

Hand Hygiene Monitoring Tool

Patient Care Unit/Dept.: _____ Day of Week: _____ Date: _____
 Initials of Monitor: _____ Time: _____ AM/PM to _____ AM/PM

Healthcare Worker (HCW) Type:

1 = Physician
 2A = House Officer
 2B = Medical Student
 2C = PA
 3 = Physician Support Staff
 4 = Nursing/Nursing Support
 5 = Continuing Care/Social Worker
 6 = Pastoral Care
 7 = IV Team

8 = Physical Medicine Staff
 9 = Environmental Services Worker
 10 = Patient Transporter
 11 = Radiology Tech.
 12 = Respiratory Therapist
 13 = Dietitian
 14 = Traypasser
 15 = Other

Key:

HW = Hand Wash
 HA = Alcohol Hand Antiseptic
 Y = Yes
 N = No
 N/A = Not Applicable
 D = Bed closest to door
 W = Bed closest to window

BED LOCATION (→)	D	W	D	W	D	W	D	W	D	W	D	W
CONTACT PRECAUTIONS: Y, N, N/A												
HEALTH CARE WORKER TYPE (→)												
OPPORTUNITY REQUIRING HAND HYGIENE INTERVENTION												
Before Patient Contact												
After Contact With Patient's Skin												
After Contact With Patient's Gown/Linen												
After Contact With Inanimate Objects in Pt. Rm.												
Before IVD Care												
After IVD Care												
Before IVD Insertion												
After IVD Insertion												
Before Wound Contact												
After Wound Contact												
Before Mucous Membrane Contact												
After Mucous Membrane Contact												
Before Body Fluid Contact												
After Body Fluid Contact												
Housekeeping/Environmental Activities												
Gloves Removed & Activity Not Observed												
OUTCOME												
Hand Wash												
Alcohol Hand Antiseptic												
No Action - Missed Opportunity												
Gloves (Y/N)												
Gowns (Y, N, N/A)												

Comments: _____