches patient again then leaves the room**

**Moment by moment**

- 1 – pre patient
- 3 – after touching IDC (body fluid exposure risk)
- 1 – pre patient
- 4 – after patient

**10. HCW walks into the room, picks up IDC and empties it, puts it down, writes on the medical chart at the foot of the bed, then leaves**

**Moment by moment**

- 2 – pre IDC
- 3 – after IDC (potential body fluid risk)
- 4 – after chart – after continuum of patient care

**11. HCW picks up medication chart, gets medications out of patient draw, prepares medication, gives medication via NGT, signs chart then leaves**

**Moment by moment**

- 2 – immediately prior to preparing medications
- 3 – after giving medications
- 4 – after chart – after continuum of patient care

**12. HCW walks into patient room, touches patient, then moves curtain, then touches patient.**

**Moment by moment**

- 1 – pre patient
- 4 – after patient pre curtain
- 1 – after curtain pre patient
- No Moment 4 is recorded as HCW has not left the room

**13. HCW walks into patient room, touches patient, then moves curtain, then moves the over bed table, then leaves.**

**Moment by moment**

- 1 – pre patient
- 4 – after patient pre curtain (by touching the curtain the HCW has left the patient zone)
- 5 – after patient surroundings (new moment as re-entered room)

**14. HCW walks into patient room moves curtain back then walks out again**

**Moment by moment**

- Nil as curtain is external to the patient zone.

**15. HCW picks up medication chart, puts it down and walks out**

**Moment by moment**

- 5 – after chart – contact with patient environment

**16. HCW picks up medication chart and walks out with it**

**Moment by moment**

- Nil as the moment has not finished

**17. HCW walks in, touches patient, does hand hygiene, touches the chart, then leaves**

**Moment by moment**

- 1 – prior to touching patient
- 4 – on leaving (after chart – after continuum of patient care)
- The hand hygiene that was done in the scenario was not required

**18. HCW walks in, touches patient, empties IDC, then leaves**

**Moment by Moment:**

- 1 – prior to touching patient
- 4 – after touching the patient
- 2 – prior to emptying the IDC
- 3 – after emptying the IDC

**19. HCW walks up to a single room with a patient who has VRE, puts gloves on, walks in, touches patient, empties IDC, then leaves**

**Moment by Moment:**

- 1 – prior to touching patient
- 4 – after touching the patient
- 2 – prior to emptying the IDC
- 3 – after emptying the IDC

20. HCW walks in, picks up IDC to read, puts it back, picks up NGT drainage bag to review, puts it back, picks up wound drain to review, puts it back, then leaves

**Moment by Moment:**

- 1 – prior to touching the patient (IDC)
- 3 – after body fluid exposure risk (IDC)
- 1 – prior to touching the patient (NGT drainage bag)
- 3 – after body fluid exposure risk (NGT drainage bag)
- 1 – prior to touching the patient (wound drain)
- 3 – after body fluid exposure risk (wound drain)