

# Appendix 3: Scoring sheet.

Image A3.1: Scoring sheet

## Hand Hygiene observation - Data collection form.

Organisation:

Depart/Ward:

Date:  /  /

Auditor:  Session No.:

Start Time:  Finish Time:

Duration of Session:  mins

**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	Glove	Hcw	Moment	Action	Glove	Hcw	Moment	Action	Glove
<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.	<input type="radio"/> 1 <input type="radio"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	<input type="checkbox"/> 1. Rub <input type="checkbox"/> 2. Wash <input type="checkbox"/> 3. Missed	<input type="radio"/> 1. On <input type="checkbox"/> 2. Off <input type="checkbox"/> 3. Cont.

Total Correct Moments:
Total Moments: