

Non-acute facilities: Hand Hygiene Core and Non-Core Data Collection Form

 Form no¹ _____

Healthcare facility _____ Unit/Ward/Dept. _____ Date of observation _____

Start time _____ End time _____ Duration _____ Auditor _____



HCW codes	Core Data Set				Optional Data Set			
	HCW code	Opp	Hand Hygiene indication	Hand Hygiene Action	Time ²	Barriers to technique	Technique as per SARI 2005 or as determined locally	Comments
Nurse 1.0 Any nurse or midwife 1.1 Nurse 1.2 Midwife 1.3 Student nurse/midwife 1.4 Non-core nurse/midwife ⁴ 1.5 Dental nurse		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	<input type="checkbox"/> ≥ 15 mins <input type="checkbox"/> < 15 mins <input type="checkbox"/> Not observed	<input type="checkbox"/> None <input type="checkbox"/> Wearing more than one plain ring ³ <input type="checkbox"/> Wearing a wrist watch <input type="checkbox"/> Sleeves to wrist <input type="checkbox"/> Nail varnish present <input type="checkbox"/> False nails present	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> Not observed	
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 ⁴ 2.8 Multi-task attendant		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	<input type="checkbox"/> ≥ 15 mins <input type="checkbox"/> < 15 mins <input type="checkbox"/> Not observed	<input type="checkbox"/> None <input type="checkbox"/> Wearing more than one plain ring ³ <input type="checkbox"/> Wearing a wrist watch <input type="checkbox"/> Sleeves to wrist <input type="checkbox"/> Nail varnish present <input type="checkbox"/> False nails present	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> Not observed	
Medical staff ⁵ 3.0 Any medical staff 3.6 Consultant 3.7 Medical student 3.8 Non-core medical staff ⁴ 3.9 NCHD 3.11 General practitioner/medical officer 3.12 Dentists/Orthodontists		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	<input type="checkbox"/> ≥ 15 mins <input type="checkbox"/> < 15 mins <input type="checkbox"/> Not observed	<input type="checkbox"/> None <input type="checkbox"/> Wearing more than one plain ring ³ <input type="checkbox"/> Wearing a wrist watch <input type="checkbox"/> Sleeves to wrist <input type="checkbox"/> Nail varnish present <input type="checkbox"/> False nails present	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> Not observed	
Allied health/Other HCW ⁵ 4.0 Any allied health/other HCW 4.1 Physiotherapist 4.2 Speech & language 4.6 Dietician 4.7 Social worker 4.8 Pharmacist 4.9 Students of other HCW 4.11 Occupational therapist 4.13 Pastoral care 4.15 Non-core allied health/other ⁴ 4.16 Chiropodist/podiatrist 4.17 Activities therapist 4.18 Alternative therapist		4	<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	<input type="checkbox"/> ≥ 15 mins <input type="checkbox"/> < 15 mins <input type="checkbox"/> Not observed	<input type="checkbox"/> None <input type="checkbox"/> Wearing more than one plain ring ³ <input type="checkbox"/> Wearing a wrist watch <input type="checkbox"/> Sleeves to wrist <input type="checkbox"/> Nail varnish present <input type="checkbox"/> False nails present	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> Not observed	
		5	<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	<input type="checkbox"/> ≥ 15 mins <input type="checkbox"/> < 15 mins <input type="checkbox"/> Not observed	<input type="checkbox"/> None <input type="checkbox"/> Wearing more than one plain ring ³ <input type="checkbox"/> Wearing a wrist watch <input type="checkbox"/> Sleeves to wrist <input type="checkbox"/> Nail varnish present <input type="checkbox"/> False nails present	<input type="checkbox"/> Correct <input type="checkbox"/> Incorrect <input type="checkbox"/> Not observed	
1: To be completed when entering data into MS Excel tool 2: As per local guidelines 3: One stone-less ring may be worn for social and antiseptic hand hygiene 4: Non-core refers to staff who are not regular members of the multidisciplinary team 5: To standardise the data collection process, it is preferable if the same code is used for the same role across acute and non-acute services. Roles (and their assigned codes) usually associated with acute services are not included on this form. Refer to the acute data collection form to manually add these codes if required.								
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								