

Transmission-Based Precautions Observation Tool*

Center Name:

Unit(s):

Observer:

Date:

| CP Practice | Resident 1 | Resident 2 | Resident 3 | Resident 4 | # Y | # Y+N |
|---|--|--|--|--|-----|-------|
| Role of staff member being observed: | | | | | | |
| TP1. Surgical masks and/or respirators are worn over the mouth and nose throughout the resident encounter. | <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 | | |
| TP2. Eye protection is worn throughout the resident encounter. | <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 | | |
| TP3. Gloves and gowns are located near point of use. | <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 | | |
| TP4. Signs indicating that the resident is on precautions are clear and visible. | <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 | | |
| TP5. The resident is housed in single room or cohorted based on clinical risk assessment. | <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 | | |
| TP6. Hand hygiene is performed before entering the 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 | | |
| TP7. Gloves and gown are donned before entering the 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 | | |
| TP8. Gloves and gowns are doffed before leaving the 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 | | |
| TP9. Hand hygiene is performed before leaving the 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 | | |
| TP10. Dedicated or disposable noncritical patient-care equipment is used; if dedicated/disposable equipment is unavailable, equipment is cleaned/disinfected per manufacturers' instructions prior to use on another 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 | | |

Total # of Correct Practices Observed (#Y):

Total # Precautions Observations (# Y+N):
(Up to 32 possible)

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

*Adapted from the California Department of Health [Healthcare-Associated Infections Program](#).

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Instructions:

- (1) Randomly identify four staff providing care for residents on contact precautions to observe while they care for a resident. Seek to conduct observations on multiple units (if applicable) and shifts.
- (2) For each staff member, indicate 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 was not wearing a N95 facemask), 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.