**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) |
|  | |  |  | |