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Hand Hygiene Observation Tool

Region:	Facility:
Unit:	Peer Reviewer:
Date:	Time:

Health Care Provider (HCP) Category

1. Nurse	<ul style="list-style-type: none"> Registered Nurse Registered Psychiatric Nurse Midwife 	<ul style="list-style-type: none"> Licensed Practical Nurse 	<ul style="list-style-type: none"> Care Aide 	<ul style="list-style-type: none"> Nursing/Midwife Student
2. Physician	<ul style="list-style-type: none"> Medical Doctor 	<ul style="list-style-type: none"> Resident 	<ul style="list-style-type: none"> Fellow 	<ul style="list-style-type: none"> Medical 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	Moment				Hand Hygiene: A = ABHR W = Wash M = Miss	Factors: R = Rings N = Nails W = Wrist NS = No HH Supplies	Notes – Enter Order ID (See Appendix A for full list)
		1 BEF-PAT/ENV	2 BEF-ASP	3 AFT-BFL	4 AFT-PAT/ENV			
1						<input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> M	<input type="checkbox"/> R <input type="checkbox"/> N <input type="checkbox"/> W <input type="checkbox"/> NS	
2						<input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> M	<input type="checkbox"/> R <input type="checkbox"/> N <input type="checkbox"/> W <input type="checkbox"/> NS	
3						<input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> M	<input type="checkbox"/> R <input type="checkbox"/> N <input type="checkbox"/> W <input type="checkbox"/> NS	
4						<input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> M	<input type="checkbox"/> R <input type="checkbox"/> N <input type="checkbox"/> W <input type="checkbox"/> NS	
5						<input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> M	<input type="checkbox"/> R <input type="checkbox"/> N <input type="checkbox"/> W <input type="checkbox"/> NS	
6						<input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> M	<input type="checkbox"/> R <input type="checkbox"/> N <input type="checkbox"/> W <input type="checkbox"/> NS	
7						<input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> M	<input type="checkbox"/> R <input type="checkbox"/> N <input type="checkbox"/> W <input type="checkbox"/> NS	
8						<input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> M	<input type="checkbox"/> R <input type="checkbox"/> N <input type="checkbox"/> W <input type="checkbox"/> NS	

Interior Health would like to recognize and acknowledge the traditional, ancestral, and unceded territories of the Dākelh Dené, Ktunaxa, Nlaka'pamux, Secwépemc, St'át'imc, syilx, and Tšìlhqot'in Nations where we live, learn, collaborate, and work together.

9						<input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> M	<input type="checkbox"/> R <input type="checkbox"/> N <input type="checkbox"/> W <input type="checkbox"/> NS	
10						<input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> M	<input type="checkbox"/> R <input type="checkbox"/> N <input type="checkbox"/> W <input type="checkbox"/> NS	
11						<input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> M	<input type="checkbox"/> R <input type="checkbox"/> N <input type="checkbox"/> W <input type="checkbox"/> NS	
12						<input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> M	<input type="checkbox"/> R <input type="checkbox"/> N <input type="checkbox"/> W <input type="checkbox"/> NS	
13						<input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> M	<input type="checkbox"/> R <input type="checkbox"/> N <input type="checkbox"/> W <input type="checkbox"/> NS	
14						<input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> M	<input type="checkbox"/> R <input type="checkbox"/> N <input type="checkbox"/> W <input type="checkbox"/> NS	
15						<input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> M	<input type="checkbox"/> R <input type="checkbox"/> N <input type="checkbox"/> W <input type="checkbox"/> NS	
16						<input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> M	<input type="checkbox"/> R <input type="checkbox"/> N <input type="checkbox"/> W <input type="checkbox"/> NS	
17						<input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> M	<input type="checkbox"/> R <input type="checkbox"/> N <input type="checkbox"/> W <input type="checkbox"/> NS	
18						<input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> M	<input type="checkbox"/> R <input type="checkbox"/> N <input type="checkbox"/> W <input type="checkbox"/> NS	
19						<input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> M	<input type="checkbox"/> R <input type="checkbox"/> N <input type="checkbox"/> W <input type="checkbox"/> NS	
20						<input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> M	<input type="checkbox"/> R <input type="checkbox"/> N <input type="checkbox"/> W <input type="checkbox"/> NS	
21						<input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> M	<input type="checkbox"/> R <input type="checkbox"/> N <input type="checkbox"/> W <input type="checkbox"/> NS	
22						<input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> M	<input type="checkbox"/> R <input type="checkbox"/> N <input type="checkbox"/> W <input type="checkbox"/> NS	
23						<input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> M	<input type="checkbox"/> R <input type="checkbox"/> N <input type="checkbox"/> W <input type="checkbox"/> NS	
24						<input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> M	<input type="checkbox"/> R <input type="checkbox"/> N <input type="checkbox"/> W <input type="checkbox"/> NS	
25						<input type="checkbox"/> A <input type="checkbox"/> W <input type="checkbox"/> M	<input type="checkbox"/> R <input type="checkbox"/> N <input type="checkbox"/> W <input type="checkbox"/> NS	



