

**PHELPS HOSPITAL
HAND HYGIENE OBSERVATION MONITORING TOOL**

Date (Range): _____ Unit / Department: _____ Observer Name (Print): _____

Please note you are to observe five (5) different staff members per week.

Circle Yes or No

| Indicator | | Hygiene Before patient contact | Before aseptic task | After body fluid exposure | After patient contact | After contact with patient surroundings |
|---------------------|---------------------------------|--------------------------------|---------------------|---------------------------|-----------------------|---|
| Time of Observation | Staff Member (Type – See Below) | | | | | |
| | | YES NO | YES NO | YES NO | YES NO | YES NO |
| | | YES NO | YES NO | YES NO | YES NO | YES NO |
| | | YES NO | YES NO | YES NO | YES NO | YES NO |
| | | YES NO | YES NO | YES NO | YES NO | YES NO |
| | | YES NO | YES NO | YES NO | YES NO | YES NO |

| LEGEND | |
|---------------------------------|---|
| Provider (MD,NP, PA, MW) | Physicians (Attending, Resident, Fellow), Nurse Practitioner, Midwife, Physician's Assistant |
| Nursing (RN) | Registered Nurse, IV Team, Interventional RNs |
| Technicians (Tech) | Nurse Techs, Mental Health Workers, OB Tech, Surgical Techs, Endoscopy |
| Support (SUP) | All other Ancillary Services (e.g. Radiology, Respiratory, Case Management/SW, Lab, PT/OT, EVS, Hospitality, Dietitian, Etc.) |