

3 Ongoing Assessment

Quality Control Tool	3 - 3
Staff Satisfaction Survey Tool	3 - 19
Issue Reporting Tool	3 - 24

The following tools are intended to help maintain and improve upon changes that have been made to environments, products and processes as a result of using the initial assessment checklist tools:

Quality Control Tool

This tool includes checklists from the Environment and Maintenance Process Tools for continuous reassessments of hand hygiene product locations and the process followed to ensure products are replenished, clean and in working order.

Staff Satisfaction Survey Tool

This tool includes a Staff Satisfaction Survey that is intended to solicit feedback from staff regarding implemented changes to improve hand hygiene. The survey requests staff opinions about product availability, product location and the maintenance of these products.

Issues Reporting Tool

This tool includes a list of hand hygiene issues that should be reported and resolved so that environments can continue to successfully support hand hygiene practices. This tool offers guidance for creating a reporting process for these issues.

Quality Control Tool

Quality Control Tool Instructions

Suggested Lead:	Unit Manager
Suggested Support:	Unit Staff
Approximate Completion Time:	1 to 4 hours

Objectives

- To reassess the location and number of hand hygiene products on the unit and to reassess the processes used to replenish, clean and maintain these products.
-

How to use this tool

Create a schedule for regular quality control checks of all the patient rooms and hallways on the unit. ** Note: To better assess what the unit is like on a regular basis, the schedule for quality control checks should not be disclosed to staff.

Complete the following checklists:

- Patient Room Checklist
- Hallway Checklist
- Maintenance Process Checklist.

Meet to discuss the recommendations that were not met and plan next steps. Consider the risks associated with product locations.

Share results of the quality control check with staff and encourage discussion on how to continue to improve the environment and the processes needed to support hand hygiene practices. You may wish to involve your staff to decide which locations would best meet their needs. If so, the **Sticker Placement Activity Guide** in the Environment Tool will help you involve your staff.

Share results of the quality control check with the committee responsible for hand hygiene compliance data if your facility documents this information. This committee may be able to correlate hand hygiene audit results with problems related to the environment and thus, understand where to start making changes to improve their hand hygiene compliance rates.

Before you start

You will need:

- Multiple copies of the Patient Room Checklist (one checklist per patient room)
 - One copy of the Hallway Checklist
 - One copy of the Maintenance Process Checklist
 - Any documented processes, procedures, or policies related to hand hygiene product replenishing and cleaning that may already in place at your facility.
 - A measuring tape
-

Patient Room Checklist

Patient Room Checklist

Alcohol-Based Hand Rub (ABHR)

Recommendation	Met	Not Met	N/A
1. At least one ABHR dispenser is located inside the room. <i>If Not Met, skip to #2.</i> <i>If Met:</i>	<input type="checkbox"/>	<input type="checkbox"/>	
a. At least one ABHR dispenser is located at the point-of-care (i.e. within 3 ft (91cm) from where care is provided). <i>[For multi-bed rooms, at least one ABHR dispenser is located by each bed.]</i>	<input type="checkbox"/>	<input type="checkbox"/>	
b. An ABHR dispenser is not located immediately next to sinks.	<input type="checkbox"/>	<input type="checkbox"/>	
c. An ABHR dispenser is not located immediately next to soap dispenser.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. An ABHR dispenser is located by the door outside the room. <i>If Not Met, skip to #3.</i> <i>If Met:</i>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Doorway ABHR dispensers are located within comfortable reach of the door.	<input type="checkbox"/>	<input type="checkbox"/>	
b. ABHR is on the same side of the door as the door handle, wherever doors have handles. <i>[Check 'N/A' if the door(s) do not have handles]</i>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. An ABHR dispenser is located by the door inside the room. <i>If Not Met, skip to #4.</i> <i>If Met:</i>	<input type="checkbox"/>	<input type="checkbox"/>	
a. Doorway ABHR dispensers are located within comfortable reach of the door.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Important-to-Have

