

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 membrane - Contact with blood, body substances, secretions excretions - Invasive procedure, eg, 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, eg washing - Routine observations (eg blood pressure measurement) - Performing subcutaneous, intramuscular, intravenous or intradermal injections

HCW	Moment	Action	Glove used	Glove needed?	HCW	Moment	Action	Glove used	Glove needed?
	○ 1 ○ 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"/> 3Missed	○ 1.On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3.Cont <input type="checkbox"/> NoGlove	<input type="checkbox"/> YES <input type="checkbox"/> NO		○ 1 ○ 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"/> 3Missed	○ 1.On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3.Cont <input type="checkbox"/> NoGlove	<input type="checkbox"/> YES <input type="checkbox"/> NO
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HAND HYGIENE	Total correct moments /10
Missed hand hygiene moments associated with unnecessary glove use	

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

Acknowledgement: this form is adapted with permission from the National Hand Hygiene Initiative Audit Tool, for HNELHD Gloves Off project.

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