

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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