Nice-to-Have

4. Total number of ABHRs in this room (including any just outside the room): _____ *If zero, skip to #6.*

Recommendation	Met	Not Met	N/A
5. ALL ABHRs:			
a. Are in clear view from the room entrance.	<input type="checkbox"/>	<input type="checkbox"/>	
b. Are mounted on vertical surfaces that are free of clutter (e.g. walls, doors, and splashboards). <i>If Not Met, skip to #5d.</i>	<input type="checkbox"/>	<input type="checkbox"/>	
c. Are securely fixed (i.e. appropriate screws and anchors have been used or manufacturer's adhesives have been applied as instructed).	<input type="checkbox"/>	<input type="checkbox"/>	
d. Are not blocked by movable objects (e.g. medical equipment, supply carts, and chairs) nor fixed objects (e.g. structural beams or pillars).	<input type="checkbox"/>	<input type="checkbox"/>	
e. Are not blocking other objects (e.g. power outlets and gas outlets).	<input type="checkbox"/>	<input type="checkbox"/>	
f. Are not located near ignition sources.	<input type="checkbox"/>	<input type="checkbox"/>	
g. Are within comfortable reach. (Note: Comfortable reach is considered a nozzle or actuator height of 95-119cm (37 - 47in) from the floor.)	<input type="checkbox"/>	<input type="checkbox"/>	
h. Have refills that are stocked in the room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Important-to-Have

Nice-to-Have

Glove Box Holders

Recommendation	Met	Not Met
6. At least one glove box is located inside the room. <i>If Not Met, skip to Sink & Surrounding Area.</i>	<input type="checkbox"/>	<input type="checkbox"/>
7. Glove boxes are located within glove box holders inside the room. <i>If Not Met, skip to #8.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If Met:</i>	<input type="checkbox"/>	<input type="checkbox"/>
a. An ABHR dispenser is located within comfortable reach of glove box holders located inside the room.	<input type="checkbox"/>	<input type="checkbox"/>
b. Extra glove boxes are stored within the room.	<input type="checkbox"/>	<input type="checkbox"/>
8. One glove box holder is located immediately outside the room.	<input type="checkbox"/>	<input type="checkbox"/>
<div>Important-to-Have</div> <div>Nice-to-Have</div>		

9. Total number of glove box holders in this room (including any just outside the room): _____ *If zero, skip to #11.*

Recommendation	Met	Not Met
10. ALL glove box holders:		
a. Are in clear view from the room entrance.	<input type="checkbox"/>	<input type="checkbox"/>
b. Are mounted on vertical surfaces that are free of clutter (e.g. walls, doors, and splashboards). <i>If Not Met, skip to #10d.</i>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are securely fixed (i.e. appropriate screws and anchors have been used or manufacturer's adhesives have been applied as instructed).	<input type="checkbox"/>	<input type="checkbox"/>
d. Are not blocked by movable objects (e.g. medical equipment, supply carts, and chairs) nor fixed objects (e.g. structural beams or pillars).	<input type="checkbox"/>	<input type="checkbox"/>
e. Are not blocking other objects (e.g. power outlets and gas outlets).	<input type="checkbox"/>	<input type="checkbox"/>
f. Are within comfortable reach. (Note: Comfortable reach is considered an access point height of 121-152cm (48 - 60 in) from the floor.)	<input type="checkbox"/>	<input type="checkbox"/>
g. Have a place for three glove boxes.	<input type="checkbox"/>	<input type="checkbox"/>
h. Contain glove boxes in a standardized order:		
▪ For horizontally-oriented holders, gloves are organized by size: Small, Medium, Large (L to R).	<input type="checkbox"/>	<input type="checkbox"/>
▪ For vertically-oriented holders, gloves are organized by size: Small, Medium, Large (Bottom to Top).	<input type="checkbox"/>	<input type="checkbox"/>
<div>Important-to-Have</div> <div>Nice-to-Have</div>		

