



4 Moments for Hand Hygiene Audit Form

See reverse for instructions for use.
 Submit completed audit to Regional Infection Prevention and Control.

Site:		Auditor Name:		Date of Audit:	
Observation		Health Care Worker being observed		4 Moments Hand Hygiene Opportunities	
Observation start time: (use 24 hour clock, e.g., 1345)		For each "Moment" or opportunity for hand hygiene - document Y (yes) when moment is met or N (no) when it is missed. If a moment is not observed, i.e. auditor begins observation after moment 1, document as N/O. If a moment is not applicable, i.e. moment 2 or 3 document as N/A. Place a v to identify the method of hand hygiene used. Time and document the number of seconds hands are rubbed. If alcohol-based hand rub is available at point-of-care, place a v in the appropriate box.			
Observation end time: (use 24 hour clock, e.g., 1530)					
Unit/Department/Program					
Physician/Physician Assistant					
Nurse (RN, RPN, LPN, RNEP)					
Health Care Aide					
Housekeeping					
Other (specify)					
Alcohol-based hand rub available at point-of-care*					
Moment 1 - (Y, N, or N/O) Before contact with client or client environment					
Hand Hygiene with soap and water Hand Hygiene with alcohol-based hand rub Number of seconds hands rubbed		Moment 3 - (Y, N, N/O, or N/A) After body fluid exposure risk		Hand Hygiene with soap and water Hand Hygiene with alcohol-based hand rub Number of seconds hands rubbed	
Moment 4 - (Y, N, or N/O) After contact with client or client environment		Hand Hygiene with soap and water Hand Hygiene with alcohol-based hand rub Number of seconds hands rubbed		Total number of "Moments" or opportunities for Hand Hygiene performed during observation (include all "Y's")	
Total number of applicable "Moments" or opportunities for Hand Hygiene during observation (include all "Y's" and "N's")		Total (Yes) Total (Yes and No)		% compliance	

*point-of-care: refers to hand hygiene product which is easily accessible i.e. within arm's reach to where client contact is taking place.
 Indicator: (total # of yes responses / total # of applicable moments) x 100 = % compliance

4 Moments for Hand Hygiene Audit Tool Instructions for Use Community

The purpose of this hand hygiene audit tool is to determine health care worker (HCW) compliance with hand hygiene practice. Hand hygiene refers to the cleaning of hands by using an alcohol-based hand rub (ABHR), or by washing hands with soap (antimicrobial or plain) and water.

The audit will be performed by the trained auditor. The auditor records the occasions observed where a HCW should have carried out hand hygiene, called “Opportunities” or “Moments”. There are 4 Moments or Opportunities for hand hygiene.

Instructions

1. Enter the name of the **Site** where the audit is being performed (e.g., name of building or address), the **Auditor’s name**, and the **Date of Audit**.
2. Introduce self and explain audit process to selected and willing HCW to be observed.
3. Number each **Observation** consecutively. During one observation, there may be numerous **Opportunities**. Use one or more lines to record all Opportunities/Moments observed on a single HCW Observation. If more than one line is used for one Observation, use the same Observation number for all applicable lines.
4. Record the **Time** the observation **starts** and the **Time** the observation **ends**, using the 24-hour clock (e.g., 1420).
5. Record the name of the **Unit, Department or Program** name if applicable or **Facility** name if no specific unit name.
6. Check the designation of the **HCW being observed**. If designation is not listed, specify under Other.
7. If ABHR is available at point-of-care, e.g., within arm’s reach to where client contact is taking place, place a (✓) in the box.
8. For each Opportunity or Moment observed, record the following in the box directly below the Opportunity:
 - **Moment 1 – Hand Hygiene BEFORE contact with client or client environment:**
 - If a HCW cleans their hands Before touching a client or any object or furniture in client’s environment, write Y in the box
 - If a HCW did not clean their hands Before touching the client or the client’s environment, write N in the box
 - If auditor did not observe this moment, write N/O in the box
 - **Moment 2 – Hand Hygiene BEFORE aseptic task:**
 - If a HCW cleans their hands Before beginning an aseptic task, write Y in the box
 - If a HCW did not clean their hands Before beginning an aseptic task, write N in the box
 - If an aseptic task was performed but was not observed, write N/O in the box
 - If observation did not include aseptic task, write N/A in the box
 - **Moment 3 – Hand Hygiene AFTER body fluid exposure risk:**
 - If a HCW cleans their hands AFTER body fluid exposure risk, write Y in the box
 - If a HCW did not clean their hands After body fluid exposure risk, write N in the box
 - If body fluid exposure risk was not observed, write N/O in the box
 - If observation did not include body fluid exposure, write N/A in the box
 - **Moment 4 – Hand Hygiene AFTER contact with the client or the client’s environment:**
 - If a HCW cleans their hands After touching the client or any object or furniture in client’s environment, write Y in the box
 - If a HCW did not clean their hands After touching the client or the client’s environment, write N in the box
 - If auditor did not observe this moment, write N/O in the box
 - In the event that one hand hygiene action can cover 2 Moments, i.e. HCW going from client X to client Y with hand rubbing in between, document both moments as met.
 - For each applicable moment:
 - Place a (✓) in the appropriate box to record how hand hygiene was performed, e.g., with soap and water or with ABHR
 - Time and record the number of seconds hands are rubbed after application of soap or ABHR to hands. Hands should be rubbed for at least 15 seconds
9. Add the **total number of Hand Hygiene “Moments”** or opportunities for hand hygiene **performed** by the HCW during the observation. Include all Ys. Enter the number in the box.
10. Add the **total number of Hand Hygiene “Moments”** or opportunities for hand hygiene **indicated** by the HCW to clean hands during the observation. Include all Ys and Ns. Enter the total number in the box.
11. Provide feedback as appropriate to HCW.
12. If you have any questions, contact your Regional Coordinator, Infection Prevention and Control.