

Gloves Off project

Custom Hand Hygiene Audit - Protocol



Purpose of audit

- To audit hand hygiene compliance in the same manner as a standard hand hygiene audit
- To determine whether a glove was needed for the task required, as per the [Clinical Excellence Commission Infection and Prevention Control Handbook](#), summarised in [Glove Use Infection Control Guidelines](#)

Procedure

1. Audit to be conducted by trained Hand Hygiene auditor.
2. Audit a random selection of hand hygiene moments, including tasks with and without gloves.
3. Suggest audit at least 50 moments, as per a standard hand hygiene audit.
4. Use the custom audit form which has been modified with permission from the National Hand Hygiene Audit Data Collection Form (accessible at [Gloves Off web page](#))

Hand hygiene and glove use observation data collection form version 4									
Organisation				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					
Dept / ward									
Date									
Auditor		Session #							
Start time		Finish time							
Duration of session				mins					
GLOVES NEEDED					GLOVES NOT NEEDED				
<ul style="list-style-type: none"> - Contact with non-intact skin, or mucous <u>membrane</u> - Contact with blood, body substances, secretions <u>excretions</u> - Invasive procedure, <u>eg</u>, venepuncture or a finger or heel prick, IV cannula - Contaminated waste / linen / environmental surfaces - Providing care to patients on transmission-based precautions 					<ul style="list-style-type: none"> - Direct physical contact with intact skin - Activities of daily living, <u>eg</u> washing - Routine observations (<u>eg</u> blood pressure measurement) - Performing subcutaneous, intramuscular, <u>intravenous</u> or intradermal injections 				
HCW	Moment	Action	Glove used	Glove needed?	HCW	Moment	Action	Glove used	Glove needed?
	<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="checkbox"/> <u>NoGlove</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO		<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="checkbox"/> <u>NoGlove</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<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="checkbox"/> <u>NoGlove</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO		<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="checkbox"/> <u>NoGlove</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO
	<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="checkbox"/> <u>NoGlove</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO		<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="checkbox"/> <u>NoGlove</u>	<input type="checkbox"/> YES <input type="checkbox"/> NO

5. Use the [National Hand Hygiene Audit coding classification sheet](#) as per a standard hand hygiene audit

6. More accurate results will be obtained if the auditor questions staff about their glove use risk assessment in situations that could be ambiguous.

For example, if a staff member was wearing gloves for assisting a patient to move from bed to chair, on observation alone, then "glove needed" would be rated as NO.

If the auditor questioned the staff member about their rationale for wearing gloves, the staff member may have a valid reason such as the patient is on contact precautions, on known to be frequently incontinent, in which case "glove needed" would be rated as YES.

Collating results

At the bottom of the custom audit form there is a table for collating results.

Example of tallied results

HCW	Moment	Action	Glove used	Glove needed?	HCW	Moment	Action	Glove used	Glove needed?
NS	1 2 3 4 5	1 Rub 2 Wash 3 Missed	1.On 2. Off 3. Cont NoGlove	YES NO	SN	1 2 3 4 5	1 Rub 2 Wash 3 Missed	1.On 2. Off 3. Cont NoGlove	YES NO
SN	1 2 3 4 5	1 Rub 2 Wash 3 Missed	1.On 2. Off 3. Cont NoGlove	YES NO	NS	1 2 3 4 5	1 Rub 2 Wash 3 Missed	1.On 2. Off 3. Cont NoGlove	YES NO
NS	1 2 3 4 5	1 Rub 2 Wash 3 Missed	1.On 2. Off 3. Cont NoGlove	YES NO	NS	1 2 3 4 5	1 Rub 2 Wash 3 Missed	1.On 2. Off 3. Cont NoGlove	YES NO
SN	1 2 3 4 5	1 Rub 2 Wash 3 Missed	1.On 2. Off 3. Cont NoGlove	YES NO	AH	1 2 3 4 5	1 Rub 2 Wash 3 Missed	1.On 2. Off 3. Cont NoGlove	YES NO
NS	1 2 3 4 5	1 Rub 2 Wash 3 Missed	1.On 2. Off 3. Cont NoGlove	YES NO	SN	1 2 3 4 5	1 Rub 2 Wash 3 Missed	1.On 2. Off 3. Cont NoGlove	YES NO

HAND HYGIENE	Total correct moments	4 / 10
Missed hand hygiene moments associated with unnecessary glove use		2/6

GLOVE USE	USED + NEEDED	USED + <u>NOT</u> NEEDED	NOT USED + <u>NEEDED</u>	NOT USED + NOT NEEDED
NS – Nurse	I	II		II
SN–Student Nurse	II	I		I
DR - Doctor				
AH - Allied Health	I			
BC–Blood Collector				
TOTAL	4	3		3

Percentage of unnecessary glove use is calculated.

In the example above:

Total # gloves = # used & needed + # used & not needed	4 + 3 = 7
% unnecessary glove use = # used & not needed / tot # gloves	3/7 = 43%

(Example above is a single page with 10 moments. For an audit of 50 moments, all 5 pages would be added together first before calculating the % unnecessary glove use.)