Hand Washing Sinks & Surrounding Area

Recommendation	Met	Not Met
11. A sink that is dedicated solely to handwashing is located inside the room. <i>If Not Met, skip to #12.</i>	<input type="checkbox"/>	<input type="checkbox"/>
<i>If Met</i>		
a. A "Handwashing Only" sign hangs immediately by the sink.	<input type="checkbox"/>	<input type="checkbox"/>
b. The sink is located within 3ft (91cm) of the door.	<input type="checkbox"/>	<input type="checkbox"/>
c. The sink is located 1 meter (3.3 ft) or more from the patient and clean supplies (e.g. gloves, gauze).	<input type="checkbox"/>	<input type="checkbox"/>
d. Back and side splashes are mounted near sinks.	<input type="checkbox"/>	<input type="checkbox"/>
e. Backsplashes extend under the soap dispenser.	<input type="checkbox"/>	<input type="checkbox"/>
f. Backsplashes extend under the paper towel dispenser.	<input type="checkbox"/>	<input type="checkbox"/>
g. Backsplashes extend to a minimum of 60cm (24in) above sink level and a minimum of 25cm (10in) below sink level.	<input type="checkbox"/>	<input type="checkbox"/>
h. A soap dispenser is located near the sink.	<input type="checkbox"/>	<input type="checkbox"/>
i. Sufficient hand clearance is found between a soap dispenser and sink levers.	<input type="checkbox"/>	<input type="checkbox"/>
j. The sink is free of bar soap.	<input type="checkbox"/>	<input type="checkbox"/>
k. A paper towel dispenser is located near the sink.	<input type="checkbox"/>	<input type="checkbox"/>
l. A hot-air dryer is not located inside the room.	<input type="checkbox"/>	<input type="checkbox"/>
m. A lotion dispenser is located near the sink.	<input type="checkbox"/>	<input type="checkbox"/>

Important-to-Have

Nice-to-Have

12. Total number of sinks in this room: _____ *If zero, skip to #14.*

Recommendation	Met	Not Met
13. ALL sinks:		
a. Are in clear view from the room entrance.	<input type="checkbox"/>	<input type="checkbox"/>
b. Are not blocked by movable objects (e.g. medical equipment, supply carts, and chairs) nor fixed objects (e.g. structural beams or pillars).	<input type="checkbox"/>	<input type="checkbox"/>

Important-to-Have

Nice-to-Have

Waste Receptacle

Recommendation	Met	Not Met
14. At least one waste receptacle that is foot-operated or lid-free and is lined with a waste bag is located in the room.	<input type="checkbox"/>	<input type="checkbox"/>
<i>If Met:</i>	<input type="checkbox"/>	<input type="checkbox"/>
a. One waste receptacle is located by the sink.		

Important-to-Have

Nice-to-Have

15. Total number of waste receptacles in this room: _____

Lotion

Recommendation	Met	Not Met
16. A facility-approved lotion dispenser is available inside the room.	<input type="checkbox"/>	<input type="checkbox"/>

Important-to-Have

Nice-to-Have

17. Total number of lotions in this room (including any just outside the room): _____ *If zero, omit #18.*

Recommendation	Met	Not Met
18. ALL lotion bottles or dispensers:		
a. Are in clear view from the room entrance.	<input type="checkbox"/>	<input type="checkbox"/>
b. Are mounted on vertical surfaces that are free of clutter (e.g. walls, doors, and splashboards). <i>If Not Met, skip to #18d.</i>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are securely fixed (i.e. appropriate screws and anchors have been used or manufacturer's adhesives have been applied as instructed).	<input type="checkbox"/>	<input type="checkbox"/>
d. Are not blocked by movable objects (e.g. medical equipment, supply carts, and chairs) nor fixed objects (e.g. structural beams or pillars).	<input type="checkbox"/>	<input type="checkbox"/>
e. Are not blocking other objects (e.g. power outlets and gas outlets).	<input type="checkbox"/>	<input type="checkbox"/>
f. Are within comfortable reach. (Note: Comfortable reach is considered an access point height of 95-119cm (48 - 60 in) from the floor.)	<input type="checkbox"/>	<input type="checkbox"/>

