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| **Hand Hygiene Checklist for Adult Social Care** |
| **Service/Name of Setting:** | **Designation:** |
| **Name of staff member observed:** |  | **Designation:** |  |
| **Name of Assessor:** |  | **Designation:** |  |

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| **Assessors Questions:** | **Comments:** | **Yes** | **No** |
| **Hand Hygiene** | *Hand hygiene prior to patient**contact and/or on entering patient environment?* |  |  |  |
| *Hand hygiene prior to**aseptic/clean technique?* |  |  |  |
| *Bare below the elbow?* |  |  |  |
| *Nails are free from nail varnish**+/- false nails?* |  |  |  |
| *Ayliffe technique performed?* |  |  |  |
| *Hand hygiene following**removal of PPE?* |  |  |  |
| *Hand hygiene after body fluid**exposure?* |  |  |  |
| *Hand hygiene after patient**contact?* |  |  |  |
| *Hand hygiene after contact with**environment and/or on leaving the environment?* |  |  |  |
| **Competency achieved? (All criteria met in full)** |  |
| **Competency not achieved?** |  |

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| **Rationale for criteria NOT met:** |  |
| **Staff member signature:** |  | **Date:** |  |
| **Assessor signature:** |  | **Date:** |  |