

R. Hand Hygiene Monitoring Data Collection Tool

The purpose of this hand hygiene audit tool is to determine healthcare personnel compliance with hand hygiene during resident care by using an alcohol-based hand sanitizer or by washing hands with soap and water. The observer records the occasions they observe when a staff member should have performed hand hygiene, called “opportunities”. Examples of hand hygiene opportunities include:

- Before touching a resident
- Before performing a clean or invasive procedure
- After handling body fluids
- After touching the patient, environment, or objects involved in the residents’ care
- After removing gloves

Directions

1. 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 Before touching the resident:**
 - If a HCW cleans her/his hands with an alcohol hand rub Before touching a resident, place an **X** in the box labeled **Yes HR**
 - If a HCW washes her/his hands with soap and water Before touching a resident, place an **X** in the box labeled **Yes HW**
 - If a HCW did not clean their hands Before touching the resident, place an **X** in the box labeled **No**

- If a HCW enters a resident's room, but does not touch the resident, then hand hygiene was not necessary, so put an **X** in the box labeled **N/A**
- **Hand Hygiene AFTER touching the resident, environment, or objects:**
 - If a HCW cleans her/his hands After touching the resident, environmental surfaces or other objects in the room, put an **X** in the appropriate box (**Yes HR** or **Yes HW**)
 - If a HCW did not clean their hands after touching the resident, environmental surfaces or other objects in the room, put an **X** in the box labeled **No**
 - If a HCW enters the resident's room, but does not touch anything, mark the box **N/A**
- **Contact Precautions** – If the patient is in *Contact Precautions*, place an **X** in the box labeled **Y**; otherwise put an **X** in the box labeled **N**
- **Gloves Worn:**
 - If a HCW put on gloves Before touching the resident or any objects in the resident's room, place an **X** in the box labeled **Y**
 - HCWs should put on gloves to enter the room of a resident on *Contact Precautions*
 - If a HCW enters a resident's room without putting on gloves, mark the **N** box
- **Gown Worn:**
 - If a HCW put on a gown when entering a resident's room, mark the **Y** box
 - If a HCW enters a resident's room without a gown, mark the **N** box
 - If a HCW enters a *Contact Precautions* room without a gown, but does not have substantial contact with the resident or objects in the room, mark the **N/A** box

Hand Hygiene Monitoring Tool

Facility: _____

HCW Type Key:

- 1 = Physician
- 2 = Physician Assistant/Nurse Practitioner
- 3 = Registered nurse
- 4 = Licensed practical nurse
- 5 = Nurse aide

- 6 = Physical, occupational, speech therapy
- 7 = Dietitian
- 8 = Dietary staff
- 9 = Environmental services/maintenance
- 10 = Social worker
- 11 = Administrator/manager

Observation Key:

- HR = alcohol hand rub
- HW = hand washing
- Y = Yes
- N = No
- NA = not applicable

#	Date	Shift	HCW Type	Hand Hygiene BEFORE Touching Resident				Hand Hygiene AFTER touching resident, environment, or equip.				On Contact Precautions		Glove Worn			Gown Worn			
				YES HR	YES HW	NO	NA	YES HR	YES HW	NO	N/A	Y	N	Y	N	NA	Y	N	NA	
	(MM/DD/YY)	Day, Eve, Night	See Key																	
1																				
	Reason for Entry:																			
2																				
	Reason for Entry:																			
3																				
	Reason for Entry:																			
4																				
	Reason for Entry:																			
5																				
	Reason for Entry:																			

HCW Type Key:

- 1 = Physician
- 2 = Physician Assistant/Nurse Practitioner
- 3 = Registered nurse
- 4 = Licensed practical nurse
- 5 = Nurse aide

- 6 = Physical, occupational, speech therapy
- 7 = Dietitian
- 8 = Dietary staff
- 9 = Environmental services/maintenance
- 10 = Social worker

11 = Administor/manager

Observation Key:

- HR = alcohol hand rub
- HW = hand washing
- Y = Yes
- N = No
- NA = not applicable

#	Date	Shift	HCW Type	Hand Hygiene BEFORE Touching Resident				Hand Hygiene AFTER touching resident, environment, or equip.				On Contact Precautions		Glove Worn			Gown Worn		
				YES HR	YES HW	NO	NA	YES HR	YES HW	NO	N/A	Y	N	Y	N	NA	Y	N	NA
	(MM/DD/YY)	Day, Eve, Night	See Key																
6																			
	Reason for Entry:																		
7																			
	Reason for Entry:																		
8																			
	Reason for Entry:																		
9																			
	Reason for Entry:																		
10																			
	Reason for Entry:																		
11																			
	Reason for Entry:																		
12																			
	Reason for Entry:																		