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Performing the Observations

1. Record only those observations done during routine care, not during urgent/emergent situations (e.g., code blue, patient falling).
2. Stand near the point of care when making an observation, while assuring you are respecting patient privacy and not disturbing care activities.
3. In acute care areas, keep audit sessions to a maximum of 20 minutes (± 10 minutes depending on the level of activity in the care area).
4. In long term care, there is no time limit for the audit session.
5. You may observe several HCPs simultaneously provided you are confident you can observe the complete sequence of events accurately. It is recommended to only observe a maximum of three HCPs at a time.
6. In acute care areas an individual HCP should be observed no more than six times during any one audit session. Exceptions to this rule may be needed in rural areas with low staffing levels.
7. You should attempt to achieve a representative HCP sample in each area and each audit session.
8. Provide in the moment feedback in a positive manner to facilitate education and provide growth opportunities for the HCP observed.
9. Total quarterly quota observation numbers required are determined by the IH Infection Prevention and Control epidemiologist.

Using the Observation Tool

1. Complete the top of the form by indicating **ALL** the following: region, facility, unit (care area/location), peer reviewer name, date, and time.
2. The type of HCP being observed is identified by the number that corresponds with the categories listed at the top of the form.
3. Each opportunity line is for recording **one observation of one opportunity for one individual**. Subsequent observations should be recorded in the other opportunity lines, being careful to identify the HCP codes. As soon as you observe an indication for a HH opportunity, indicate the type of HCP being observed, and then the results of your observation.
4. For each HH opportunity, indicate one of the following opportunities for hand hygiene:
 - Before Patient Contact = before contact with the patient or the patient's immediate environment (i.e., around their bedside, curtains).
 - Before Clean/Aseptic Procedure = procedures requiring aseptic technique to prevent contamination with microorganisms (patient's own or transient microorganisms, i.e., providing oral care, wound dressings).
 - After Body Fluid Exposure Risk = after potential contact with body fluids (i.e., emptying foley, handling waste such as tissues).
 - After Patient Contact = after contact with the patient or the patient's immediate environment (i.e., around their bedside including curtains).
5. For each HH opportunity, indicate the following:
 - Hand hygiene method or miss.
 - Factors that impede proper hand hygiene.
 - Notes indicating how the hand hygiene opportunity was missed (see Appendix A).
6. End the observation if the privacy curtain is drawn around the patient's bed or the door is closed.
7. Record any additional information in the applicable "Notes" section.

Appendix A

Supplementary Notes on Hand Hygiene Factors

Note Order ID	Description
1	Body Fluid Exposure
2	Clean linen cart contamination
3	Cleaned multiple rooms
4	Contact with a personal object
5	Contact with patient chart
6	Cross contamination with gloves
7	Direct physical contact
8	Drawing blood
9	Injections
10	Multiple patient environment
11	No hand hygiene after gloves
12	No hand hygiene before gloves
13	Nurse environment to patient environment
14	Patient environment to nurse environment
15	Patient IV poles
16	Patient medication
17	Prepared food after contact

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Last Reviewed			
Partners Reviewed			
Approved By	IPAC		
Owner	Infection Prevention and Control		
Revision History	Date	Section	Revision