HEALTHCARE HAND HYGIENE COMPLIANCE TEMPLATE

Hand Hygiene Compliance Checklist

Audit hand hygiene moments, point-of-care supplies, product choice, technique, glove use, high-risk workflows, training, monitoring, feedback, and corrective actions.

FACILITY / UNIT	AUDIT DATE	AUDITOR	APPROVER

Use with current facility policies, applicable law, product instructions, and local infection-prevention guidance.

1. Audit setup, policy, governance, and baseline

1 **Confirm the facility, unit, audit date, auditor, infection-prevention lead, clinical owner, and escalation contacts for the hand hygiene review.** AUDIT METADATA

Compliant | Needs attention | Critical gap | N/A

Tip: Confirm who can authorize immediate coaching, supply restoration, and escalation.

2 **Define the departments, staff roles, shifts, observation periods, patient-care activities, and excluded areas included in the sample.** SCOPE CHECK

Compliant | Needs attention | Critical gap | N/A

Tip: Sample real care across roles, shifts, and risk levels rather than one convenient period.

3 **Verify the current hand hygiene policy defines indications, approved products, technique, glove expectations, skin and nail requirements, reporting, and escalation.** CRITICAL POLICY REVIEW

Compliant | Needs attention | Critical gap | N/A

Tip: Check version, approval date, staff access, and consistency with current local IPC requirements.

4 **Review recent infection-prevention incidents, outbreaks, complaints, repeat non-compliance, supply failures, and overdue hand hygiene corrective actions.** PRIOR FINDINGS

Compliant | Needs attention | Critical gap | N/A

Tip: Use repeat failures to target high-risk units, shifts, tasks, and system barriers.

5 **Confirm the approved compliance target, observation method, opportunity definitions, reporting frequency, and feedback process are documented.** COMPLIANCE STANDARD

Compliant | Needs attention | Critical gap | N/A

Tip: Use one agreed denominator and opportunity definition so results can be compared fairly.

6 **Capture the audit start time, audited areas, sample plan, and privacy-safe evidence without recording unnecessary patient identifiers.** AUDIT EVIDENCE

Compliant | Needs attention | Critical gap | N/A

Tip: Record enough context to verify the audit without capturing unnecessary patient information.

2. Point-of-care supplies, sinks, dispensers, and access

7 **Verify alcohol-based hand rub is available at the point of care and can be reached when needed without disrupting safe patient care.** CRITICAL POINT-OF-CARE ABHR

Compliant | Needs attention | Critical gap | N/A

Tip: Observe whether staff can clean their hands at the exact care moment without leaving the workflow.

8 **Check hand-rub dispensers are filled, functional, correctly labeled, clean, securely mounted or stored, and within applicable product-use requirements.** DISPENSER CONDITION

Compliant | Needs attention | Critical gap | N/A

Tip: Test a sample of dispensers and record empty, blocked, leaking, or damaged units.

9 **Verify designated handwashing sinks have running water, soap, disposable towels or an approved drying method, waste disposal, and unobstructed access.** CRITICAL HANDWASHING STATION

Compliant | Needs attention | Critical gap | N/A

Tip: Check the complete handwashing station, not only the sink or tap.

10 **Confirm staff in high-risk, mobile, temporary, outpatient, diagnostic, and procedure areas can access appropriate hand hygiene supplies when care is delivered.** CRITICAL MOBILE ACCESS

Compliant | Needs attention | Critical gap | N/A

Tip: Follow the care pathway to identify locations where supplies are too far away or unavailable.

11 **Check dispenser and sink placement supports safe use and does not create avoidable contamination, medication-preparation, electrical, or other facility hazards.** SAFE PLACEMENT

Compliant | Needs attention | Critical gap | N/A

Tip: Verify placement supports infection prevention and local facility safety requirements.

