

HAND HYGIENE AUDIT

FLOOR: _____ AUDITOR: _____ DATE: _____

Health Care Provider Category

1. Physicians	<ul style="list-style-type: none"> • Medical Doctor 			
2. Nursing Staff	<ul style="list-style-type: none"> • Registered Nurse 	<ul style="list-style-type: none"> • LPN 	<ul style="list-style-type: none"> • Care Aide 	<ul style="list-style-type: none"> • Nursing Student
3. Clinical Support Services	<ul style="list-style-type: none"> • Occupational Therapist • Physiotherapist • Respiratory Therapist • Speech Therapy 	<ul style="list-style-type: none"> • Social Work • Dietician • Psychologist • Audiologist 	<ul style="list-style-type: none"> • Porter • Pastoral Care • Radiology 	<ul style="list-style-type: none"> • Technicians (e.g. EKG, EEG, etc) • Lab: Phlebotomy
4. Other	<ul style="list-style-type: none"> • Housekeeping • Food Services 	<ul style="list-style-type: none"> • Clerk 	<ul style="list-style-type: none"> • Volunteer 	<ul style="list-style-type: none"> • Security

Observations of Hand Hygiene Opportunities

	HCP	Before Contact	After Contact	Hand Hygiene	N = Not Done D = Done
1		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N <input type="checkbox"/> D
2		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N <input type="checkbox"/> D
3		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N <input type="checkbox"/> D
4		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N <input type="checkbox"/> D
5		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N <input type="checkbox"/> D
6		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N <input type="checkbox"/> D
7		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N <input type="checkbox"/> D
8		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N <input type="checkbox"/> D
9		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N <input type="checkbox"/> D
10		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N <input type="checkbox"/> D
11		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N <input type="checkbox"/> D
12		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N <input type="checkbox"/> D
13		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N <input type="checkbox"/> D
14		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N <input type="checkbox"/> D
15		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N <input type="checkbox"/> D
16		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N <input type="checkbox"/> D
17		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N <input type="checkbox"/> D
18		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N <input type="checkbox"/> D
19		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N <input type="checkbox"/> D
20		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N <input type="checkbox"/> D
21		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N <input type="checkbox"/> D
22		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N <input type="checkbox"/> D
23		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N <input type="checkbox"/> D
24		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N <input type="checkbox"/> D
25		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	N <input type="checkbox"/> D

Total observations: _____

Total done: _____