

# Hand Hygiene Compliance Checklist

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## Availability of Hand Hygiene Facilities

Ensures adequate and accessible hand hygiene resources are available throughout the facility.

### Number of Sinks with Soap Available

### Number of ABHR Dispensers Available



**Are sinks easily accessible to staff and patients?**

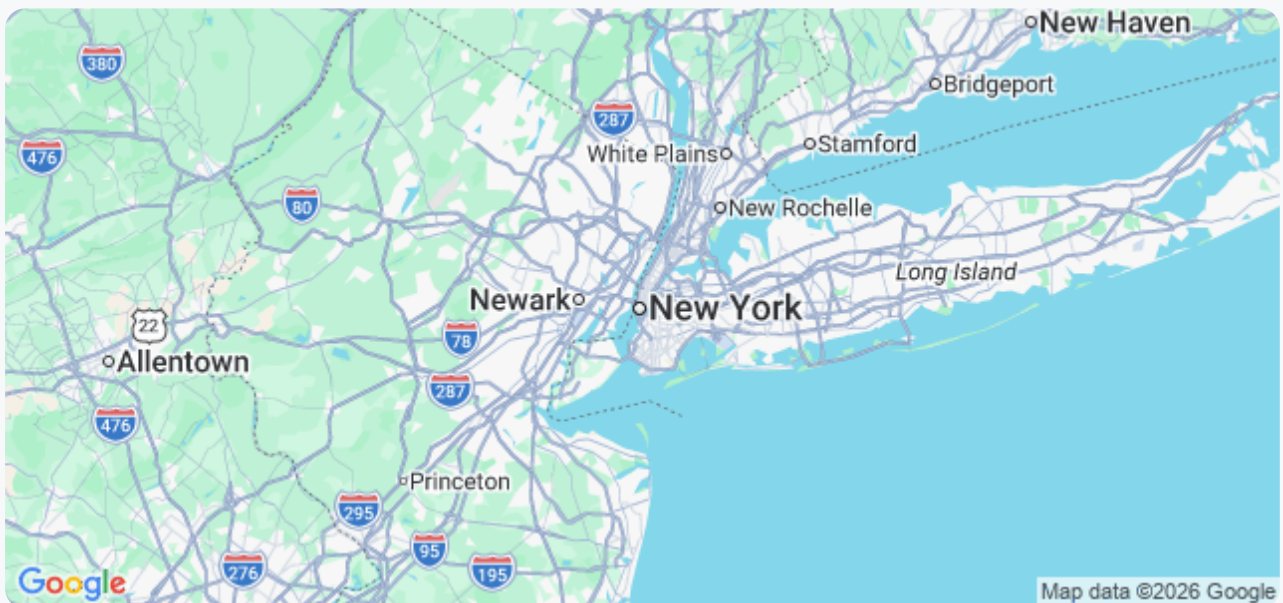
- Yes
- No
- Partially

**Are ABHR dispensers placed at strategic points (e.g., entrances, exits, patient rooms)?**

- Yes
- No
- Partially

**Location of nearest hand hygiene facility for high-risk areas (e.g., isolation rooms, surgical suites)**

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### Are hand hygiene facilities adequately lit?

- Yes
- No
- N/A

### Any observed barriers to access or usability of hand hygiene facilities?

Write something...

## Soap and Water Availability

Focuses on the presence and functionality of sinks and soap dispensers.

### Number of Sinks Available

Enter a number...

### Soap Type Available (Liquid, Bar, Powder)

- Liquid Soap
- Bar Soap
- Powdered Soap

### Soap Dispenser Functionality

- Fully Functional
- Partially Functional (needs repair)
- Not Functional (needs replacement)

### Number of Functional Soap Dispensers

Enter a number...

### Water Temperature - Acceptable?

- Yes - Warm Enough
- No - Too Cold
- No - Too Hot

### Comments/Observations regarding Soap and Water Availability

Write something...

### Hot and Cold Water Mixing Valve Functionality

- Functional
- Needs Maintenance
- Not Functional

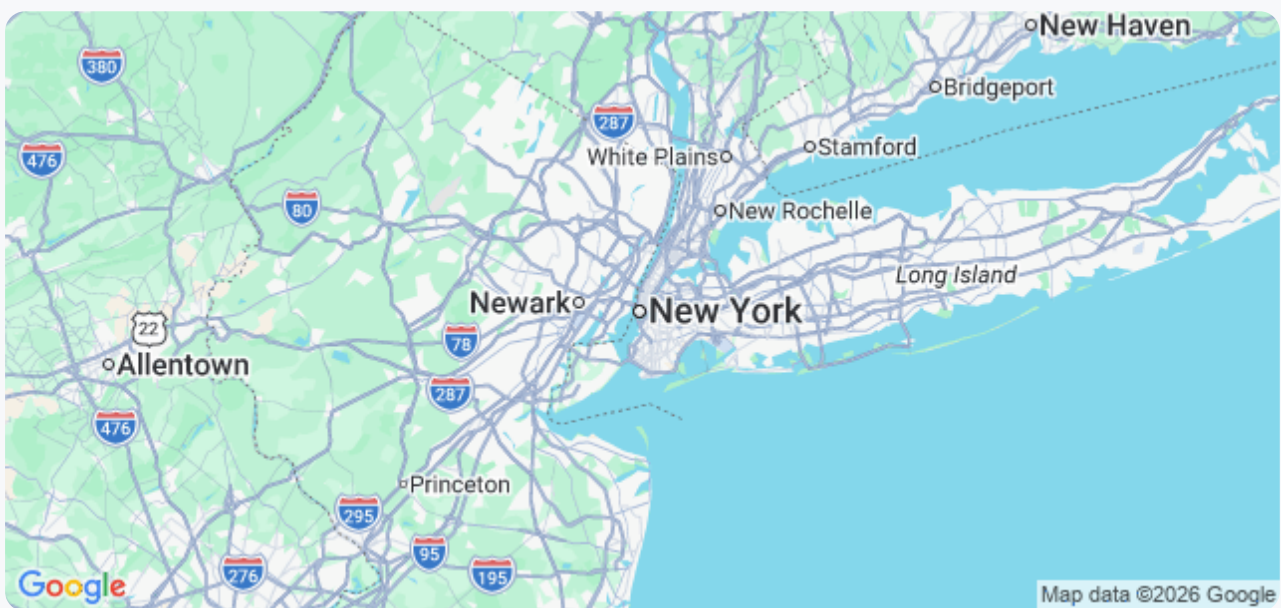
# Alcohol-Based Handrub (ABHR) Availability

