

Hand Hygiene Audit Checklist

Purpose: To assess the availability, functionality, and proper use of hand hygiene resources and practices in the facility, and to evaluate staff compliance, technique, and ongoing education efforts in order to support effective infection prevention and control.

Hand Hygiene Compliance, Monitoring, and Education Checklist

What method is being used to assess hand hygiene compliance?

| | Direct observations | | | | | |
|-----------------------------------|--|-----|----|--|--|--|
| | Secret shoppers | | | | | |
| | Return demonstrations | | | | | |
| | Glow germ test | | | | | |
| | o Other: | | | | | |
| 2. | How often hand hygiene in-services conducted? | | | | | |
| | At every in-service | | | | | |
| | Monthly | | | | | |
| | o Quarterly | | | | | |
| | o Annually | | | | | |
| | o Other: | | | | | |
| | | Yes | No | | | |
| 3. | Are records being maintained of hand hygiene audits and compliance rates? | | | | | |
| 4. | Is feedback being provided to staff on their hand hygiene practices and areas for | | | | | |
| | improvement? | | | | | |
| 5. | Are compliance results being shared with staff, management, etc.? | | | | | |
| 6. | Are hand hygiene policies and procedures being regularly reviewed to ensure they are up-to- | | | | | |
| | date and effective? | | | | | |
| Hand Hygiene Resources Assessment | | | | | | |
| | Questions | Yes | No | | | |
| 1. | Is liquid soap dispenser readily accessible, filled, and functioning properly? | | | | | |
| 2. | Is paper towel dispenser readily accessible, filled, and functioning properly? | | | | | |
| 3. | Is Alcohol-Based Hand Sanitizer (ABHS) dispenser readily accessible, filled, and functioning properly? | | | | | |
| 4. | Is the ABHS product within its expiration dates? | | | | | |
| 5. | Does the ABHS used contain 60-95% alcohol? | | | | | |
| 6. | Does the individual under observation using pocket-sized ABHS dispenser during care? | | | | | |
| 7. | Is hand hygiene instructional poster present? | | | | | |



Hand Hygiene Technique and Observational Checklist

| | bserving: Date of observation:staff observed: Role of staff observed: | | |
|--------------------|--|-------------|----|
| Name of | stall observed Note of stall observed | | |
| | Hand Hygiene Technique(s) | | |
| 1. | What method of hand hygiene is being performed? (Select all that apply) O Alcohol-Based Hand Sanitizer (ABHS) O Hand Washing O Not Performed | | |
| 2. | Hand hygiene was observed being performed at the following moments: (Select all that or Prior to room entry After room exit Before resident contact Before clean/aseptic procedure After resident contact After glove removal | at apply) | |
| | Observations | Yes | No |
| 1. | Are artificial nails or enhancements present? | | |
| 2. | Removes rings and other hand jewelry? | | |
| 3. | Pushes sleeves above wrists? | | |
| | Turns on the water faucet and adjusts the temperature to warm? | | |
| | 2. Wets hands thoroughly? (If soiled, actively removes soil/debris at this stage?) | | |
| | 3. Applies enough soap and rubs hands together, covering all surfaces (palms, back of hands, wrists, between fingers, under fingernails)? | | |
| Llow division in a | 4. Scrubs hands for 20-30 seconds? (If soiled, 40-60 seconds?) | | |

5. Rinses hands thoroughly, keeping fingertips pointed down?

6. Dries hands thoroughly with a paper towel?

7. Uses the paper towel to turn off the faucet?

8. Disposes of the paper towel in the wastebasket?

1. Applies enough product to cover hands thoroughly?

2. Rubs hands together, covering all surfaces of hands and fingers?

3. Rubs hands together until alcohol is dry (for a minimum of 30 seconds)?

Handwashing

Using ABHS