HAND HYGIENE Detailed Observation Tool

Unit: 

Day of Week: 

Date: 

Start Time: _______ AM/PM

Initials of observer: 

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:

- Unknown
- Nurse ( RN, LPN, student)
- Provider (Attending, resident, NP, PA, student)
- Environmental Assistant (housekeeping )
- Phlebotomy
- Therapist
- Transport
- Respiratory
- Visitor/ family
- Clergy
- Nutrition
- PT/OT
- Social work
- Radiology
- Environmental Assistant (housekeeping )
- Visitor/ family
- Clergy
- Nutrition
- PT/OT
- Social work
- Radiology
- 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

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

Did provider clean their hands upon Exit from patient environment?

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

Comments: ____________________________________________________________________________________

______________________________________________________________________________________________