



# 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 checked="" 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.
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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.
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Total Correct Moments: 14

Total Moments: 17