



**Infection.  
Prevention.  
Control.**

*You're in safe hands*

## Hand Hygiene Audit Tool for Care Homes



**Action**

- This audit tool should be undertaken on a monthly basis as an audit of compliance with your Hand Hygiene Policy. Please ensure that each member of staff is assessed on their hand hygiene technique on at least an annual basis.
- Please use additional copies of this form as necessary.
- All columns should be completed.
- During clinical situations, where possible, staff should be observed undertaking 'Key Moments' – see overleaf.
- During non-clinical situations, e.g., assessing hand hygiene technique after a team meeting, tick N/A in the 'Key Moment' column.
- In the event of non-compliance, action plans should be produced and reviewed regularly.
- Completed audit tools should be kept locally for good practice assurance and as evidence for CQC inspections.

**NOTES:**

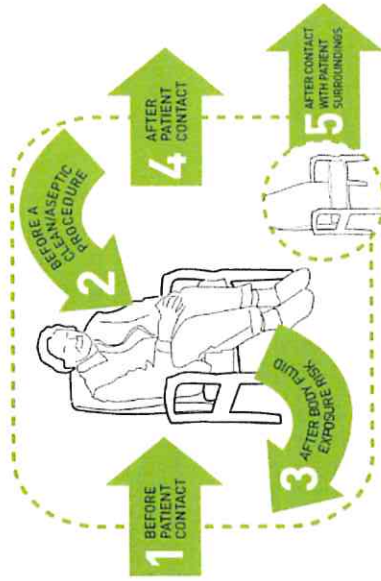
- \* Staff should be 'Bare Below the Elbows' (BBE) when delivering direct care to service users. BBE is being free from long-sleeved clothing, wrist and hand jewellery (other than one plain band ring). Long sleeves, if worn, should be rolled or pushed up to the elbows. Finger nails should be short and clean, no nail varnish, false or acrylic nails, nail extensions or nail jewellery.
- \*\*Refer to the 'Hand Hygiene Technique for Staff poster overleaf.'

Observation	Staff member being observed	'Key Moments' Was the opportunity taken to clean their hands at each moment	Staff are 'Bare Below the Elbows'*	Cuts and grazes are covered with a waterproof plaster	The correct hand hygiene technique is used when washing hands**	Paper towels are disposed of without touching the waste bin lid
No. 1		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. 2		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. 3		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. 4		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. 5		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. 6		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. 7		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. 8		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. 9		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. 10		Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

Auditor: ..... Unit/Location: ..... Date: .....

# KEY MOMENTS FOR HAND HYGIENE

Your 5 moments for hand hygiene at the point of care\*



\*Based on WHO poster 'Your 5 moments for hand hygiene' and reproduced with their kind permission

<b>1 BEFORE PATIENT CONTACT</b>	<b>WHEN?</b> Clean your hands before touching a patient when approaching him/her. <b>WHY?</b> To protect the patient against harmful germs carried on your hands.
<b>2 BEFORE A CLEAN/ASEPTIC PROCEDURE</b>	<b>WHEN?</b> Clean your hands immediately before any clean/aseptic procedure. <b>WHY?</b> To protect the patient against harmful germs, including the patient's own, from entering his/her body.
<b>3 AFTER BODY FLUID EXPOSURE RISK</b>	<b>WHEN?</b> Clean your hands immediately after an exposure risk to body fluids (and after glove removal). <b>WHY?</b> To protect yourself and the healthcare environment from harmful patient germs.
<b>4 AFTER PATIENT CONTACT</b>	<b>WHEN?</b> Clean your hands after touching a patient and her/his immediate surroundings, when leaving the patient's side. <b>WHY?</b> To protect yourself and the healthcare environment from harmful patient germs.
<b>5 AFTER CONTACT WITH PATIENT SURROUNDINGS</b>	<b>WHEN?</b> Clean your hands after touching any object or furniture in the patient's immediate surroundings when leaving—even if the patient has not been touched. <b>WHY?</b> To protect yourself and the healthcare environment from harmful patient germs.



## HAND HYGIENE TECHNIQUE FOR STAFF

Using liquid soap and warm water

