

Acute Hospitals: Hand Hygiene Core Data Collection Form

Healthcare facility _____ Directorate _____ Unit/Ward/Dept. _____
 Observation date _____ Start time _____ End time _____ Duration _____ Auditor _____
 Period number _____ (n/a for local audits, HPSC will provide for national reports)

HCW codes	Core data set			
	HCW code	Opp	Hand Hygiene indication	Hand Hygiene Action
Nurse 1.0 Any nurse or midwife 1.1 Nurse 1.2 Midwife 1.3 Student nurse or midwife 1.4 Non-core nurse/midwife*		1	<input type="checkbox"/> Bef- pat <input type="checkbox"/> Bef-asept <input type="checkbox"/> Aft-b.f. <input type="checkbox"/> Aft-pat <input type="checkbox"/> Aft-p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="checkbox"/> Missed <input type="checkbox"/> Gloves
Auxiliary 2.0 Any auxiliary 2.1 Porters 2.2 Catering 2.3 Healthcare assistants 2.4 Household services 2.5 Security 2.6 Other auxiliary 2.7 Non-core auxiliary*		2	<input type="checkbox"/> Bef- pat <input type="checkbox"/> Bef-asept <input type="checkbox"/> Aft-b.f. <input type="checkbox"/> Aft-pat <input type="checkbox"/> Aft-p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="checkbox"/> Missed <input type="checkbox"/> Gloves
Medical staff 3.0 Any medical staff 3.1 NCHD on medical team 3.2 NCHD on surgical team 3.3 NCHD anaesthetist or ED dept 3.4 NCHD in paediatrics 3.5 NCHD in Obs/Gyn 3.6 Consultant 3.7 Medical student 3.8 Non-core medical staff*		3	<input type="checkbox"/> Bef- pat <input type="checkbox"/> Bef-asept <input type="checkbox"/> Aft-b.f. <input type="checkbox"/> Aft-pat <input type="checkbox"/> Aft-p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="checkbox"/> Missed <input type="checkbox"/> Gloves
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Allied Health/Other HCW 4.0 Any allied health/other HCW 4.1 Physiotherapist 4.2 Speech & language 4.3 Radiologist 4.4 Cardiac technician 4.5 Laboratory staff 4.6 Dietician 4.7 Social worker 4.8 Pharmacist 4.9 Students of allied health/other 4.11 Occupational therapists 4.12 Phlebotomists 4.13 Pastoral care 4.14 Play specialists/therapists 4.15 Non-core allied health/other*		6	<input type="checkbox"/> Bef- pat <input type="checkbox"/> Bef-asept <input type="checkbox"/> Aft-b.f. <input type="checkbox"/> Aft-pat <input type="checkbox"/> Aft-p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="checkbox"/> Missed <input type="checkbox"/> Gloves
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HCWs can be classified by using: generic codes (e.g. 1.0, 2.0), specific codes (e.g. 2.1, 3.1) or a combination of both generic and specific codes		9	<input type="checkbox"/> Bef- pat <input type="checkbox"/> Bef-asept <input type="checkbox"/> Aft-b.f. <input type="checkbox"/> Aft-pat <input type="checkbox"/> Aft-p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="checkbox"/> Missed <input type="checkbox"/> Gloves
		10	<input type="checkbox"/> Bef- pat <input type="checkbox"/> Bef-asept <input type="checkbox"/> Aft-b.f. <input type="checkbox"/> Aft-pat <input type="checkbox"/> Aft-p.surr.	<input type="checkbox"/> HR <input type="checkbox"/> HW <input type="checkbox"/> Missed <input type="checkbox"/> Gloves

¥ To be completed when entering data into MS Excel tool

* Non-core refers to staff who are not regular members of the multidisciplinary team in the ward/unit