Important-to-Have

Nice-to-Have

Completed By: _____

Date: _____

Hallway Checklist

Hallway Checklist

Alcohol-Based Hand Rub (ABHR)

Recommendation	Met	Not Met	N/A
1. At least one ABHR dispenser is located by the door to the soiled utility room. <i>[Check 'N/A' if you do not have a soiled utility room.] If Not Met, skip to #2.</i> If Met: a. Doorway ABHR dispensers are located within comfortable reach of the door. b. ABHR is on the same side of the door as the door handle, wherever doors have handles. <i>[Check 'N/A' if the door(s) do not have handles.]</i>	<input type="checkbox"/>		
2. ABHR is located within comfortable reach of: a. specimen drop-off bins. b. blood analysis machines. c. urine analysis machines. d. pneumatic tube systems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. ABHR is located in and around nurses' stations and substations.	<input type="checkbox"/>	<input type="checkbox"/>	
4. ABHR is located at the main entrance of each unit.	<input type="checkbox"/>		<input type="checkbox"/>

Important-to-Have

Nice-to-Have

5. Total number of ABHRs in the hall: _____ *If zero, skip to #7.*

Recommendation	Met	Not Met
6. ALL ABHRs: a. Are mounted on vertical surfaces that are free of clutter (e.g. walls, doors, and splashboards). <i>If Not Met, skip to #6d.</i> b. Are securely fixed (i.e. appropriate screws and anchors have been used or manufacturer's adhesives have been applied as instructed). c. Are not blocked by movable objects (e.g. medical equipment, supply carts, and chairs) nor fixed objects (e.g. structural beams or pillars). d. Are not blocking other objects (e.g. power outlets and gas outlets). e. Are not located near ignition sources. f. Are within comfortable reach. (Note: Comfortable reach is considered a nozzle or actuator height of 95-119cm (37 - 47 in) from the floor.)	<input type="checkbox"/>	<input type="checkbox"/>

Important-to-Have

Nice-to-Have

Glove Box Holders

Recommendation	Met	Not Met
7. Glove box holders are located in the hall.	<input type="checkbox"/>	<input type="checkbox"/>
<div>Important-to-Have</div> <div>Nice-to-Have</div>		

8. Total number of glove box holders in the hall (including any just outside the room): _____ *If zero, skip to #10.*

Recommendation	Met	Not Met
9. ALL glove box holders:		
a. Are mounted on vertical surfaces that are free of clutter (e.g. walls, doors, and splashboards). <i>If Not Met, skip to #9d.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are securely fixed (i.e. appropriate screws and anchors have been used or manufacturer's adhesives have been applied as instructed).	<input type="checkbox"/>	<input type="checkbox"/>
c. Are not blocked by movable objects (e.g. medical equipment, supply carts, and chairs) nor fixed objects (e.g. structural beams or pillars).	<input type="checkbox"/>	<input type="checkbox"/>
d. Are not blocking other objects (e.g. power outlets and gas outlets).	<input type="checkbox"/>	<input type="checkbox"/>
e. Are within comfortable reach. (Note: Comfortable reach is considered an access point height of 121-152cm (48 - 60 in) from the floor.)	<input type="checkbox"/>	<input type="checkbox"/>
f. Have a place for three glove boxes.	<input type="checkbox"/>	<input type="checkbox"/>
g. Contain glove boxes in a standardized order: <ul style="list-style-type: none"> For horizontally-oriented holders, gloves are organized by size: Small, Medium, Large (L to R). For vertically-oriented holders, gloves are organized by size: Small, Medium, Large (Bottom to Top). 	<input type="checkbox"/>	<input type="checkbox"/>
<div>Important-to-Have</div> <div>Nice-to-Have</div>		

