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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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?** | | |  | |

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