


Unit: \_\_\_\_\_

Date: \_\_\_\_\_

 Department of <b>Public Health</b> CITY OF PHILADELPHIA		<h2 style="text-align: center;">Hand Hygiene Observations</h2>		
Staff type*	Type of HH Opportunity			HH Performed?
	<input type="radio"/> Room entry <input type="radio"/> Room exit <input type="radio"/> Other:	<input type="radio"/> Before resident contact <input type="radio"/> After resident contact	<input type="radio"/> Before glove <input type="radio"/> After glove	<input type="radio"/> Alcohol-rub <input type="radio"/> Hand wash <input type="radio"/> No HH done
	<input type="radio"/> Room entry <input type="radio"/> Room exit <input type="radio"/> Other:	<input type="radio"/> Before resident contact <input type="radio"/> After resident contact	<input type="radio"/> Before glove <input type="radio"/> After glove	<input type="radio"/> Alcohol-rub <input type="radio"/> Hand wash <input type="radio"/> No HH done
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\*Staff key: MD= physician, PA= Physician assistant, NP= Nurse practitioner, RN= Registered nurse, LPN= Licensed practical nurse, CNA= Certified nursing assistant, REHAB= Rehabilitation staff (e.g. physical/ occupational/ speech therapist), DIET= Dietary staff, EVS= Environmental services or housekeeping staff, SW= social worker, UNK= unknown/ unable to determine