

## Your 5 moments for hand hygiene at the point of care



1	BEFORE PATIENT CONTACT	<p><b>WHEN?</b> Clean your hands before touching a patient when approaching him/her.</p> <p><b>WHY?</b> To protect the patient against harmful germs carried on your hands.</p>
2	BEFORE AN ASEPTIC TASK	<p><b>WHEN?</b> Clean your hands immediately before an aseptic task.</p> <p><b>WHY?</b> To protect against harmful germs, including the patient's own, from entering his/her body.</p>
3	AFTER BODY FLUID EXPOSURE RISK	<p><b>WHEN?</b> Clean your hands immediately after an exposure risk to body fluids (and after glove removal).</p> <p><b>WHY?</b> To protect yourself and the healthcare environment from harmful patient germs.</p>
4	AFTER PATIENT CONTACT	<p><b>WHEN?</b> Clean your hands after touching a patient and his/her immediate surroundings when leaving the patient's side.</p> <p><b>WHY?</b> To protect yourself and the healthcare environment from harmful patient germs.</p>
5	AFTER CONTACT WITH PATIENT SURROUNDINGS	<p><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.</p> <p><b>WHY?</b> To protect yourself and the healthcare environment from harmful patient germs.</p>

**Six Step Hand Washing Technique**  
This process takes around **15-20** seconds  
**Firstly**, wet hands under running water and apply

1. Palm to Palm
2. Right palm on top of left hand, Left palm on top of right hand
3. Palm to palm with fingers interlaced
4. Back of fingers to opposing palms
5. Rotate thumbs in palm
6. Rotate fingers in palm

Finally, ensure you dry your hands thoroughly

Infection Prevention and Control

<b>Action</b>	<ul style="list-style-type: none"> <li>This audit tool can be used as a rolling programmed of audit of compliance with your hand hygiene Policy. Please note that all staff should be assessed for hand hygiene techniques on at least an annual basis. Please use additional copies of this form as necessary.</li> <li>All columns should be completed.</li> <li>During clinical situations, where possible, staff should be observed undertaking 'key moments' – see overleaf.</li> <li>During non-clinical situations e.g. assessing hand hygiene techniques after a team meeting, tick N/A in the 'key moment' column.</li> <li>In the event of non-compliance, action plans should be produced and reviewed regularly.</li> <li>Completed audit tools should be kept locally for good practice assurance and as evidence for CQC inspections.</li> </ul>
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<p><b>NOTES:</b></p> <p>*Staff should be 'Bare Below The Elbows' (BBE) when delivering direct care to patients. 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 above the elbows. Finger nails should be short and clean, no nail varnish, false or acrylic nails, nail extensions or nail jewellery.</p>
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Observation	Staff member being observed	'Key moments' Was the opportunity taken to clean their hands at each moment	Staff are 'Bare below the elbow'	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
<b>No.1</b>		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"/>
<b>No.2</b>		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"/>
<b>No.3</b>		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"/>
<b>No.4</b>		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"/>
<b>No.5</b>		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"/>
<b>No.6</b>		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"/>
<b>No.7</b>		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"/>
<b>No.8</b>		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"/>
<b>No.9</b>		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"/>
<b>No.10</b>		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: .....