

HAND HYGIENE Detailed Observation Tool

Unit: _____
 Initials of observer: _____

Day of Week: _____ Date: _____
 Start Time: _____ AM/PM

This observation approach is centered around observing details of provider visits to the patient's environment. Try your best to stay 'undercover'. Observe only one provider at a time, from time they enter a patient's environment –as defined by HH observer training - to the time they exit it. You do not need to write down a provider's name, but do write down their HCW type if clear to you.

Healthcare Worker (HCW) Type:

- | | | |
|--|--|--|
| <input type="checkbox"/> Unknown | <input type="checkbox"/> Nurse (RN, LPN, student) | <input type="checkbox"/> Provider (Attending, resident, NP, PA, student) |
| <input type="checkbox"/> Environmental Assistant (housekeeping) | <input type="checkbox"/> Visitor/ family | <input type="checkbox"/> Nutrition |
| <input type="checkbox"/> Phlebotomy | <input type="checkbox"/> Therapist | <input type="checkbox"/> PT/OT |
| <input type="checkbox"/> Transport | <input type="checkbox"/> Respiratory | <input type="checkbox"/> Radiology |
| | <input type="checkbox"/> Social work | <input type="checkbox"/> Purple People |

Room type:

- Single Semi private Multi patient

Describe how well you can view the provider as they take care of patient:

- Can only see patient if I glanced through room door
 There is a large glass wall or window that allows me to view the room.
 There is a curtain around each patient. I can see when curtain is open.
 Other _____

Is patient on ISOLATION PRECAUTIONS? No Yes

If yes, pls check type/s as seen on sign posted at room door: Contact Airdrop Airborne other _____

Did provider clean their hands upon Entry to patient environment?

- Yes – Hand sanitizer Yes- Hand washing No Did not observe

Once inside patient environment, did provider contact any objects in room prior to touching patient's skin ?

- Not applicable (provider did not touch patient skin in that visit)
 No (provider did not touch anything prior to touching patient's skin)
 Yes. Please specify what objects were touched _____

Please check all activities that you were able to observe provider do while in patient environment. Denote all times when hand cleaning occurred using the following abbreviation: HA = Alcohol Hand Antiseptic & HW = Hand Wash

Check observed activities:	Activity type	Enter HA or HW if provider cleaned their hands before activity?	Enter HA or HW if provider cleaned their hands after activity?	Check box below if provider had gloves on while performing activity?
	Contact With Patient's Skin			
	Contact With Patient's Gown/Linen			
	Contact With Inanimate Objects in Pt. Rm.			
	Touching IV or pump			
	Administering medicine			
	Performing or assisting in an invasive procedures			
	Wound Contact			
	Mucous Membrane Contact			
	Body Fluid Contact			
	Housekeeping/Environmental Activities			
	Donning gloves			Not Applicable

Did provider clean their hands upon Exit from patient environment?

- Yes – Hand sanitizer Yes- Hand washing No Did not observe

Comments: _____