| Facility Name [Title]  Date of Assessment | |
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|  | | | MET/UNMET | RECOMMENDATION FOR IMPROVEMENT |
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| 1. | Facility Representative Involved in assessing/ performing the hand hygiene assessment. | | Choose an item. |  |
| 2. | Policy for hand hygiene. | | Choose an item. |  |
| 3. | There is a regularly scheduled surveillance audit in place to monitor staff compliance with policy(wear gloves, wash after gloves, entering room, exiting a room , during patient contact, before invasive procedures, remove gloves before enter next room, no artificial nails). | | Choose an item. |  |
| 4. | Appropriate interventions are in place for preventing risks of infection including availability and appropriate placement of sinks, soap, towels, hand sanitizers, gloves, PPE. | | Choose an item. |  |
| 5. | There is an infection control team works on identifying and addressing hand hygiene concerns. | | Choose an item. |  |
| 6. | A physician champion addresses infection risks and leads approaches for hand hygiene strategies. | | Choose an item. |  |
| 7. | Rates are monitored at least quarterly including HAI and observation audits. | | Choose an item. |  |
| 8. | Data is reported to stakeholders and staff. Track and trend issues. | | Choose an item. |  |
| 9. | Patients are educated on infection control practices and prevention. | | Choose an item. |  |
| 10. | Staff are educated at least annually on appropriate hand hygiene practices. | | Choose an item. |  |
| 11. | Unit specific performance improvement projects are in place for hand hygiene. | | Choose an item. |  |
| 12. | Infection Control Preventionist engages staff in hand hygiene and associated issues. | | Choose an item. |  |
| 13. | Education campaign to encourage compliance of hand hygiene practices including signage and other visual methods. | | Choose an item. |  |
| 14. | Physicians adhere to best practices related to hand hygiene and comply with policies. | | Choose an item. |  |