

**[NAME OF NURSING HOME]**

Hand Hygiene Monitoring Form

Cubicle/Ward/Level/Block: \_\_\_\_\_

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

No. of Obs	Type of Healthcare Workers							Type of Contact		Hand Hygiene (before)			Hand Hygiene (after)			Adherence		
	RN	EN	HA	NA	TH	GW	OTH	Patient	Environment	Alc	HW	No	Alc	HW	No	Yes	No	
1																		
2																		
3																		
4																		
5																		
6																		
7																		
8																		
9																		
10																		
11																		
12																		
13																		
14																		
15																		
16																		
17																		
18																		
19																		
20																		
															<b>Total of Y</b>			
															<b>% Adherence</b>			

**Legend:** RN = Registered Nurse, EN = Enrolled Nurse, HA = Healthcare Assistant, NA = Nursing Aide, TH = Physiotherapist, Occupational Therapist, Speech Therapist, GW = General Worker, OTH = Others, Alc = alcohol-based hand rub, HW = handwashing with soap and water, N = None

Remarks, if any: \_\_\_\_\_

Initials: \_\_\_\_\_