

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

1.	What method is being used to assess hand hygiene compliance? <ul style="list-style-type: none"> ○ Direct observations ○ Secret shoppers ○ Return demonstrations ○ Glow germ test ○ Other: _____ 		
2.	How often hand hygiene in-services conducted? <ul style="list-style-type: none"> ○ At every in-service ○ Monthly ○ Quarterly ○ Annually ○ Other: _____ 		
		Yes	No
3.	Are records being maintained of hand hygiene audits and compliance rates?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is feedback being provided to staff on their hand hygiene practices and areas for improvement?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are compliance results being shared with staff, management, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are hand hygiene policies and procedures being regularly reviewed to ensure they are up-to-date and effective?	<input type="checkbox"/>	<input type="checkbox"/>

Hand Hygiene Resources Assessment

	Questions	Yes	No
1.	Is liquid soap dispenser readily accessible, filled, and functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is paper towel dispenser readily accessible, filled, and functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is Alcohol-Based Hand Sanitizer (ABHS) dispenser readily accessible, filled, and functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is the ABHS product within its expiration dates?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Does the ABHS used contain 60-95% alcohol?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Does the individual under observation using pocket-sized ABHS dispenser during care?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Is hand hygiene instructional poster present?	<input type="checkbox"/>	<input type="checkbox"/>

Hand Hygiene Technique and Observational Checklist

Person observing: _____

Date of observation: _____

Name of staff observed: _____

Role of staff observed: _____

Hand Hygiene Technique(s)			
1.	What method of hand hygiene is being performed? <i>(Select all that apply)</i> <ul style="list-style-type: none"> <input type="radio"/> Alcohol-Based Hand Sanitizer (ABHS) <input type="radio"/> Hand Washing <input type="radio"/> Not Performed 		
2.	Hand hygiene was observed being performed at the following moments: <i>(Select all that apply)</i> <ul style="list-style-type: none"> <input type="radio"/> Prior to room entry <input type="radio"/> After room exit <input type="radio"/> Before resident contact <input type="radio"/> Before clean/aseptic procedure <input type="radio"/> After resident contact <input type="radio"/> After glove removal 		
Observations		Yes	No
1.	Are artificial nails or enhancements present?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Removes rings and other hand jewelry?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Pushes sleeves above wrists?	<input type="checkbox"/>	<input type="checkbox"/>
Handwashing	1. Turns on the water faucet and adjusts the temperature to warm?	<input type="checkbox"/>	<input type="checkbox"/>
	2. Wets hands thoroughly? (If soiled, actively removes soil/debris at this stage?)	<input type="checkbox"/>	<input type="checkbox"/>
	3. Applies enough soap and rubs hands together, covering all surfaces (palms, back of hands, wrists, between fingers, under fingernails)?	<input type="checkbox"/>	<input type="checkbox"/>
	4. Scrubs hands for 20-30 seconds? (If soiled, 40-60 seconds?)	<input type="checkbox"/>	<input type="checkbox"/>
	5. Rinses hands thoroughly, keeping fingertips pointed down?	<input type="checkbox"/>	<input type="checkbox"/>
	6. Dries hands thoroughly with a paper towel?	<input type="checkbox"/>	<input type="checkbox"/>
	7. Uses the paper towel to turn off the faucet?	<input type="checkbox"/>	<input type="checkbox"/>
	8. Disposes of the paper towel in the wastebasket?	<input type="checkbox"/>	<input type="checkbox"/>
Using ABHS	1. Applies enough product to cover hands thoroughly?	<input type="checkbox"/>	<input type="checkbox"/>
	2. Rubs hands together, covering all surfaces of hands and fingers?	<input type="checkbox"/>	<input type="checkbox"/>
	3. Rubs hands together until alcohol is dry (for a minimum of 30 seconds)?	<input type="checkbox"/>	<input type="checkbox"/>