

Hand Hygiene Skills Checklist

Date Observed: _____

Observer: _____

Shift Observed: 1 2 3

HCW Name	HCW Position	Nursing Unit or Ancillary Department	Hand Hygiene Random, Unannounced Observations	Person Compliant with Hand Hygiene Policy
1.				<input type="checkbox"/> Yes <input type="checkbox"/> No
2.				<input type="checkbox"/> Yes <input type="checkbox"/> No
3.				<input type="checkbox"/> Yes <input type="checkbox"/> No
4.				<input type="checkbox"/> Yes <input type="checkbox"/> No
5.				<input type="checkbox"/> Yes <input type="checkbox"/> No
	1. RN/LVN 2. Nurse Aid/CNA 3. Physician 4. Physician Assistant 5. Nurse Practitioner 6. Volunteer 7. Dietary 8. Visitor 9. Student 10. Respiratory Therapist 11. Radiology Tech 12. IV Therapist 13. Other	1. Unit A 2. Unit B 3. Dietary 4. EVS 5. Rehab SVC 6. Dining room 7. Activities room 8. Other	1. Enter room 2. Leave room 3. Touch resident 4. Touch equipment in room 5. Remove gloves 6. Before med pass 7. After med pass 8. Before feeding 9. After feeding 10. Other	Comments: For the purpose of observation, consider contact with the resident and the resident's immediate (e.g., bedroom and bathroom; dining room and chair and table; activities room chair and table) environment as a single, contiguous contact
Hand hygiene verbal skills assessed: If yes, how many HCW assessed: _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
How many HCW failed verbal skills assessment: _____				
Percent failure rate: _____				
Hand Hygiene with an alcohol-based product return demonstration skills assessed: If yes, how many HCW assessed: _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
How many HCW failed return demonstration: _____				
Percent failure rate: _____				
Hand Hygiene random, unannounced observations performed: If yes, how many random observations: _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
How many HCW failed random observations: _____				
Percent failure rate: _____				
Were visitors or volunteers observed for compliance with hand hygiene: If yes, how many visitors or volunteers observed: _____				<input type="checkbox"/> Yes <input type="checkbox"/> No
How many visitors or volunteers failed random observations: _____				
Percent failure rate: _____				
Data reported to Quality Improvement Committee: <input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Recommended Actions: _____				

*Adapted from Guide to the Elimination of Methicillin-Resistant *Staphylococcus aureus* (MRSA) in Long-Term Care Facility, 2009; published by the Association for Professionals in Infection Control and Epidemiology, Inc.