Hand Washing Sinks & Surrounding Area

Recommendation	Met	Not Met
10. A sink that is dedicated solely to handwashing is located in the hallway. <i>If Not Met, skip to #11. If Met</i>	<input type="checkbox"/>	<input type="checkbox"/>
a. A "Handwashing Only" sign hangs immediately by the sink.	<input type="checkbox"/>	<input type="checkbox"/>
b. The sink is located 1 meter or more from clean supplies (e.g. gloves, gauze).	<input type="checkbox"/>	<input type="checkbox"/>
c. Back and side splashes are mounted near sinks.	<input type="checkbox"/>	<input type="checkbox"/>
d. Backsplashes extend under the soap dispenser.	<input type="checkbox"/>	<input type="checkbox"/>
e. Backsplashes extend under the paper towel dispenser.	<input type="checkbox"/>	<input type="checkbox"/>
f. Backsplashes extend to a minimum of 60cm (24in) above sink level and a minimum of 25cm (10in) below sink level.	<input type="checkbox"/>	<input type="checkbox"/>
g. A soap dispenser is located near the sink.	<input type="checkbox"/>	<input type="checkbox"/>
h. Sufficient hand clearance is found between a soap dispenser and sink levers.	<input type="checkbox"/>	<input type="checkbox"/>
i. The sink is free of bar soap.	<input type="checkbox"/>	<input type="checkbox"/>
j. A lotion dispenser is located near the sink.	<input type="checkbox"/>	<input type="checkbox"/>
k. A paper towel dispenser is located near the sink.	<input type="checkbox"/>	<input type="checkbox"/>
l. A hot-air dryer is not located near the sink.	<input type="checkbox"/>	<input type="checkbox"/>
	Important-to-Have	
	Nice-to-Have	

11. Total number of sinks in this room: _____ If zero, skip to #13.

[illegible]

Waste Receptacle

Recommendation	Met	Not Met	N/A
13. At least one waste receptacle that is foot-operated or lid-free and is lined with a waste bag is located in and around nurses' stations and substations.	<input type="checkbox"/>	<input type="checkbox"/>	
14. A waste receptacle that is foot-operated or lid-free and is lined with a waste bag is located near the sink.	<input type="checkbox"/>	<input type="checkbox"/>	
15. One waste receptacle that is foot-operated or lid-free and is lined with a waste bag is located by: <i>[Check 'N/A' if you do not have the following items on your unit.]</i>			
a. specimen drop-off bins.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. blood analysis machines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. urine analysis machines.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. pneumatic tube systems.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Important-to-Have

Nice-to-Have

16. Total number of waste receptacles in the hallway: _____

Lotion

Recommendation	Met	Not Met
17. A facility-approved lotion dispenser is available in and around nurses' stations and substations.	<input type="checkbox"/>	<input type="checkbox"/>

Important-to-Have

Nice-to-Have

18. Total number of lotions in the hallway: _____ *If zero, omit to #19.*

Recommendation	Met	Not Met
19. ALL lotion bottles or dispensers:		
a. Are mounted on vertical surfaces that are free of clutter (e.g. walls, doors, and splashboards). <i>If Not Met, skip to #19d.</i>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are securely fixed (i.e. appropriate screws and anchors have been used or manufacturer's adhesives have been applied as instructed).	<input type="checkbox"/>	<input type="checkbox"/>
c. Are not blocked by movable objects (e.g. medical equipment, supply carts, and chairs) nor fixed objects (e.g. structural beams or pillars).	<input type="checkbox"/>	<input type="checkbox"/>
d. Are not blocking other objects (e.g. power outlets and gas outlets).	<input type="checkbox"/>	<input type="checkbox"/>
e. Are within comfortable reach. (Note: Comfortable reach is considered an access point height of 95-119cm (48 - 60 in) from the floor.)	<input type="checkbox"/>	<input type="checkbox"/>

Important-to-Have

Nice-to-Have

Maintenance Process Checklist

Maintenance Process Checklist

Part 1: Replenishing Process

This part applies to replenishing of the following hand hygiene products: Alcohol-Based Hand Rub (ABHR), soap, lotion, gloves, and paper towels.