12 **Verify stock monitoring, replenishment, dispenser-fault reporting, and backup supply arrangements prevent prolonged hand hygiene supply outages.** CRITICAL STOCK CONTROL

Compliant | Needs attention | Critical gap | N/A

Tip: Trace one recent stockout or fault report through replenishment and closure.

3. Before patient contact and before clean or aseptic tasks

13 **Observe sampled care interactions and verify hand hygiene is performed immediately before touching a patient when indicated.**

CRITICAL | MOMENT 1 OBSERVATION

Compliant | Needs attention | Critical gap | N/A

Tip: Count a valid opportunity only when the observer can clearly see the care sequence.

14 **Verify hand hygiene is performed immediately before a clean or aseptic procedure, including when sterile or non-sterile gloves will be worn.**

CRITICAL | MOMENT 2 OBSERVATION

Compliant | Needs attention | Critical gap | N/A

Tip: Treat a missed pre-aseptic hand hygiene opportunity as a high-risk finding.

15 **Confirm staff clean their hands before inserting, accessing, dressing, or manipulating invasive lines, catheters, drains, or other devices according to policy.**

CRITICAL | INVASIVE DEVICE HH

Compliant | Needs attention | Critical gap | N/A

Tip: Observe device care in the real workflow and confirm hand hygiene occurs before the clean task.

16 **Verify hand hygiene occurs before wound care, medication preparation or administration, injection preparation, and other clean tasks defined by facility policy.**

CRITICAL | CLEAN TASK HH

Compliant | Needs attention | Critical gap | N/A

Tip: Check whether staff touch surrounding surfaces after hand hygiene and before the clean task.

17 **Confirm hand hygiene is performed before moving from work on a soiled body site to a clean body site on the same patient when indicated.**

CRITICAL | SOILED-TO-CLEAN

Compliant | Needs attention | Critical gap | N/A

Tip: Observe task sequencing and glove changes together with the hand hygiene opportunity.

18 **Check workflow, supply placement, staffing, and task sequencing allow staff to perform hand hygiene before aseptic work without avoidable interruption.**

WORKFLOW ENABLEMENT

Compliant | Needs attention | Critical gap | N/A

Tip: Record the barrier if compliance is made difficult by layout, stock, staffing, or task design.

4. After exposure risk, patient contact, surroundings, and glove removal

19 **Verify hand hygiene is performed after contact with blood, body fluids, secretions, excretions, mucous membranes, non-intact skin, or other contamination risk.**

CRITICAL | BODY FLUID EXPOSURE

Compliant | Needs attention | Critical gap | N/A

Tip: Confirm staff clean hands promptly before touching clean equipment or the environment.

20 **Confirm hand hygiene is performed immediately after glove removal and before touching clean supplies, devices, documentation equipment, or another patient.**

CRITICAL | AFTER GLOVE REMOVAL

Compliant | Needs attention | Critical gap | N/A

Tip: Observe glove removal and the next hand contact; gloves do not end the hand hygiene opportunity.

21 **Observe sampled interactions and verify hand hygiene is performed after touching a patient when indicated.**

CRITICAL | MOMENT 4 OBSERVATION

Compliant | Needs attention | Critical gap | N/A

Tip: Record the action at the end of patient contact before the worker leaves the patient zone.

22 **Verify hand hygiene is performed after touching the patient's immediate surroundings when the care interaction creates a hand hygiene opportunity.**

CRITICAL | MOMENT 5 OBSERVATION

Compliant | Needs attention | Critical gap | N/A

Tip: Include bed rails, tables, monitors, curtains, and other immediate surroundings where relevant.

23 **Confirm staff clean their hands after contact with contaminated equipment, environmental surfaces, waste, linen, or reusable patient-care items as required.**

CRITICAL | CONTAMINATED ITEM CONTACT

Compliant | Needs attention | Critical gap | N/A

Tip: Check whether contamination is transferred to clean supplies, devices, or documentation tools.

