**Appendix I. HCW DATA COLLECTION SHEET**

|  |  |
| --- | --- |
| **HCWID:** |  |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **OBSERVATION DATE:** |  |  |  |  |  |
| **ENTRY TIME:**  | XXXXXX |  | **EXIT TIME:** |  |  |

|  |
| --- |
| **PROVIDER TYPE:** |
| [ ]  | Nurse | [ ]  | Respiratory Tech | [ ]  | MD/Nurse practitioner |
| [ ]  | Occupational/Physical Therapy | [ ]  | Patient Care Tech (PCT) | [ ]  | Environmental Services |
| [ ]  | Other (specify): |  |

|  |  |  |
| --- | --- | --- |
| **ENVIRONMENTAL CONTACT** |  | **PATIENT CONTACT** |
| [ ]  | Sink |  | [ ]  | Bedding |
| [ ]  | Bedside table |  | [ ]  | Bedrail |
| [ ]  | Vital sign monitor |  | [ ]  | Skin |
| [ ]  | Supply cart |  | [ ]  | Wound dressing |
| [ ]  | Lift |  | [ ]  | Bathing/hygiene |
| [ ]  | IV Pump |  | [ ]  | Catheter/drain |
| [ ]  | Ventilator |  | [ ]  | Breathing devices |
| [ ]  | Curtain |  | [ ]  | Vital signs |
| [ ]  | Trash |  | [ ]  | Giving meds (oral) |
| [ ]  | Computer |  | [ ]  | IV tubing/IV meds |
| [ ]  | Barcode scanner |  | [ ]  | Transfer in/out of bed |
| [ ]  | Call button/remote |  | [ ]  | Blood draw |
| [ ]  | Outside medical equipment |  | [ ]  | Glucose monitoring |
| [ ]  | Room furniture |  | [ ]  | Rectal tube/bag |
|  |  |  | [ ]  | Suctioning |
| [ ]  | Other (specify below) |  | [ ]  | Other (specify below) |
|  |  |  |