Recommendation	Met	Not Met	
1. The replenishing process does not include 'topping up' of ABHR bottles and/or containers, glove boxes, and/or paper towel sheets.	<input type="checkbox"/>	<input type="checkbox"/>	
2. The replenishing process clearly identifies who is responsible for replenishing supplies during day shifts (and during night shifts wherever units are open 24 hours per day).	<input type="checkbox"/>	<input type="checkbox"/>	
3. The replenishing process includes a regularly-scheduled check on supply level.	<input type="checkbox"/>	<input type="checkbox"/>	
4. The replenishing process details what staff members should do if they encounter an empty dispenser.	<input type="checkbox"/>	<input type="checkbox"/>	
5. The replenishing process includes placing extra ABHR bottles next to bottle holders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. The replenishing process (duties, procedures) is agreed upon by the Process Tool Committee and the details are written down and disseminated to the Committee as well as all unit staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Important-to-Have			
Nice-to-Have			

Part 2: Cleaning Process

This part applies to cleaning of dispensers and holders for Alcohol-Based Hand Rub (ABHR), soap, lotion, gloves, and paper towels, as well as to sinks.

Recommendation	Met	Not Met	
7. The cleaning process clearly identifies who is responsible for cleaning hand hygiene products during day shifts (and during night shifts wherever units are open 24 hours per day).	<input type="checkbox"/>	<input type="checkbox"/>	
8. The cleaning process includes a regularly-scheduled clean of hand hygiene products.	<input type="checkbox"/>	<input type="checkbox"/>	
9. The cleaning process includes 'wipe-downs' or wiping of: <ul style="list-style-type: none"> surfaces that are frequently touched on the dispensers, holders, and sinks. the nozzle where the ABHR exits the dispenser or pump. 	<input type="checkbox"/>	<input type="checkbox"/>	
10. The cleaning process includes regular-scheduled wiping of surfaces (e.g. walls, countertops) below ABHRs, soaps, and lotions.	<input type="checkbox"/>	<input type="checkbox"/>	
11. The cleaning process (duties, procedures) is agreed upon by the Process Tool Committee and the details are written down and disseminated to the Committee and Maintenance and Facilities (Housekeeping) staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Important-to-Have			
Nice-to-Have			

Part 3: Maintenance Process

This part applies to the maintenance of electrical hand hygiene products including sensor-operated faucets, ABHR, lotion, soap, and paper towels dispensers, and hand driers

Recommendation	Met	Not Met	
12. The maintenance process clearly identifies who is responsible for maintaining hand hygiene products.	<input type="checkbox"/>	<input type="checkbox"/>	
13. The maintenance process includes regularly-scheduled testing of hand hygiene products.	<input type="checkbox"/>	<input type="checkbox"/>	
14. The maintenance process includes: <ul style="list-style-type: none">• battery replacement in dispensers.• filter replacement in hand dryers.• a contingency plan for electrical products during power failures.	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
15. The maintenance process (duties, procedures) is agreed upon by the Process Tool Committee and the details are written down and disseminated to the Committee and Maintenance and Facilities (Housekeeping) staff.	<input type="checkbox"/>		<input type="checkbox"/>
Important-to-Have			
Nice-to-Have			

Completed By: _____
Date: _____

Staff Satisfaction Survey Tool

Staff Satisfaction Survey Tool Instructions

Suggested Lead:	Unit Manager
Suggested Support:	Unit Staff
Approximate Completion Time:	1 to 3 hours

Objectives

To gather staff feedback and to verify that implemented changes are continuing to support hand hygiene practices on the unit.

How to use this tool

1. Distribute the survey to your staff within one month of implementing the initial changes on your unit.
 2. Subsequent surveys should be conducted every six months to ensure new issues have not developed.
 3. Share survey results with your staff so issues can be tabled for discussion.
 4. Analyze the survey data and prioritize issues that should be resolved.
-

Before you start

Make photocopies of the survey to be distributed to your staff.