24 **Check staff perform hand hygiene when moving between patients or shared-care activities before contact with clean items or another patient zone.**

CRITICAL | BETWEEN-PATIENT CONTROL

Compliant | Needs attention | Critical gap | N/A

Tip: Observe shared rooms and high-turnover areas where transitions are frequent.

5. Product choice, hand-rub technique, and handwashing technique

25 **Verify alcohol-based hand rub is used for routine clinical hand hygiene when hands are not visibly soiled, unless facility or pathogen-specific guidance requires another method.**

CRITICAL | PRODUCT SELECTION

Compliant | Needs attention | Critical gap | N/A

Tip: Check staff know the facility rule for choosing hand rub versus soap and water.

26 **Confirm soap and water are used when hands are visibly soiled and in other situations specified by current facility or infection-prevention guidance.**

CRITICAL | SOAP/WATER INDICATION

Compliant | Needs attention | Critical gap | N/A

Tip: Use current facility guidance for organism- or outbreak-specific exceptions.

27 **Observe alcohol-based hand-rub technique and verify enough product is applied to cover all hand surfaces and rubbing continues until hands are dry.**

CRITICAL | HANDRUB TECHNIQUE

Compliant | Needs attention | Critical gap | N/A

Tip: Watch the full technique rather than assuming compliance from dispenser use alone.

28 **Observe handwashing and verify all hand surfaces are cleaned, rinsed, and dried using the facility-approved technique and duration.**

CRITICAL | HANDWASHING TECHNIQUE

Compliant | Needs attention | Critical gap | N/A

Tip: Check soap, friction, complete surface coverage, rinsing, and effective drying.

29 **Check commonly missed areas such as thumbs, fingertips, between fingers, and around nails receive adequate product contact during technique observation.**

MISSED SURFACE CHECK

Compliant | Needs attention | Critical gap | N/A

Tip: Use coaching immediately when repeated missed areas are observed.

30 **Where surgical hand antisepsis is performed, verify staff follow the approved product, preparation, timing, drying, and sterile-glove process.**

CRITICAL | SURGICAL HAND ANTISEPSIS

Compliant | Needs attention | Critical gap | N/A

Tip: Audit the complete preoperative hand antisepsis process against the approved local protocol.

6. Gloves, nails, jewelry, skin health, and PPE sequence

31 **Confirm staff understand that gloves do not replace hand hygiene and perform hand hygiene at the required moments before and after glove use.**

CRITICAL | GLOVE RELATIONSHIP

Compliant | Needs attention | Critical gap | N/A

Tip: Observe real glove use rather than relying only on staff knowledge questions.

32 **Verify gloves are changed between patients and between contaminated and clean tasks on the same patient when the clinical activity requires a new pair.**

CRITICAL | GLOVE CHANGE CONTROL

Compliant | Needs attention | Critical gap | N/A

Tip: Check the task sequence and whether new gloves are donned only after the required hand hygiene.

33 **Confirm disposable medical gloves are not washed, disinfected, or reused and are removed promptly when the task requiring them is complete.**

CRITICAL | NO GLOVE REUSE

Compliant | Needs attention | Critical gap | N/A

Tip: Treat reuse or washing of disposable gloves as an unsafe practice requiring immediate correction.

34 **Check fingernails, artificial nails, rings, watches, bracelets, or other hand and wrist items comply with facility policy and do not interfere with effective hand hygiene.**

NAIL/JEWELRY POLICY

Compliant | Needs attention | Critical gap | N/A

Tip: Apply the facility standard consistently, especially in high-risk patient-care areas.

35 **Verify staff with cuts, dermatitis, damaged skin, or product intolerance have access to reporting, occupational-health support, and compatible skin-care measures.**

SKIN HEALTH

Compliant | Needs attention | Critical gap | N/A

Tip: Look for barriers that cause staff to avoid hand hygiene and confirm an approved support pathway exists.

