



Hand Hygiene observation - Data collection form.

Health Service:

Ward/Dept.:

Date: / /

Observer: Session No.:

Start Time: Finish Time

Duration of Session: mins

Database Record No.:

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

Notes

Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves	Hcw	Moment	Action	Gloves
	<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on
	<input type="radio"/> 2	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="radio"/> 2	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="radio"/> 2	<input type="checkbox"/> wash	<input type="checkbox"/> off
	<input type="checkbox"/> 3	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 3	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 3	<input type="checkbox"/> missed	<input type="checkbox"/> cont.
	<input type="checkbox"/> 4				<input type="checkbox"/> 4				<input type="checkbox"/> 4		
	<input type="checkbox"/> 5				<input type="checkbox"/> 5				<input type="checkbox"/> 5		
	<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on
	<input type="radio"/> 2	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="radio"/> 2	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="radio"/> 2	<input type="checkbox"/> wash	<input type="checkbox"/> off
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	<input type="checkbox"/> 5				<input type="checkbox"/> 5				<input type="checkbox"/> 5		
	<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on
	<input type="radio"/> 2	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="radio"/> 2	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="radio"/> 2	<input type="checkbox"/> wash	<input type="checkbox"/> off
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	<input type="checkbox"/> 4				<input type="checkbox"/> 4				<input type="checkbox"/> 4		
	<input type="checkbox"/> 5				<input type="checkbox"/> 5				<input type="checkbox"/> 5		
	<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on
	<input type="radio"/> 2	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="radio"/> 2	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="radio"/> 2	<input type="checkbox"/> wash	<input type="checkbox"/> off
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	<input type="checkbox"/> 5				<input type="checkbox"/> 5				<input type="checkbox"/> 5		
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	<input type="radio"/> 2	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="radio"/> 2	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="radio"/> 2	<input type="checkbox"/> wash	<input type="checkbox"/> off
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	<input type="radio"/> 2	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="radio"/> 2	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="radio"/> 2	<input type="checkbox"/> wash	<input type="checkbox"/> off
	<input type="checkbox"/> 3	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 3	<input type="checkbox"/> missed	<input type="checkbox"/> cont.		<input type="checkbox"/> 3	<input type="checkbox"/> missed	<input type="checkbox"/> cont.
	<input type="checkbox"/> 4				<input type="checkbox"/> 4				<input type="checkbox"/> 4		
	<input type="checkbox"/> 5				<input type="checkbox"/> 5				<input type="checkbox"/> 5		

Total Correct HH Actions:

Total Moments:



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	<input type="radio"/> 2	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="radio"/> 2	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="radio"/> 2	<input type="checkbox"/> wash	<input type="checkbox"/> off
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	<input type="checkbox"/> 5				<input type="checkbox"/> 5				<input type="checkbox"/> 5		
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	<input type="radio"/> 2	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="radio"/> 2	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="radio"/> 2	<input type="checkbox"/> wash	<input type="checkbox"/> off
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	<input type="checkbox"/> 5				<input type="checkbox"/> 5				<input type="checkbox"/> 5		
	<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on
	<input type="radio"/> 2	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="radio"/> 2	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="radio"/> 2	<input type="checkbox"/> wash	<input type="checkbox"/> off
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	<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on
	<input type="radio"/> 2	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="radio"/> 2	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="radio"/> 2	<input type="checkbox"/> wash	<input type="checkbox"/> off
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	<input type="checkbox"/> 5				<input type="checkbox"/> 5				<input type="checkbox"/> 5		
	<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on		<input type="radio"/> 1	<input type="checkbox"/> rub	<input type="radio"/> on
	<input type="radio"/> 2	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="radio"/> 2	<input type="checkbox"/> wash	<input type="checkbox"/> off		<input type="radio"/> 2	<input type="checkbox"/> wash	<input type="checkbox"/> off
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	<input type="checkbox"/> 4				<input type="checkbox"/> 4				<input type="checkbox"/> 4		
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