



Department of
Public Health
CITY OF PHILADELPHIA

Hand Hygiene and PPE Use Observations

Staff type*	Type of HH Opportunity	HH Performed?	Indication for PPE use	Type of PPE Indicated?	Appropriate PPE used?
	<input type="radio"/> Room entry <input type="radio"/> Room exit <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"/> Other:	<input type="radio"/> Alcohol-rub <input type="radio"/> Hand wash <input type="radio"/> No HH done	<input type="radio"/> Exposure to bodily fluids (standard precautions) <input type="radio"/> Enhanced barrier prec. <input type="radio"/> Contact precautions <input type="radio"/> Droplet precautions <input type="radio"/> PPE use not indicated	<input type="radio"/> Gloves <input type="radio"/> Gloves and gown <input type="radio"/> Mask/ goggles/ faceshield <input type="radio"/> None	<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> N/A - PPE use not indicated
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