

Hand Hygiene/ Contact Precautions Monitoring Tool

Patient Care Unit/Dept.: _____ Month/Year _____

Initials of Monitor: _____

6 = IV Team (Navy)

HW = Hand Wash

HR = Alcohol Hand Rub

Healthcare Worker (HCW) Type:

1 = Physician

4 = Respiratory Therapist (Olive Green)

7 = Care Coordinator/ Social Worker

Y = Yes

N= No

2A = Nurse practitioner

5A = Registered Nurse (Navy)

8 = Pastoral Care

13 = Dietitian

18 = CRNA

2B = Medical Student

5B = Licensed Practical Nurse (Purple)

9 = PT/OT/SLP (Royal Blue)

14 = Tray passer (Black/Khaki)

19 = CST

2C = Physician Assistant

5C = Nursing assistant (Teal)

10 = Environmental Services Worker (Dk Brown)

15 = Other healthcare provider

20 = Ophthalmic Personnel

3 = Pharmacy (Maroon)

5D = RN Student

11 = Patient Transporter (Teal)

16= Volunteer

21 = Dialysis RN

12 = Radiology/US/ECHO techs (Gray)

17= Phlebotomy staff (Dk Teal)

22 = Op Tech

| # Obs | Date | Time | HCW Type (See Key) | Hand Hygiene BEFORE Room entry | | | Patient on Isolation Precautions | | | Gloves worn | | Hand Hygiene before donning gloves | | Gown Worn | | Gloves and gown removed on room exit | | | Hand Hygiene on Room Exit | | | Comments |
|---------------|------|------|-----------------------|--------------------------------|--------|----|----------------------------------|-----------|---|-------------|---|------------------------------------|---|-----------|---|--------------------------------------|---|-----|---------------------------|--------|----|----------|
| | | | | Yes HR | Yes HW | No | Y=Contact | Y=Enteric | N | Y | N | Y | N | Y | N | Y | N | N/A | Yes HR | YES HW | No | |
| 1 | | | | | | | | | | | | | | | | | | | | | | |
| 2 | | | | | | | | | | | | | | | | | | | | | | |
| 3 | | | | | | | | | | | | | | | | | | | | | | |
| 4 | | | | | | | | | | | | | | | | | | | | | | |
| 5 | | | | | | | | | | | | | | | | | | | | | | |
| 6 | | | | | | | | | | | | | | | | | | | | | | |
| 7 | | | | | | | | | | | | | | | | | | | | | | |
| 8 | | | | | | | | | | | | | | | | | | | | | | |
| 9 | | | | | | | | | | | | | | | | | | | | | | |
| 10 | | | | | | | | | | | | | | | | | | | | | | |
| Totals | | | | | | | | | | | | | | | | | | | | | | |

Mark each opportunity observed, if no opportunities observed or N/A leave blank.

Hand Hygiene/ Contact Precautions Monitoring Tool Instructions

The purpose of this audit tool is to determine health care worker (HCW) compliance with hand hygiene practice and contact precautions. Hand hygiene refers to cleaning your hands by using an alcohol-based hand rub (Quik-care), or by washing hands with soap and water.

Contact Precautions includes hand hygiene plus the use of both gowns and gloves on room entry, defined as going passed the area of the door swing or over the threshold if there is no door.

The observer records the occasions they observe where a staff member should have carried out hand hygiene, called “opportunities”. Examples of hand hygiene opportunities include:

Before patient encounter (room entry) Before
donning gloves
On room exit

1. Write the name of observed Unit/Department on the form, record the month and year, and write your initials on the line indicated.
2. Refer to the key on the tool for health care worker type and other abbreviations used on the monitoring form.
3. For each opportunity, the observer records the following:
 - **Date** – Include month, day, and year
 - **Shift** - Day, Evening, or Night
 - **Health Care Worker (HCW) type** – Use the number that corresponds with the title of the person you are observing.
 - **Hand Hygiene on room entry and exit. Mark each opportunity for hand hygiene observed (blue shaded boxes).**
 - If a HCW cleans her/his hands with an alcohol hand rub, place an **X** in the box labeled **Yes HR**
 - If a HCW washes her/his hands with soap and water, place an **X** in the box labeled **Yes HW**
 - If a HCW did not clean their hands as indicated, place an **X** in the box labeled **No**
 - **Isolation Precautions (Gray shaded boxes)**– If the patient is in *Contact Precautions* , place an **X** in the box labeled **Y=Contact**;
If the patient is in *Enteric Precautions* , place an X in the box labeled Y=Enteric; otherwise put an X in the box labeled N
 - **Gloves Worn:**
 1. If a HCW put on gloves Before entering room, place an **X** in the box labeled **Y**
 - a. Hand hygiene should be done before donning gloves
 - b. HCWs should put on gloves to enter the room of a patient on *Contact or Enteric Precautions*
 2. If a HCW enters a patient’s room without putting on gloves, mark the **N** box
 - **Gown Worn:**
 1. If a HCW put on a gown when entering a patient’s room, mark the **Y** box
 - a. HCWs should put on gown to enter the room of a patient on *Contact or Enteric Precautions*
 2. If a HCW enters a patient’s room without a gown, mark the **N** box