

Hand Hygiene Observation Tool*

Center Name:

Unit(s):

Observer:

Date:

HH Practice**	Staff 1	Staff 2	Staff 3	Staff 4	# Y	# Y+N
Location where staff member is being observed:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
Role of staff member being observed:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
HH1. Hand hygiene is performed before touching or providing care to a resident.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M		
HH2. Hand hygiene is performed before moving from work on a soiled body site to a clean body site on the same resident.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M		
HH3. Hand hygiene is performed after touching a resident (including but not limited to providing care) or a resident's immediate environment.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M		
HH4. Hand hygiene is performed before entering a resident's room.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M		
HH5. Hand hygiene is performed before leaving a resident's room.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M		
HH6. Hand hygiene is performed after contact with bodily fluids or contaminated surfaces.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M		
HH7. Hand hygiene is performed when hands are visibly soiled.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M		
HH8. Hand hygiene is performed immediately prior to donning gloves.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M		
HH9. Hand hygiene is performed immediately after doffing gloves.	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M	<input type="checkbox"/> Y <input type="checkbox"/> N <input type="checkbox"/> M		

Total # of Correct Practices Observed (#Y):

Total # Hand Hygiene Observations (# Y+N):
(Up to 36 possible)

% Adherence:
(Total # Y ÷ Total Y+N, x 100)

*Adapted from the Centers for Disease Control's [Hand Hygiene Practices](#) and the Prevention California Department of Health's [Healthcare-Associated Infections Program](#).

**CDC recommends [prioritizing alcohol-based hand sanitizer over soap and water](#).

Hand Hygiene Observation Tool*

Instructions:

- (1) Randomly identify four staff to observe. Seek to conduct observations on multiple shifts.
- (2) For each staff observed, indicate the location of the observation (e.g., resident room, corridor, nursing station) and his/her role (e.g., nursing, housekeeping, therapy).
- (3) Observe each practice and check either Y (Yes) or N (No) to indicate whether or not it was done. If the practice could not be observed (e.g., your view of the staff member was obscured) or the practice was not applicable (e.g., the staff member did not provide care to a resident), check M (Missing).
- (4) At far right, record the total number of practices that were done (total Y) and the total number of observations (total Y+N).
- (5) Enter the totals and calculate the percent adherence manually in the row at bottom.