

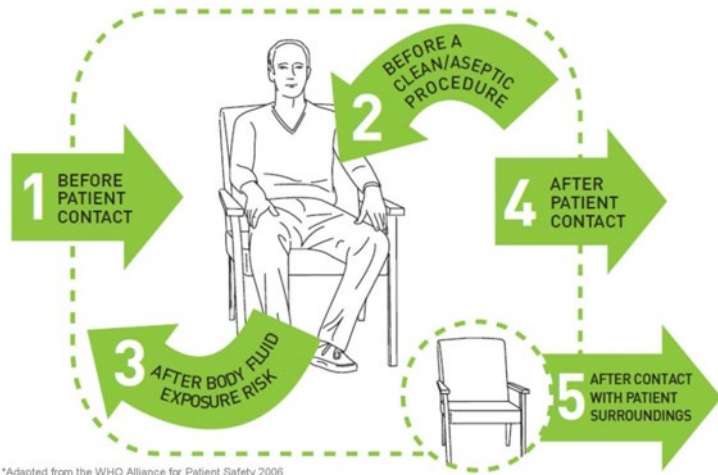
## Hand hygiene compliance: Monthly Audit Tool for General Practice

Action	<ul style="list-style-type: none"> <li>This audit tool should be used as a monthly rolling programme of audit of compliance with your 'Hand hygiene Policy'. All staff should be assessed for hand hygiene technique on at least an annual basis.</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 technique after a team meeting, tick N/A in the 'Key moments' 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 registration requirements.</li> </ul>	<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 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.</p> <p>**Refer to the 'Hand hygiene technique for staff' Poster overleaf.</p>
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Auditor		Practice Name		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 plaster	The correct hand hygiene technique is used when cleaning hands**	Paper towels are disposed of without touching the waste bin lid
No. 1		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"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. 2		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"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. 3		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"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. 4		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"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. 5		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"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. 6		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"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. 7		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"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. 8		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"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. 9		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"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>
No. 10		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"/> N/A <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>

# KEY MOMENTS FOR HAND HYGIENE

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



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

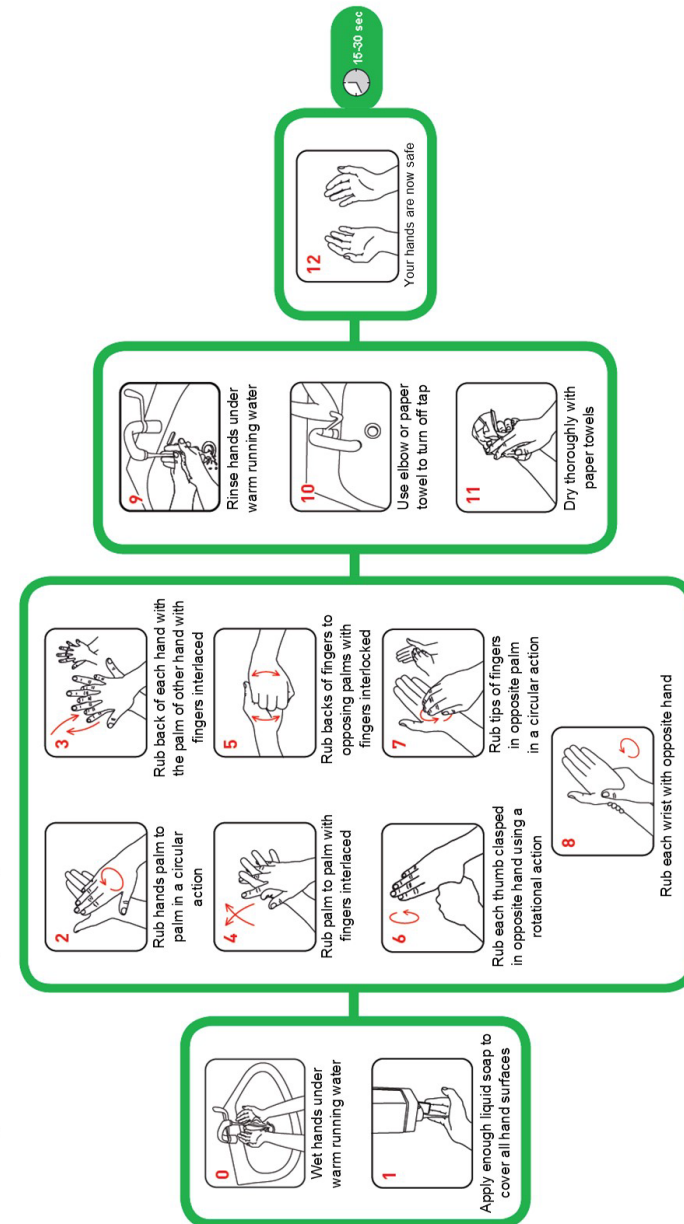
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## Hand hygiene technique for staff

- If using liquid soap and warm water, use all steps.
- If using alcohol handrub, use steps 2-8.



Adapted from World Health Organization Guidelines on Hand Hygiene in Health Care and National Patient Safety Agency

Harrogate and District NHS Foundation Trust, Community Infection Prevention and Control,  
[www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk) August 2023