

Hand Hygiene Monitoring Tool

Patient Care Unit _____

Observer _____

Shift of Observation (circle) Days Eves Nights

Date _____

KEY: Health Care Worker Type

MD=physician attending
MDR= resident/fellow
MS =med.student
PA=physician assistant

CM=case mgr/social worker
RN=registered nurse
LPN= licensed pract. nurse
PCA= patient care assistant

NP=nurse practitioner
CNM=nurse midwife
CRNA= ns. anesthetist
CCT=critical care tech.
RT=respiratory therapist

OT/PT=rehab. Services
RDT=radiology tech.
S=student
IN=instructor
P=pastoral care

Env.=environmental services
Lab=laboratory staff
FD=food/nutrition/dietary
Tran=transporter
Other = identify

	Pt Room #	HCW Name	HCW Type	Hand cleansing before entering patient room or environment		Hand cleansing upon exiting patient room or environment		Compliant with nail policy. <small>(no artificial nails or artificial components applied, nails kept short, polish not chipped)</small>		Feedback / Comments:
				Yes	No	Yes	No	Yes	No	
1				Yes	No	Yes	No	Yes	No	
2				Yes	No	Yes	No	Yes	No	
3				Yes	No	Yes	No	Yes	No	
4				Yes	No	Yes	No	Yes	No	
5				Yes	No	Yes	No	Yes	No	
6				Yes	No	Yes	No	Yes	No	
7				Yes	No	Yes	No	Yes	No	
8				Yes	No	Yes	No	Yes	No	
9				Yes	No	Yes	No	Yes	No	
10				Yes	No	Yes	No	Yes	No	

Questions?? Call Infection Control at **x26240** or pager 8368 Turn in completed monitoring tool to **Infection Control Fax 27625**