

Hand Hygiene Observation Tool

Date/Time _____

Location _____

Observer Name _____

	Job Category	Task	HH Not done	HH done/ Correct Procedure	HH Done Correctly	Soap & Water Used Incorrectly	ABHR Used Incorrectly
1	<input type="checkbox"/> Pre-Op Nurse <input type="checkbox"/> Circulating Nurse <input type="checkbox"/> Post-Op Nurse <input type="checkbox"/> Surgery Tech <input type="checkbox"/> Surgeon <input type="checkbox"/> Anesthesia <input type="checkbox"/> CS <input type="checkbox"/> EVS <input type="checkbox"/> Other _____	Before <input type="checkbox"/> Pt contact <input type="checkbox"/> Invasive Proc <input type="checkbox"/> Clean Task After <input type="checkbox"/> Pt contact <input type="checkbox"/> Contaminated surface <input type="checkbox"/> Soiled task <input type="checkbox"/> gloves removed	<input type="checkbox"/> Not done STOP Intervened Y N	<input type="checkbox"/> Soap/H ₂ O <input type="checkbox"/> ABHR <input type="checkbox"/> Correct Procedure Used	<input type="checkbox"/> Yes STOP <input type="checkbox"/> No >	<input type="checkbox"/> No soap used <input type="checkbox"/> No soap available <input type="checkbox"/> <15 sec wash <input type="checkbox"/> Bare hands turn off faucet <input type="checkbox"/> No paper towels	<input type="checkbox"/> Not enough product used <input type="checkbox"/> No product available <input type="checkbox"/> Not spread into hands <input type="checkbox"/> Not allowed to dry <input type="checkbox"/> Wiped off <input type="checkbox"/> Hands rinsed
2	<input type="checkbox"/> Pre-Op Nurse <input type="checkbox"/> Circulating Nurse <input type="checkbox"/> Post-Op Nurse <input type="checkbox"/> Surgery Tech <input type="checkbox"/> Surgeon <input type="checkbox"/> Anesthesia <input type="checkbox"/> CS <input type="checkbox"/> EVS <input type="checkbox"/> Other _____	Before <input type="checkbox"/> Pt contact <input type="checkbox"/> Invasive Proc <input type="checkbox"/> Clean Task After <input type="checkbox"/> Pt contact <input type="checkbox"/> Contaminated surface <input type="checkbox"/> Soiled task <input type="checkbox"/> gloves removed	<input type="checkbox"/> Not done STOP Intervened Y N	<input type="checkbox"/> Soap/H ₂ O <input type="checkbox"/> ABHR <input type="checkbox"/> Correct Procedure Used	<input type="checkbox"/> Yes STOP <input type="checkbox"/> No >	<input type="checkbox"/> No soap used <input type="checkbox"/> No soap available <input type="checkbox"/> <15 sec wash <input type="checkbox"/> Bare hands turn off faucet <input type="checkbox"/> No paper towels	<input type="checkbox"/> Not enough product used <input type="checkbox"/> No product available <input type="checkbox"/> Not spread into hands <input type="checkbox"/> Not allowed to dry <input type="checkbox"/> Wiped off <input type="checkbox"/> Hands rinsed
3	<input type="checkbox"/> Pre-Op Nurse <input type="checkbox"/> Circulating Nurse <input type="checkbox"/> Post-Op Nurse <input type="checkbox"/> Surgery Tech <input type="checkbox"/> Surgeon <input type="checkbox"/> Anesthesia <input type="checkbox"/> CS <input type="checkbox"/> EVS <input type="checkbox"/> Other _____	Before <input type="checkbox"/> Pt contact <input type="checkbox"/> Invasive Proc <input type="checkbox"/> Clean Task After <input type="checkbox"/> Pt contact <input type="checkbox"/> Contaminated surface <input type="checkbox"/> Soiled task <input type="checkbox"/> gloves removed	<input type="checkbox"/> Not done STOP Intervened Y N	<input type="checkbox"/> Soap/H ₂ O <input type="checkbox"/> ABHR <input type="checkbox"/> Correct Procedure Used	<input type="checkbox"/> Yes STOP <input type="checkbox"/> No >	<input type="checkbox"/> No soap used <input type="checkbox"/> No soap available <input type="checkbox"/> <15 sec wash <input type="checkbox"/> Bare hands turn off faucet <input type="checkbox"/> No paper towels	<input type="checkbox"/> Not enough product used <input type="checkbox"/> No product available <input type="checkbox"/> Not spread into hands <input type="checkbox"/> Not allowed to dry <input type="checkbox"/> Wiped off <input type="checkbox"/> Hands rinsed
4	<input type="checkbox"/> Pre-Op Nurse <input type="checkbox"/> Circulating Nurse <input type="checkbox"/> Post-Op Nurse <input type="checkbox"/> Surgery Tech <input type="checkbox"/> Surgeon <input type="checkbox"/> Anesthesia <input type="checkbox"/> CS <input type="checkbox"/> EVS <input type="checkbox"/> Other _____	Before <input type="checkbox"/> Pt contact <input type="checkbox"/> Invasive Proc <input type="checkbox"/> Clean Task After <input type="checkbox"/> Pt contact <input type="checkbox"/> Contaminated surface <input type="checkbox"/> Soiled task <input type="checkbox"/> gloves removed	<input type="checkbox"/> Not done STOP Intervened Y N	<input type="checkbox"/> Soap/H ₂ O <input type="checkbox"/> ABHR <input type="checkbox"/> Correct Procedure Used	<input type="checkbox"/> Yes STOP <input type="checkbox"/> No >	<input type="checkbox"/> No soap used <input type="checkbox"/> No soap available <input type="checkbox"/> <15 sec wash <input type="checkbox"/> Bare hands turn off faucet <input type="checkbox"/> No paper towels	<input type="checkbox"/> Not enough product used <input type="checkbox"/> No product available <input type="checkbox"/> Not spread into hands <input type="checkbox"/> Not allowed to dry <input type="checkbox"/> Wiped off <input type="checkbox"/> Hands rinsed

COMMENTS