

Hand Hygiene Observation Audit Tool

Form | HH-FRM-001

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Title	Hand Hygiene Observation Audit Tool
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Prepared by	{{roles.quality_lead.name}}, Quality lead
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Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	New document
Standards and criteria supported	Standard 1, criterion 1.2 (non-negotiable)
Evidence basis	E-001
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Observe for at least 30 minutes, without warning.
2. Count the five moments and whether hand hygiene was done.
3. Compliance is the number done divided by the total, times 100.
4. Agree one action for any result below 70%.

Stop and get help straight away if: the station is empty during the observation, or a result below 70% has no agreed action.

1. Purpose

To record direct observation of hand hygiene at the five moments, for the monthly unit audit [E-001].

2. Scope

Area or unit	[write here]
Date and time of observation	[write here]
Observer name or role	[write here]
Total opportunities observed	[write here, 20 minimum]
Opportunities with hand hygiene	[write here]
Compliance (%)	[opportunities with hand hygiene divided by total, times 100]
Station empty at time of observation?	Yes / No
Action agreed	[write here]

3. Definitions and abbreviations

Term	Meaning in this SOP
Compliance	Hand hygiene done at the moment, divided by opportunities observed
Opportunity	One of the five moments observed for one staff member, in one care episode

4. Background and rationale

5. Responsibilities

Role	Duties in this SOP	Competence needed
Observer	Completes the form by direct observation, without telling staff in advance	Trained observer
Ward or unit manager	Receives the form and agrees actions	Unit leadership

6. Equipment, materials and resources

Item	Specification or standard	Check before use
This form	Printed or electronic	

7. Safety and infection prevention

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8. Before you start

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9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Choose the area and time.	• Observe for at least 30 minutes, at a time when care is being given.	Do not announce the audit.
2	Count each opportunity.	• Tick each of the five moments you see. • Record it as done or not done.	Count the moment, not the staff member.
3	Calculate compliance.	• Divide opportunities with hand hygiene by total opportunities. • Multiply by 100.	Target is 70% or above.
4	Agree actions.	• Agree one action with the ward manager for any gap. • Write who will do it and when.	A gap with no action is not closed.

Decision points

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10. Special situations

Situation	What to do
Area with fewer than 20 opportunities	Continue the observation on a second day.

11. Problems and escalation

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12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Monthly	Forms reviewed by the infection prevention lead each quarter.			

13. Records

Record	Where it is kept	Kept for
Completed form	Unit file	Three years

14. Training and competence

- Observer training before the first audit
- Recheck each year

15. Related documents

ID	Title	Relationship
HH-SOP-001	Hand Hygiene at the Point of Care	Procedure audited

16. Evidence

ID	Source and status
E-001	World Health Organization (2009). WHO Guidelines on Hand Hygiene in Health Care. Geneva: WHO. Approved, final.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	—	First approved version	Approved by the ASF Expert Committee