

## HAND HYGIENE (HH) COMPLIANCE AUDIT TOOL

Name of Facility: \_\_\_\_\_ Name of Monitor / Auditor: \_\_\_\_\_

**Discipline (DS) Type:**

- 1. Physician/NP
- 2. Nurse
- 3. Certified nursing assistant (CNA)

- 4. Dietary
- 5. Housekeeping
- 6. Activities
- 7. Maintenance

- 8. Vendor/Contract Staff
- 9. Other/Specify

<b>Key</b> HW: Hand Wash ABHR: Alcohol-based Hand Rub	<b>Weekly Goal:</b>  <b>DEADLINE/DUE DATE:</b>
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Date	Initials of DS Audited	DS Type (See Key)	HH provided <u>BEFORE</u> Touching the resident, handling medications, or equipment				HH <u>AFTER</u> Touching the resident Environment, or other objects				Comments: (if compliance was not met explain remediation process)
			Yes HW	YES ABHR	No	N/A	Yes HW	Yes ABHR	No	N/A	
<b>Totals</b>											
<b>Percent Compliant:</b>			<b>Percent Non-compliant:</b>				<b>Formula to calculate compliance percentage.</b> $\frac{\text{Number of compliant observations}}{\text{Number of total observations}} \times 100$				

## Hand Hygiene Monitoring Tool Instructions

The purpose of this hand hygiene audit tool is to determine health care worker (HCW), facility staff, vendors and contracted staff compliance with hand hygiene practice.

- Hand hygiene refers to cleaning your hands by using an alcohol-based hand rub (ABHR) or by washing hands with soap (antimicrobial or plain) and water.


The observer/auditor records the occasions they observe where a discipline should have carried out hand hygiene, called “opportunities.”

Examples of **hand hygiene** opportunities include:

- Before touching a resident.
- Before performing a clean or invasive procedure.
- After handling body fluids.
- After touching the resident, passing medications, performing care, performing an activity, touching items within the resident’s environment, or objects involved in the resident’s care.
- After removing gloves.
- Before touching or handling resident’s food(s).

A total of **10** observations should be performed each week. Submit completed monitoring forms to the infection preventionist or designee on or by the deadline/due date (enter the date on each record):

1. Write the name of the individual performing the audit on the form, record the month and year, and write your initials on the line indicated.
2. Refer to the key on the tool for discipline type and other abbreviations used on the monitoring form.
3. For each opportunity, the observer records the following:
  - **Date:** include month, day, and year.
  - **Discipline type:** use the number that corresponds with the title of the person you are observing.
  - **Hand hygiene before touching the resident, passing medications, or touching equipment/objects:**
    - If the DS cleans her/his hands with an ABHR *before* touching a resident, place an **X** in the box labeled **Yes ABHR**.
    - If a DS washes her/his hands with soap and water *before* touching a resident, place an **X** in the box labeled **Yes HW**.
    - If a DS did not clean their hands *before* touching the resident, place an **X** in the box labeled **No**.
    - If a DS enters a patient’s room, but does not touch the resident, then hand hygiene was not necessary, so put an **X** in the box labeled **N/A**.

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- **Hand hygiene after touching the resident, passing medications, leaving the environment or touching other equipment/objects:**
    - If a DS cleans her/his hands after touching the resident, environmental surfaces or other objects in the room, put an X in the appropriate box (Yes ABHR or Yes HW).
    - If a DS did not clean their hands after touching the resident, environmental surfaces, or other objects in the room, put an X in the box labeled No.
    - If a DS enters the resident's room, but does not touch anything, mark the box.