Focuses on the presence and accessibility of ABHR dispensers.

## Number of ABHR dispensers present

## Locations of ABHR dispensers (list all)

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**ABHR dispenser type (e.g., wall-mounted, freestanding)**

- Wall-mounted
- Freestanding
- Automatic
- Manual

**ABHR dispenser functionality**

- Fully functional
- Leaking
- Clogged
- Empty
- Damaged

**ABHR volume remaining in each dispenser (in liters/oz)**

Enter a number...

**Date of last ABHR refill**

Enter date...

**Notes on dispenser condition or issues (if any)**

Write something...

**Are dispensers accessible to patients/visitors?**

- Yes
- No
- Partially

# Signage & Education

Verifies appropriate signage and educational materials are in place to promote hand hygiene.

## Number of Hand Hygiene Signage Posters Displayed in Patient Care Areas

## Number of Hand Hygiene Signage Posters Displayed in Staff Areas

## Signage Content - Does it include 'When to Clean Hands?'

- Yes
- No
- Not Applicable

## Signage – Are signs in appropriate languages for the patient population?

- Yes
- No
- Not Applicable

**Describe any educational materials available to staff regarding hand hygiene (e.g., training modules, quick reference guides)**

Write something...

**Upload a sample copy of the staff hand hygiene training material**

 Upload File

**Are patient education brochures or materials on hand hygiene readily available?**

- Yes
- No
- Not Applicable

**Describe how patient/visitor hand hygiene is promoted (e.g., reminders at entrances, posters in waiting areas)**

Write something...

## Observation of Staff Hand Hygiene Practices

Direct observation of staff adherence to hand hygiene guidelines.

**Number of Staff Observed**

Enter a number...

**Number of Opportunities for Hand Hygiene Observed**

Enter a number...

**Number of Times Staff Performed Hand Hygiene with Soap & Water**

Enter a number...

**Number of Times Staff Used Alcohol-Based Handrub**

Enter a number...

**Number of Times Hand Hygiene Was Missed (Opportunity Present, Not Performed)**

Enter a number...

**Was appropriate technique used (Soap & Water)?**

- Yes
- No
- Not Observed

**Was appropriate technique used (ABHR)?**

- Yes
- No
- Not Observed

**Comments/Notes on Staff Hand Hygiene Practices (e.g., specific observations, deviations from protocol)**

Write something...

**Did staff wear appropriate PPE (gloves) when indicated?**

- Yes
- No
- Not Applicable

## Waste Disposal

Ensures proper disposal of used wipes, gloves, and other materials used during hand hygiene.

**Are designated waste containers for contaminated materials readily available near hand hygiene stations?**

- Yes
- No
- N/A

**Are waste containers properly labeled for infectious waste?**

- Yes
- No
- N/A

**How many waste containers are dedicated for disposal of used gloves and wipes?**

Enter a number...

**Are waste containers lined with appropriate bags?**

- Yes
- No
- N/A

**Describe any observations related to improper waste disposal practices (e.g., overflowing bins, mixed waste streams).**

Write something...

**Date of last waste container liner replacement**

Enter date...

**Are staff trained on proper waste segregation procedures?**

- Yes
- No
- N/A

# Maintenance and Replenishment

Evaluates the system for ensuring supplies are regularly replenished and equipment is maintained.

## Frequency of Soap Replenishment (days)

## Frequency of ABHR Replenishment (days)

## Date of Last Soap Dispenser Inspection

## Date of Last ABHR Dispenser Inspection

**Details of Any Maintenance Issues Found During Inspection (e.g., leaks, malfunctions)**

Write something...

**Condition of Soap Dispensers (Post-Inspection)**

- Excellent
- Good
- Fair
- Poor

**Condition of ABHR Dispensers (Post-Inspection)**

- Excellent
- Good
- Fair
- Poor

**Notes Regarding Supply Levels (e.g., consistently low stock, storage conditions)**

Write something...

**Number of ABHR Dispensers Currently in Use**

Enter a number...

**Patient/Visitor Hand Hygiene Promotion**

Focuses on encouraging and enabling patients and visitors to practice hand hygiene.

**Are hand hygiene stations clearly visible to patients/visitors?**

- Yes
- No
- Partially

**What types of promotional materials are available to patients/visitors regarding hand hygiene?**

- Posters
- Brochures/Pamphlets
- Digital displays/Videos
- None

**Are instructions for hand hygiene prominently displayed?**

- Yes
- No
- Unsure

**Describe any patient/visitor feedback received regarding hand hygiene promotion (e.g., through surveys, complaints).**

Write something...

**Estimated number of informational materials (posters, brochures, etc.) available for patient/visitor use.**

Enter a number...

**Are staff actively encouraging hand hygiene among patients/visitors?**

- Always
- Sometimes
- Rarely
- Never

**Upload a sample of a patient/visitor hand hygiene informational brochure/poster.**

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