

Contact Precautions Observation Tool



Observer: _____

Date: _____

Location Unit or Wing	Position Ex. LPN, CNA, Dietary	Hand Hygiene Before		PPE Donned Before Entering Room		Contact Precautions				PPE Removed Upon Exit to Room		Hand Hygiene After	
						Gown		Gloves					
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
		Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No

To calculate rate:

(A) Total number of times precautions performed appropriately ('yes'): _____

(B) Total number of opportunities for precautions to be performed ('yes' + 'no'): _____

(A/B)x100= Percentage: _____%