

VCH HAND HYGIENE AUDIT

Unit: _____ AUDITOR: _____ DATE: _____

Health Care Provider Category

1. Physicians	• Medical Doctor	• Resident	• Fellow	• Medical Student
2. Nursing Staff	• Registered Nurse • Midwife	• Licensed Practical Nurse	• Care Aide	• Nursing/Midwife Student
3. Clinical Support Services	• Occupational Therapist • Physiotherapist • Respiratory Therapist • Speech Therapy	• Social Work • Dietician • Psychologist • Audiologist	• Porter • Pastoral Care • Radiology	• Technicians (e.g. EKG, EEG, etc) • Lab: Phlebotomy
4. Other	• Housekeeping • Food Services	• Clerk	• Volunteer	• 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	