



# Hand hygiene compliance: Audit Tool for Care Homes

# Action

- This Audit Tool should be used as a rolling programme of audit of compliance with your 'Hand hygiene Policy'.
   It is recommended that all staff should be assessed for hand hygiene technique on induction and at least annually.
- All columns should be completed.
- During care situations, where possible, staff should be observed undertaking 'Key Moments' see overleaf.
- During non-care situations, e.g. assessing technique at a team meeting, tick N/A in the 'Key Moments' column.
- In the event of non-compliance, an 'IPC Action Plan' should be produced and reviewed regularly.
- Completed Audit Tools and Action Plans should be kept locally for good practice assurance and as evidence for CQC inspections.

### NOTES:

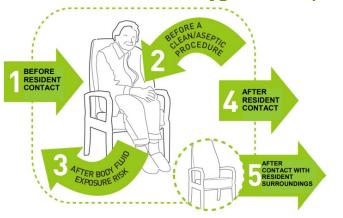
\* Staff should be 'Bare below the elbows' (BBE) when delivering direct care to residents. BBE is being free from long-sleeved clothing, wrist and hand jewellery (other than one plain band ring). Long sleeves or religious bangles, if worn, should be pushed up and secured at the elbows. Disposable over-sleeves, if worn must be disposed of before performing hand hygiene. 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.

Assessor		Unit/location			Date	
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 dressing	The correct hand hygiene technique is used when cleaning hands**	Paper towels are disposed of without touching the waste bin lid
No. 1		Yes □ No □ N/A □	Yes □ No □	Yes □ No □ N/A □	Yes □ No □	Yes □ No □
No. 2		Yes □ No □ N/A □	Yes □ No □	Yes □ No □ N/A □	Yes □ No □	Yes □ No □
No. 3		Yes □ No □ N/A □	Yes □ No □	Yes □ No □ N/A □	Yes □ No □	Yes □ No □
No. 4		Yes □ No □ N/A □	Yes □ No □	Yes □ No □ N/A □	Yes □ No □	Yes □ No □
No. 5		Yes □ No □ N/A □	Yes □ No □	Yes □ No □ N/A □	Yes □ No □	Yes □ No □
No. 6		Yes □ No □ N/A □	Yes □ No □	Yes □ No □ N/A □	Yes □ No □	Yes □ No □
No. 7		Yes □ No □ N/A □	Yes □ No □	Yes □ No □ N/A □	Yes □ No □	Yes □ No □
No. 8		Yes □ No □ N/A □	Yes □ No □	Yes □ No □ N/A □	Yes □ No □	Yes □ No □
No. 9		Yes □ No □ N/A □	Yes □ No □	Yes □ No □ N/A □	Yes □ No □	Yes □ No □
No. 10		Yes □ No □ N/A □	Yes □ No □	Yes □ No □ N/A □	Yes □ No □	Yes □ No □

## **KEY MOMENTS FOR HAND HYGIENE**

Your 5 moments for hand hygiene at the point of care



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

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# Hand hygiene technique for staff

If using liquid soap and warm water, use all steps, this should take at least 15-30 seconds.

If using alcohol handrub, use steps 2-8, applying a palmful of the alcohol handrub into a cupped hand.