36 **Observe PPE removal sequences and verify hand hygiene is performed at the required points, including immediately after glove removal and after completing PPE removal.**

CRITICAL | PPE REMOVAL HH

Compliant | Needs attention | Critical gap | N/A

Tip: Audit hand hygiene together with the PPE sequence in isolation and exposure-risk workflows.

7. High-risk care, invasive devices, isolation, and specialty workflows

37 **Verify hand hygiene is performed at the required moments during central-line, peripheral-line, arterial-line, and other vascular access insertion or manipulation.** CRITICAL VASCULAR ACCESS

Compliant | Needs attention | Critical gap | N/A

Tip: Prioritize line insertion and access because these are high-consequence aseptic moments.

38 **Confirm hand hygiene is performed before and after urinary catheter insertion, manipulation, specimen collection, drainage-system access, or catheter care as required.** CRITICAL URINARY CATHETER

Compliant | Needs attention | Critical gap | N/A

Tip: Observe both the clean task and the post-contact opportunity.

39 **Observe respiratory, airway, suction, ventilator, tracheostomy, or similar care and verify hand hygiene opportunities are recognized and completed.** CRITICAL AIRWAY CARE

Compliant | Needs attention | Critical gap | N/A

Tip: Sample high-touch respiratory workflows where gloves and equipment can create false reassurance.

40 **Confirm hand hygiene is performed before and after wound dressing, injection, dialysis, device care, and other high-risk clean or aseptic activities in the audited service.** CRITICAL HIGH-RISK ASEPTIC CARE

Compliant | Needs attention | Critical gap | N/A

Tip: Use the specialty service's approved aseptic pathway when defining opportunities.

41 **Verify isolation or transmission-based precautions do not replace standard hand hygiene and that staff follow required hand hygiene steps at room entry, care moments, and exit.** CRITICAL ISOLATION PRACTICE

Compliant | Needs attention | Critical gap | N/A

Tip: Check room entry, glove removal, PPE removal, and room exit as one connected workflow.

42 **Check outpatient, dental, diagnostic, rehabilitation, transport, and other specialty workflows maintain hand hygiene access and compliance at relevant care moments.** SPECIALTY WORKFLOW

Compliant | Needs attention | Critical gap | N/A

Tip: Adapt observation points to the specialty without weakening the core hand hygiene moments.

8. Training, competency, reminders, leadership, and patient engagement

43 **Verify new employees, agency staff, students, contractors, and other personnel providing care receive hand hygiene training appropriate to their role before or during onboarding.** ONBOARDING TRAINING

Compliant | Needs attention | Critical gap | N/A

Tip: Sample recent starters and confirm both training completion and access to the current standard.

44 **Confirm staff competency includes recognizing hand hygiene opportunities and demonstrating the approved hand-rub and handwashing techniques where required.** COMPETENCY CHECK

Compliant | Needs attention | Critical gap | N/A

Tip: Use practical demonstration or direct observation, not attendance records alone.

45 **Interview sampled staff and verify they can explain when alcohol-based hand rub is preferred and when soap and water are required by facility guidance.** KNOWLEDGE TEST

Compliant | Needs attention | Critical gap | N/A

Tip: Ask scenario-based questions linked to the staff member's actual clinical work.

46 **Check current hand hygiene reminders, technique guides, and point-of-care prompts are visible, accurate, readable, and positioned where they support the workflow.** REMINDERS CHECK

Compliant | Needs attention | Critical gap | N/A

Tip: Remove outdated or conflicting posters that can weaken the current standard.

47 **Confirm patients and visitors receive appropriate opportunities, supplies, and encouragement to perform hand hygiene and raise concerns about clean hands safely.** PATIENT ENGAGEMENT

Compliant | Needs attention | Critical gap | N/A

Tip: Check whether supplies and instructions are accessible to patients and visitors where appropriate.

