



# Hand Hygiene Assessment

**Facility Name:**

**Assessment Date:**

		Met/Unmet	Recommendations
1	Policy for hand hygiene is in place.		
2	Regular surveillance is in place to monitor staff compliance with hand hygiene policy.		
3	Alcohol-based hand sanitizer is readily available throughout facility.		
4	Items designed to reduce the spread of infection are readily available (sinks, soap, towels, gloves, etc.)		
5	Data on hand hygiene is reported to the appropriate committees.		
6	The infection control team implements plans/activities to improve hand hygiene.		
7	A physician champion addresses infection risks, including hand hygiene campaigns.		
8	Patient education is provided on hand hygiene practices.		
9	Staff are educated at least annually on proper hand hygiene practices.		
10	Performance Improvement project is in place to improve hand hygiene.		
11	Signage and other visual cues are present to encourage compliance with hand hygiene.		
12	Physicians are included in observations of hand hygiene compliance.		