

# Hand Hygiene Audit Form



Employee: \_\_\_\_\_

Auditor: \_\_\_\_\_

Date / Time: \_\_\_\_\_

Nails are natural, short, and free of chipped polish ☐ Yes ☐ No

Jewellery has been removed ☐ Yes ☐ No

## Moment being observed:

- |  |   |
|--|---|
| <input type="checkbox"/> Before initial contact with a resident/client or their surroundings | <input type="checkbox"/> Before donning PPE           |
| <input type="checkbox"/> Before an aseptic procedure   | <input type="checkbox"/> After doffing a piece of PPE |
| <input type="checkbox"/> After an exposure risk to body fluids                               | <input type="checkbox"/> Other, please specify:       |
| <input type="checkbox"/> After contact with a resident/client                                |   |
| <input type="checkbox"/> After finishing contact with the surroundings of a resident/client  |   |

## Hand hygiene method practiced:

- ☐ Wash ☐ Rub ☐ Did not complete hand hygiene

## Hand hygiene techniques:

- |  |   |
|--|---|
| <input type="checkbox"/> Rub hands palm to palm  | <input type="checkbox"/> Rotationally rub thumb clasped in opposite palm – switch hands                     |
| <input type="checkbox"/> Rub palm on back of hand with interlaced fingers – switch hands | <input type="checkbox"/> Rotationally rub fingertips in opposite palm backwards and forwards – switch hands |
| <input type="checkbox"/> Rub palm to palm with fingers interlaced                        | <input type="checkbox"/> Rubbing motion took 20 seconds or more   |
| <input type="checkbox"/> Rub backs of fingers on opposing palms with fingers interlocked |   |

## Notes:

## Moment being observed:

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