- Perform one week observation
- Designate one handwashing "spy" daily
- Turn in at end of each day

Infection Control – Hand Hygiene Compliance

Date	Name of person being observed	Position 1. Nurse 2. Physician 3. Surgical Tech 4. Anesthesia 5. Other	Location 1. Pre-Op 2. Intra-Op 3. Post-Op	Before contact with patient Appropriate hand hygiene used	After contact with patient Appropriate hand hygiene used	After contact with contaminated environment / equipment	After removal of gloves
		1 2 3 4 5	1	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
			2	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
			3	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
		1 2 3 4 5	1	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
			2	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
			3	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
		1 2 3 4 5	1	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
			2	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
			3	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
		1 2 3 4 5	1	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
			2	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
			3	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
		1 2 3 4 5	1	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
			2	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
			3	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No	❑ Yes ❑ No
		Total Observations		**Yes** _____ **No** _____	**Yes** _____ **No** _____	**Yes** _____ **No** _____	**Yes** _____ **No** _____

1. Calculate end of week tally by position and compliance
2. Submit on benchmark.
3. Document who "other" is if designated on tool.

Comments:

Hand Hygiene Compliance Summary Sheet

Totals

1. Position: How Many?	**Nurses**	_____
	Physicians	_____
	Surgical Tech	_____
	Anesthesia	_____
	Other	_____
2. Location: How Many?	**Pre-Op**	_____
	Intra-Op	_____
	Post-Op	_____

	# of "Yes"	**# of "No"**
3. Before Patient Contact: Hand Hygiene Used?		
4. After Patient Contact? Hand Hygiene Used?		
5. After Contact with Contaminated Environment/Equipment?		
6. After removal of gloves?		
TOTAL		

Total # of Yes:	_____
Total # of No:	_____
Total Number of Observations: (= Total Yes + Total No)	_____
Percentage of Yes (= #Yes/Total Observations)	_____
Percentage No (= #No/Total Observations)	_____
Hand Hygiene Compliant (If compliance = 51% or greater Yes, then Compliant)	❑ **Yes** ❑ **No**