



Standard Precautions: Observation of Hand Hygiene Provision of Supplies

PACU-1

Instructions: Observe patient care areas or areas outside of patient rooms. For each category, record the observation. In the column on the right, sum (across) the total number of “Yes” and the total number of observations (“Yes” + “No”). Sum all categories (down) for overall performance.

| Standard Precautions: Observation Categories | | Room 1 | Room 2 | Room 3 | Room 4 | Room 5 | Summary of Observations | |
|--|--|---|---|---|---|---|-------------------------|----------------|
| | | | | | | | Yes | Total Observed |
| 1 | Are functioning sinks readily accessible in the patient care area? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 2 | Are all handwashing supplies, such as soap and paper towels, available? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 3 | Is the sink area clean and dry? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 4 | Are any clean patient care supplies on the counter within a splash-zone of the sink? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 5 | Are signs promoting hand hygiene displayed in the area? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 6 | Are alcohol dispensers readily accessible? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 7 | Are alcohol dispensers filled and working properly? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Total YES and TOTAL OBSERVED | | | | | | | | |



Standard Precautions: Observation of Hand Hygiene Provision of Supplies

PACU-1

Date: _____

Observer Role: Nurse Tech Other _____ Initials: _____

Location/Unit: _____

Notes and comments:



Standard Precautions: Observation of Personal Protective Equipment Provision

PACU-2

Instructions: Observe patient care areas or areas outside of patient rooms. For each category, record the observation. In the column on the right, sum (across) the total number of “Yes” and the total number of observations (“Yes” + “No”). Sum all categories (down) for overall performance.

| Standard Precautions: Observation Categories | | Room 1 | Room 2 | Room 3 | Room 4 | Room 5 | Summary of Observations | |
|--|--|---|---|---|---|---|-------------------------|----------------|
| | | | | | | | Yes | Total Observed |
| 1 | Are gloves readily available outside each patient room or any point of care? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 2 | Are cover gowns readily available near each patient room or point of care? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 3 | Is eye protection (face shields or goggles) readily available near each patient room or point of care? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 4 | Are face masks readily available near each patient room or point of care? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 5 | Are alcohol dispensers readily accessible and functioning? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Total YES and TOTAL OBSERVED | | | | | | | | |



Standard Precautions: Observation of Personal Protective Equipment Provision

PACU-2

Date: _____

Observer Role: Nurse Tech Other _____ Initials: _____

Location/Unit: _____

Notes and comments:



Isolation: Observation of Area Exterior to Contact Isolation Rooms

PACU-3

Instructions: Observe areas outside of isolation rooms. Observe each practice and record the observation. In the column on the right, sum (across) the total number of “Yes” and the total number of observations (“Yes” + “No”). Sum all categories (down) for overall performance. Disregard not applicable categories. For example, cover gowns should be outside contact precautions rooms, but may not be required outside a room with airborne isolation precautions only.

| Isolation room: Observation Categories | | Room 1 | Room 2 | Room 3 | Summary of Observations | |
|---|--|---|---|---|-------------------------|--------------------|
| | | | | | Yes | Total “Yes” & “No” |
| 1 | Is an isolation sign at the patient’s door? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 2 | Are gloves available outside of each patient room or treatment area? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |
| 3 | Are cover gowns available near each patient room or treatment area? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 4 | Is other PPE for standard precautions (e.g., eye protection, face masks) available near each patient room or treatment area? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |
| 5 | Are surgical face masks or face shields or N95 respirators available near patient room? | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | | |
| 6 | Is dedicated patient equipment, such as stethoscopes or blood pressure cuffs, available? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| TOTAL (Do not include N/A in totals) | | | | | | |



Date: _____

Observer Role: Nurse Tech Other _____ Initials: _____

Location/Unit: _____

Notes and comments:



Isolation: Observation of Area Exterior to Airborne Infection Isolation Rooms

PACU-4

Instructions: If there are any patients requiring Airborne Infection Isolation on unit, observe area outside of each isolation room. Observe each practice and record the observation. In the column on the right, sum (across) the total number of “Yes” and the total number of observations (“Yes” + “No”). Sum all categories (down) for overall performance.

| Isolation room: Observation Categories | | Room 1 | Room 2 | Room 3 | Summary of Observations | |
|--|--|---|---|---|-------------------------|----------------|
| | | | | | Yes | Total Observed |
| 1 | Is an Airborne Infection Isolation sign at the patient’s door? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 2 | Is the door to the room closed? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 3 | Does a manometer or other measurement mechanism indicate negative pressure in the room? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 4 | Are appropriate respirators, (N-95) in multiple sizes and/or charged, powered air purifying respirators (PAPR), available? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 5 | Are respirators stored outside the room or in an anteroom? | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Total YES and TOTAL OBSERVED | | | | | | |



Isolation: Observation of Area Exterior to Airborne Infection Isolation Rooms

PACU-4

Date: _____

Observer Role: Nurse Tech Other _____ Initials: _____

Location/Unit: _____

Notes and comments:



Standard Precautions: Observation of Needlestick Prevention and Care of Laundry

PACU-5

Instructions: Observe patient care areas or areas outside of patient rooms. For each category, record the observation. In the column on the right, sum (across) the total number of “Yes” and the total number of observations (“Yes” + “No”). Sum all categories (down) for overall performance.

| Standard Precautions: Observation Categories | | Room/ Area 1 | Room/ Area 2 | Room/ Area 3 | Room/ Area 4 | Room/ Area 5 | Summary of Observations | |
|--|--|---|---|---|---|---|-------------------------|----------------|
| | | | | | | | Yes | Total Observed |
| 1 | Are sharps containers available? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 2 | Are sharps containers properly secured and not full? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 3 | Are sharps containers positioned at 52” to 56” above floor? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 4 | Are hampers for soiled laundry labeled or color-coded? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| 5 | Are clean linen supplies spatially separated from soiled areas or waste and covered or contained within a cabinet? | <input type="checkbox"/> Yes <input type="checkbox"/> No | | |
| Total YES and TOTAL OBSERVED | | | | | | | | |



Standard Precautions: Observation of Needlestick Prevention and Care of Laundry

PACU-5

Date: _____

Observer Role: Nurse Tech Other _____ Initials: _____

Location/Unit: _____

Notes and comments: