



Audit Tool

hand hygiene audit

Department

Ward

* - Mandatory

* 1. Staff Type

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* 2. Indication Moment

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* 3. Hand Hygiene Action

☐ Rub ☐ Wash ☐ Missed

4. If hand hygiene missed: Glove use

☐ Yes ☐ No

5. Hand Hygiene Duration

☐ Greater than 15 sec. ☐ Less than 15 sec. ☐ Unobserved

6. Barriers to Correct Technique

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7. Technique

☐ Correct ☐ Incorrect ☐ Unobserved

8. Comments

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