### Hand Hygiene Observation Tool

**Observer-ID:** | **End Time:**
---|---

**Date (dd / mm / yyyy):** | **Form #:**
---|---

**Day of Week:** | **Facility-ID:**
---|---

**Start Time:** | **Patient Care Unit:**
---|---

**Healthcare Worker (HCW) Category:**  
1 = Physician  
2 = Nurse  
3 = Healthcare Aide  
4 = Social Worker  
5 = Spiritual Care  
6 = IV Team/DSM  
7 = Physiotherapist  
8 = Occupational Therapist  
9 = Housekeeping  
10 = Patient Transporter  
11 = Radiology/DI Technician  
12 = Respiratory Therapist  
13 = Dietician  
14 = Speech Language/Audiologist  
15 = Rec. Therapist  
16 = Pharmacist  
17 = Other  
N/A = Not Applicable  
Y = Yes  
N = No  
P/R/C = Patient/Resident/Client

**Key:**

<table>
<thead>
<tr>
<th>HCW Category</th>
<th>OPPORTUNITY REQUIRING HAND HYGIENE</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Before</strong></td>
<td></td>
</tr>
<tr>
<td>Direct hands-on care with a P/R/C</td>
<td></td>
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<tr>
<td>Performing invasive procedures</td>
<td></td>
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<tr>
<td>Handling dressings/touching open wounds</td>
<td></td>
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<tr>
<td>Preparing/administering medications</td>
<td></td>
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<tr>
<td>Preparing, handling, serving, or eating food</td>
<td></td>
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<tr>
<td>Feeding a P/R/C</td>
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<tr>
<td><strong>After</strong></td>
<td></td>
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<tr>
<td>Direct hands-on care with a P/R/C</td>
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<tr>
<td>Contact with blood, body fluids, non-intact skin, and/or mucous membranes</td>
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<tr>
<td>Contact with items known, or considered to be contaminated</td>
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<tr>
<td>Removal of gloves</td>
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<tr>
<td><strong>Between</strong></td>
<td></td>
</tr>
<tr>
<td>Procedures on same P/R/C where soiling of hands is likely</td>
<td></td>
</tr>
</tbody>
</table>

**OUTCOME**

Wash  
Alcohol Based Hand Rub  
Artificial Nails  
Hand Jewelry – rings, bracelets  
No Hand Hygiene - Missed Opportunity

**Comments:**

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__________________________________________________________________________________

Adapted from Hand Hygiene Resource Center & Stop Clean Your Hands Campaign  
June 24, 2009