Hand Hygiene Checklist

| Personnel | | | | | | | | | | | | | | | |
|-----------------------------------|-----|----|----|-----|----|----|-----|----|----|-----|----|----|-----|----|----|
| HAND HYGIENE | Yes | No | NA |
| Sink and soap available | | | | | | | | | | | | | | | |
| Paper towels available | | | | | | | | | | | | | | | |
| ABHR available | | | | | | | | | | | | | | | |
| Nails acceptable | | | | | | | | | | | | | | | |
| Appropriate PPE available | | | | | | | | | | | | | | | |
| Appropriate handwashing | | | | | | | | | | | | | | | |
| Appropriate ABHR | | | | | | | | | | | | | | | |
| HH pre-resident contact | | | | | | | | | | | | | | | |
| HH post-resident contact | | | | | | | | | | | | | | | |
| HH after contact with body fluids | | | | | | | | | | | | | | | |
| HH after touching | | | | | | | | | | | | | | | |
| objects/surfaces | | | | | | | | | | | | | | | |
| HH after PPE removal | | | | | | | | | | | | | | | |
| Gloves worn | | | | | | | | | | | | | | | |
| Gloves appropriate | | | | | | | | | | | | | | | |
| Gown worn | | | | | | | | | | | | | | | |
| Gown appropriate | | | | | | | | | | | | | | | |
| Mask worn | | | | | | | | | | | | | | | |
| Mask appropriate | | | | | | | | | | | | | | | |
| WOUND CARE | Yes | No | NA |
| Clean surface | | | | | | | | | | | | | | | |
| All supplies assembled | | | | | | | | | | | | | | | |
| HH performed | | | | | | | | | | | | | | | |
| Clean gloves donned | | | | | | | | | | | | | | | |
| Prevented cross contamination | | | | | | | | | | | | | | | |
| Contaminated glove changed | | | | | | | | | | | | | | | |
| HH performed | | | | | | | | | | | | | | | |
| Clean gloves donned | | | | | | | | | | | | | | | |
| Clean dressing applied | | | | | | | | | | | | | | | |
| Unused supplies | | | | | | | | | | | | | | | |
| discarded/dedicated | | | | | | | | | | | | | | | |
| Soiled surfaces disinfected | | | | | | | | | | | | | | | |
| Gloves removed | | | | | | | | | | | | | | | |
| HH performed | | | | | | | | | | | | | | | |



| POC GLUCOSE TESTING | Yes | No | NA |
|-------------------------------|-----|----|----|-----|----|----|-----|----|----|-----|----|----|-----|----|----|
| HH performed | | | | | | | | | | | | | | | |
| Clean gloves donned | | | | | | | | | | | | | | | |
| Single use lancet used | | | | | | | | | | | | | | | |
| Equipment cleaned per policy | | | | | | | | | | | | | | | |
| Gloves removed | | | | | | | | | | | | | | | |
| HH performed | | | | | | | | | | | | | | | |
| ADMINISTERING MEDICATIONS | Yes | No | NA |
| Cross contamination avoided | | | | | | | | | | | | | | | |
| HH performed on entering room | | | | | | | | | | | | | | | |
| Objects not contaminated | | | | | | | | | | | | | | | |
| HH performed on leaving room | · | | | | | | | | | · | | | | | |

Instructions

| Personnel | Note staff observed - RN, LPN, CNA, PT, RD, MD, CRNP, etc. |
|------------------------------------|---|
| HAND HYGIENE | |
| Sink and soap available | Sink empty of supplies. Soap dispenser not blocked and contains soap. |
| Paper towels available | Paper towels accessible close to sink. |
| ABHR available | Sanitizer dispenser accessible or carried with personnel. |
| Nails acceptable | No artificial nails. Nails short. Nail polish intact. No open wounds. |
| Appropriate PPE available | Gloves accessible. Gowns available for contact precautions. Masks for droplet. N95 and eye protection for airborne. |
| Appropriate handwashing | Includes all surfaces for at least 20 sec. Thoroughly dries hands. Turns off water with paper towel. |
| Appropriate ABHR | Includes all surfaces, rubbing until hands are dry. |
| HH pre-resident contact | |
| HH post-resident contact | |
| HH after contact with body | Soap and water must be used when hands/gloves are visibly soiled and when CDI |
| fluids | is present. |
| HH after touching objects/surfaces | |
| HH after PPE removal | |
| Gloves worn | |
| Gloves appropriate | Appropriate with potential contact with blood, body fluids, mucous membranes or non-intact skin. |
| Gown worn | |
| Gown appropriate | Contact precautions or direct resident care if uncontrolled secretions or excretions. |
| Mask worn | |
| Mask appropriate | Droplet precautions. |





| WOUND CARE | |
|-------------------------------|--|
| Clean surface | Work surface cleaned and draped/covered. |
| All supplies assembled | Multi-dose wound medications should be dedicated to resident or placed in |
| | container and not enter room. |
| HH performed | |
| Clean gloves donned | |
| Prevented cross contamination | Soiled dressing discarded immediately. Avoid aerosolized irrigation solutions. Avoid touching clean supplies. |
| Contaminated glove changed | |
| HH performed | |
| Clean gloves donned | |
| Clean dressing applied | |
| Unused supplies | Supplies should not be used for another resident. |
| discarded/dedicated | |
| Soiled surfaces disinfected | Use appropriate environmental disinfectant. |
| Gloves removed | |
| HH performed | |
| POC GLUCOSE TESTING | |
| HH performed | |
| Clean gloves donned | |
| Single use lancet used | |
| Equipment cleaned per policy | Use disinfectant specific for brand of glucometer. |
| Gloves removed | |
| HH performed | |
| ADMINISTERING MEDICATIONS | |
| Cross contamination avoided | Maintain clean work surface. Oral medications not touched with bare hands. |
| HH performed on entering room | |
| Objects not contaminated | Objects such as med keys should not touch surfaces in room and then transferred to med cart. |
| HH performed on leaving room | |

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