48 **Verify supervisors and clinical leaders model expected behavior, reinforce compliance, respond to supply barriers, and provide timely coaching for observed gaps.** LEADERSHIP SUPPORT

Compliant | Needs attention | Critical gap | N/A

Tip: Compare staff feedback with observed leadership practice and recent improvement actions.

9. Compliance monitoring, data quality, feedback, and improvement

49 **Verify hand hygiene observers are trained and use consistent definitions for opportunities, actions, care moments, and observation exclusions.** OBSERVER COMPETENCY

Compliant | Needs attention | Critical gap | N/A

Tip: Use periodic observer calibration to reduce variation between auditors.

50 **Confirm observations sample different staff groups, shifts, units, and care activities so results are not limited to predictable or low-risk periods.** SAMPLE QUALITY

Compliant | Needs attention | Critical gap | N/A

Tip: Balance the sample across workflow conditions where compliance may differ.

51 **Check the monitoring record captures enough information to calculate compliance using completed hand hygiene actions against valid observed opportunities.** COMPLIANCE CALCULATION

Compliant | Needs attention | Critical gap | N/A

Tip: Keep numerator and denominator rules stable across reporting periods.

52 **Verify monitoring can distinguish missed moments, technique failures, supply barriers, glove-related errors, and other causes that require different corrective actions.** CAUSE CODING

Compliant | Needs attention | Critical gap | N/A

Tip: Do not treat every failure as a training problem when the barrier may be system-related.

53 **Confirm hand hygiene compliance results and actionable feedback are shared regularly with the relevant units, staff, and leadership according to the improvement program.** FEEDBACK LOOP

Compliant | Needs attention | Critical gap | N/A

Tip: Use unit-level and moment-specific feedback so teams know what to improve.

54 **Verify low-performing areas have documented improvement actions, responsible owners, due dates, follow-up observation, and evidence that performance was remeasured.** CRITICAL IMPROVEMENT VERIFY

Compliant | Needs attention | Critical gap | N/A

Tip: Close the action only after repeat measurement shows the control is working.

10. Findings, corrective actions, verification, and sign-off

55 **Calculate the overall hand hygiene compliance result and summarize critical missed moments, recurring technique gaps, supply barriers, and high-risk areas.** AUDIT SCORE

Compliant | Needs attention | Critical gap | N/A

Tip: Separate immediate transmission risks from broader improvement opportunities in the summary.

56 **Create immediate containment for critical hand hygiene failures such as unavailable supplies, repeated aseptic-task misses, or unsafe glove practices that create current transmission risk.** CRITICAL CRITICAL CONTAINMENT

Compliant | Needs attention | Critical gap | N/A

Tip: Restore the safe control first; documentation must not delay immediate risk reduction.

57 **Assign each finding an owner, priority, due date, contributing-factor or root-cause requirement, corrective action, and objective closure-evidence rule.** CRITICAL CORRECTIVE ACTION

Compliant | Needs attention | Critical gap | N/A

Tip: Use clear evidence requirements so closure can be independently verified.

58 **Escalate overdue, repeated, outbreak-linked, high-risk, or system-wide hand hygiene findings to the required infection-prevention and leadership level.** CRITICAL ESCALATION

Compliant | Needs attention | Critical gap | N/A

Tip: Escalate repeat failures when local coaching or supply fixes are not enough.

59 **Verify closure through repeat observation, supply checks, competency evidence, policy or workflow changes, compliance data, or follow-up audit as appropriate.** CRITICAL CLOSURE VERIFY

Compliant | Needs attention | Critical gap | N/A

Tip: Do not close a finding on a written comment alone; verify the control in practice.

60 **Record the final audit decision, unresolved restrictions, next review date, auditor, infection-prevention or clinical approval, date, time, and sign-off.** CRITICAL SIGN-OFF

Compliant | Needs attention | Critical gap | N/A

Tip: Keep unresolved risks visible until all release or closure criteria are met.