

Observation Tool



Observer-ID: [][][][][]	Form-No.: [][]
Date: [m][m] : [d][d] : [y][y][y][y]	Facility-ID: [][][]
Day of Week: _____	Patient Care Unit: _____
Start Time: [h][h] : [m][m] : [AM/PM]	
End Time: [h][h] : [m][m]	

- Health care provider (HCP) category:
- | | | | |
|---------------------|----------------------------|-----------------------------------|------------------------|
| 1 = Physician | 5 = Social Worker | 9 = Environmental Services Worker | 13 = Dietician |
| 2 = Nurse | 6 = Pharmacy | 10 = Patient Transporter | 14 = PSA, PSW, PCA |
| 3 = Medical Student | 7 = Occupational therapist | 11 = Radiology Tech | 15 = Electrophysiology |
| 4 = Nursing Student | 8 = Physiotherapist | 12 = Respiratory Therapist | 16 = Auxiliary nurse |
| | | | 17 = Other |

HCP: _____	HCP: _____	HCP: _____	HCP: _____
1 <input type="checkbox"/> BEF-PAT/ENV <input type="checkbox"/> AFT-PAT/ENV T: <input type="checkbox"/> BEF-ASP <input type="checkbox"/> AFT-BFL <input type="checkbox"/> Rub <input type="radio"/> Missed <input type="checkbox"/> Wash <input type="checkbox"/> Gloves <input type="checkbox"/> Nails <input type="checkbox"/> Bracelets <input type="checkbox"/> Rings	1 <input type="checkbox"/> BEF-PAT/ENV <input type="checkbox"/> AFT-PAT/ENV T: <input type="checkbox"/> BEF-ASP <input type="checkbox"/> AFT-BFL <input type="checkbox"/> Rub <input type="radio"/> Missed <input type="checkbox"/> Wash <input type="checkbox"/> Gloves <input type="checkbox"/> Nails <input type="checkbox"/> Bracelets <input type="checkbox"/> Rings	1 <input type="checkbox"/> BEF-PAT/ENV <input type="checkbox"/> AFT-PAT/ENV T: <input type="checkbox"/> BEF-ASP <input type="checkbox"/> AFT-BFL <input type="checkbox"/> Rub <input type="radio"/> Missed <input type="checkbox"/> Wash <input type="checkbox"/> Gloves <input type="checkbox"/> Nails <input type="checkbox"/> Bracelets <input type="checkbox"/> Rings	1 <input type="checkbox"/> BEF-PAT/ENV <input type="checkbox"/> AFT-PAT/ENV T: <input type="checkbox"/> BEF-ASP <input type="checkbox"/> AFT-BFL <input type="checkbox"/> Rub <input type="radio"/> Missed <input type="checkbox"/> Wash <input type="checkbox"/> Gloves <input type="checkbox"/> Nails <input type="checkbox"/> Bracelets <input type="checkbox"/> Rings
2 <input type="checkbox"/> BEF-PAT/ENV <input type="checkbox"/> AFT-PAT/ENV T: <input type="checkbox"/> BEF-ASP <input type="checkbox"/> AFT-BFL <input type="checkbox"/> Rub <input type="radio"/> Missed <input type="checkbox"/> Wash <input type="checkbox"/> Gloves	2 <input type="checkbox"/> BEF-PAT/ENV <input type="checkbox"/> AFT-PAT/ENV T: <input type="checkbox"/> BEF-ASP <input type="checkbox"/> AFT-BFL <input type="checkbox"/> Rub <input type="radio"/> Missed <input type="checkbox"/> Wash <input type="checkbox"/> Gloves	2 <input type="checkbox"/> BEF-PAT/ENV <input type="checkbox"/> AFT-PAT/ENV T: <input type="checkbox"/> BEF-ASP <input type="checkbox"/> AFT-BFL <input type="checkbox"/> Rub <input type="radio"/> Missed <input type="checkbox"/> Wash <input type="checkbox"/> Gloves	2 <input type="checkbox"/> BEF-PAT/ENV <input type="checkbox"/> AFT-PAT/ENV T: <input type="checkbox"/> BEF-ASP <input type="checkbox"/> AFT-BFL <input type="checkbox"/> Rub <input type="radio"/> Missed <input type="checkbox"/> Wash <input type="checkbox"/> Gloves
3 <input type="checkbox"/> BEF-PAT/ENV <input type="checkbox"/> AFT-PAT/ENV T: <input type="checkbox"/> BEF-ASP <input type="checkbox"/> AFT-BFL <input type="checkbox"/> Rub <input type="radio"/> Missed <input type="checkbox"/> Wash <input type="checkbox"/> Gloves	3 <input type="checkbox"/> BEF-PAT/ENV <input type="checkbox"/> AFT-PAT/ENV T: <input type="checkbox"/> BEF-ASP <input type="checkbox"/> AFT-BFL <input type="checkbox"/> Rub <input type="radio"/> Missed <input type="checkbox"/> Wash <input type="checkbox"/> Gloves	3 <input type="checkbox"/> BEF-PAT/ENV <input type="checkbox"/> AFT-PAT/ENV T: <input type="checkbox"/> BEF-ASP <input type="checkbox"/> AFT-BFL <input type="checkbox"/> Rub <input type="radio"/> Missed <input type="checkbox"/> Wash <input type="checkbox"/> Gloves	3 <input type="checkbox"/> BEF-PAT/ENV <input type="checkbox"/> AFT-PAT/ENV T: <input type="checkbox"/> BEF-ASP <input type="checkbox"/> AFT-BFL <input type="checkbox"/> Rub <input type="radio"/> Missed <input type="checkbox"/> Wash <input type="checkbox"/> Gloves
4 <input type="checkbox"/> BEF-PAT/ENV <input type="checkbox"/> AFT-PAT/ENV T: <input type="checkbox"/> BEF-ASP <input type="checkbox"/> AFT-BFL <input type="checkbox"/> Rub <input type="radio"/> Missed <input type="checkbox"/> Wash <input type="checkbox"/> Gloves	4 <input type="checkbox"/> BEF-PAT/ENV <input type="checkbox"/> AFT-PAT/ENV T: <input type="checkbox"/> BEF-ASP <input type="checkbox"/> AFT-BFL <input type="checkbox"/> Rub <input type="radio"/> Missed <input type="checkbox"/> Wash <input type="checkbox"/> Gloves	4 <input type="checkbox"/> BEF-PAT/ENV <input type="checkbox"/> AFT-PAT/ENV T: <input type="checkbox"/> BEF-ASP <input type="checkbox"/> AFT-BFL <input type="checkbox"/> Rub <input type="radio"/> Missed <input type="checkbox"/> Wash <input type="checkbox"/> Gloves	4 <input type="checkbox"/> BEF-PAT/ENV <input type="checkbox"/> AFT-PAT/ENV T: <input type="checkbox"/> BEF-ASP <input type="checkbox"/> AFT-BFL <input type="checkbox"/> Rub <input type="radio"/> Missed <input type="checkbox"/> Wash <input type="checkbox"/> Gloves

Comments:

Note: If patient is on additional precautions/isolated indicate "HCP category number" and "Opportunity number" in the "Comments."