

#### **Hand Hygiene Compliance Checklist**

#### **Availability of Hand Hygiene Facilities**

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

Number of Sinks with Soap Available  Enter a number
Number of ABHR Dispensers Available  Enter a number
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

	Set My Current Location	
S <mark>oogle</mark>		Map data ©2025
_	facilities adequately lit?	
Yes		
No		
] N/A		
ny observed bai	riers 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
Litter a namiser
Water Temperature - Acceptable?
Yes - Warm Enough
No - Too Cold
☐ No - Too Hot
Comments/Observations regarding Soap and Water Availability
Write something

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.

Enter a number	
Number of Hand Hyg	iene Signage Posters Displayed in Staff Areas
Enter a number	
Signage Content - De	oes it include 'When to Clean Hands?'
Yes	
☐ Not Applicable	
Signage – Are signs	in appropriate languages for the patient population?
Yes	
No	
Not Applicable	
_	ional materials available to staff regarding hand hygienees, quick reference guides)
	, i , , , , , , , , , , , , , , , , , ,
Write something	

♣ 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
Enter a number
Number of Opportunities for Hand Hygiene Observed
Number of Opportunities for Hand Hygiene Observed

Enter a number	)
umber of Times Hand Hygiene Was Missed (Opportunity Present, Not erformed)	
Enter a number	
/as appropriate technique used (Soap & Water)?  ] Yes ] No ] Not Observed	
as appropriate technique used (ABHR)?	
Yes  No  Not Observed	
omments/Notes on Staff Hand Hygiene Practices (e.g., specific observations eviations from protocol)	,
Write something	
id 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

Enter date	
Are staff trained o	on proper waste segregation procedures?
aintenanc	e and Replenishment
aluates the system untained.	for ensuring supplies are regularly replenished and equipment is
Frequency of Soa	ap Replenishment (days)
Enter a number	
Frequency of ABI	HR Replenishment (days)
Frequency of ABI	HR Replenishment (days)
Enter a number	HR Replenishment (days)  Dispenser Inspection
Enter a number	
Enter a number  Date of Last Soar  Enter date	

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.
♣ Upload File