

HAND HYGIENE (HH) AND PERSONAL PROTECTIVE EQUIPMENT (PPE) OBSERVATIONS

Staff type*	Type of opportunity	HH performed?	What PPE is indicated? (check all that apply)	PPE used by staff during observation	Comments
<input type="checkbox"/> MED <input type="checkbox"/> EVS <input type="checkbox"/> NUR <input type="checkbox"/> OTH <input type="checkbox"/> CNA <input type="checkbox"/> FAM <input type="checkbox"/> Therapy <input type="checkbox"/> UNK <input type="checkbox"/> DIET	<input type="checkbox"/> Room entry <input type="checkbox"/> Room exit <input type="checkbox"/> Before resident contact <input type="checkbox"/> After resident contact <input type="checkbox"/> Before glove use <input type="checkbox"/> After glove use <input type="checkbox"/> Other: _____	<input type="checkbox"/> Alcohol-rub <input type="checkbox"/> Hand wash <input type="checkbox"/> No HH done <input type="checkbox"/>	<input type="checkbox"/> Gown <input type="checkbox"/> Gloves <input type="checkbox"/> Eye protection <input type="checkbox"/> Mask <input type="checkbox"/> None	<input type="checkbox"/> Gown <input type="checkbox"/> Gloves <input type="checkbox"/> Eye protection <input type="checkbox"/> Mask <input type="checkbox"/> None	
<input type="checkbox"/> MED <input type="checkbox"/> EVS <input type="checkbox"/> NUR <input type="checkbox"/> OTH <input type="checkbox"/> CNA <input type="checkbox"/> FAM <input type="checkbox"/> Therapy <input type="checkbox"/> UNK <input type="checkbox"/> DIET	<input type="checkbox"/> Room entry <input type="checkbox"/> Room exit <input type="checkbox"/> Before resident contact <input type="checkbox"/> After resident contact <input type="checkbox"/> Before glove use <input type="checkbox"/> After glove use <input type="checkbox"/> Other: _____	<input type="checkbox"/> Alcohol-rub <input type="checkbox"/> Hand wash <input type="checkbox"/> No HH done <input type="checkbox"/>	<input type="checkbox"/> Gown <input type="checkbox"/> Gloves <input type="checkbox"/> Eye protection <input type="checkbox"/> Mask <input type="checkbox"/> None	<input type="checkbox"/> Gown <input type="checkbox"/> Gloves <input type="checkbox"/> Eye protection <input type="checkbox"/> Mask <input type="checkbox"/> None	
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*Staff key: MED=Physician, physician assist., advanced practice nurse; NUR=Registered nurse, licensed practice nurse; CNA=Certified nurse aide or assist., Therapy=Physical, occupational, speech; DIET=Dietary staff, EVS=Environmental services or housekeeping staff, OTH=Social worker, clerical, clergy, hospice, other; FAM=Resident's family member; UNK=Unknown/unable to determine