

St Luke's Rehab Hand Hygiene Compliance Audit Tool

Unit: \_\_\_\_\_ Month: \_\_\_\_\_ Name: \_\_\_\_\_

**\*Please complete 10 observations on each sheet (if collecting for all units please write next to the number the unit the data is collected for).**

**General Instructions**

In order to assess if staff is complying with the hand hygiene guidelines **the Designee will conduct the assigned number of observations on the unit listed, during the assigned time frame listed above.** The following elements are collected for each observation: Compliance with hand hygiene (GEL and/or SOAP & WATER), Compliance entering or exiting the room, and job title/position. These observations can include all personnel.

1. Patient care activity requiring hand hygiene interaction observed.  
a. HH Occurred: **Yes** or **No**                      b. Going: **IN** or **Out**                      c. Job/Title: \_\_\_\_\_
  
2. Patient care activity requiring hand hygiene interaction observed.  
a. HH Occurred: **Yes** or **No**                      b. Going: **IN** or **Out**                      c. Job/Title: \_\_\_\_\_
  
3. Patient care activity requiring hand hygiene interaction observed.  
a. HH Occurred: **Yes** or **No**                      b. Going: **IN** or **Out**                      c. Job/Title: \_\_\_\_\_
  
4. Patient care activity requiring hand hygiene interaction observed.  
a. HH Occurred: **Yes** or **No**                      b. Going: **IN** or **Out**                      c. Job/Title: \_\_\_\_\_
  
5. Patient care activity requiring hand hygiene interaction observed.  
a. HH Occurred: **Yes** or **No**                      b. Going: **IN** or **Out**                      c. Job/Title: \_\_\_\_\_
  
6. Patient care activity requiring hand hygiene interaction observed.  
a. HH Occurred: **Yes** or **No**                      b. Going: **IN** or **Out**                      c. Job/Title: \_\_\_\_\_
  
7. Patient care activity requiring hand hygiene interaction observed.  
a. HH Occurred: **Yes** or **No**                      b. Going: **IN** or **Out**                      c. Job/Title: \_\_\_\_\_
  
8. Patient care activity requiring hand hygiene interaction observed.  
a. HH Occurred: **Yes** or **No**                      b. Going: **IN** or **Out**                      c. Job/Title: \_\_\_\_\_
  
9. Patient care activity requiring hand hygiene interaction observed.  
a. HH Occurred: **Yes** or **No**                      b. Going: **IN** or **Out**                      c. Job/Title: \_\_\_\_\_
  
10. Patient care activity requiring hand hygiene interaction observed.  
a. HH Occurred: **Yes** or **No**                      b. Going: **IN** or **Out**                      c. Job/Title: \_\_\_\_\_