Staff Satisfaction Survey

ABHR	Yes	No
In your opinion, are ABHRs found in locations where you need them? If No, which ABHRs should be moved and to where?	<input type="checkbox"/>	<input type="checkbox"/>
Do you think there should be more ABHRs on the unit? If Yes, where should additional ABHRs be placed?	<input type="checkbox"/>	<input type="checkbox"/>
Do you think there should be fewer ABHRs on the unit? If Yes, from where would you like them removed?	<input type="checkbox"/>	<input type="checkbox"/>
In your opinion, are the ABHRs mounted at appropriate heights? If No, how much higher or lower should they be mounted?	<input type="checkbox"/>	<input type="checkbox"/>
In your opinion, are ABHRs replenished in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
Gloves	Yes	No
In your opinion, are glove box holders found in locations where you need them? If No, which glove box holders should be moved and to where?	<input type="checkbox"/>	<input type="checkbox"/>
Do you think there should be more glove box holders on the unit? If Yes, where would you like them installed?	<input type="checkbox"/>	<input type="checkbox"/>
Do you think there should be fewer glove box holders on the unit? If Yes, from where would you like them removed?	<input type="checkbox"/>	<input type="checkbox"/>
In your opinion, are the glove box holders mounted at appropriate heights? If No, how much higher or lower should they be mounted?	<input type="checkbox"/>	<input type="checkbox"/>
Are appropriate sized gloves in the allocated spots in the holder (i.e. small glove boxes are positioned in the spot allocated for small gloves)?	<input type="checkbox"/>	<input type="checkbox"/>
In your opinion, are gloves replenished in a timely manner?	<input type="checkbox"/>	<input type="checkbox"/>

Lotions	Yes	No
In your opinion, are lotion dispensers found in locations where you need them? If No, which lotion dispensers should be moved and to where?	<input type="checkbox"/>	<input type="checkbox"/>
Do you think there should be more lotion dispensers on the unit? If Yes, where would you like them installed?	<input type="checkbox"/>	<input type="checkbox"/>
Do you think there should be fewer lotion dispensers on the unit? If Yes, from where would you like them removed?	<input type="checkbox"/>	<input type="checkbox"/>
In your opinion, are the lotion dispensers mounted at appropriate heights? If No, how much higher or lower should they be mounted?	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
Soaps	Yes	No
In your opinion, are soap dispensers found in locations where you need them? If No, which soap dispensers should be moved and to where?	<input type="checkbox"/>	<input type="checkbox"/>
In your opinion, are the soap dispensers mounted at appropriate heights? If No, how much higher or lower should they be mounted?	<input type="checkbox"/>	<input type="checkbox"/>
<hr/>		
Sinks	Yes	No
Is the water from the sinks at a moderate temperature? If No, is the water too hot or too cold?	<input type="checkbox"/>	<input type="checkbox"/>
Is the water pressure flowing at an acceptable level? If No, is the water pressure too strong or too weak?	<input type="checkbox"/>	<input type="checkbox"/>
Is there little to no splashing when the water is running?	<input type="checkbox"/>	<input type="checkbox"/>
Are there back and side splashguards to protect surrounding areas from getting wet?	<input type="checkbox"/>	<input type="checkbox"/>

Issue Reporting Tool

In order to sustain an environment that encourages and supports hand hygiene, a process must be in place for staff to report any issues regarding the state of the hand hygiene products, their locations, as well as the implemented refilling process, and cleaning process.

Specific issues that should be reported include:

- Wall-mounted hand hygiene products that fall off the wall
- ABHR, soap, and lotion dispenser covers that break off
- Automatic ABHR, soap, and lotion dispensers that alarm inappropriately
- Automatic ABHR, soap, and lotion dispensers that do not work
- Locations of hand hygiene products that are problematic
- Locations where additional hand hygiene products should be installed
- Dispensers that are left empty for unacceptable periods of time
- Problems with any aspect of the processes that were created

Providing a means to report these types of issues will allow staff to provide continuous feedback and to identify parts of the system that need improvement.

When creating a process for reporting hand hygiene issues, the following steps should be considered:

1. Decide what information should be collected in the issue reports. For example:
 - Contact information of individual submitting the report
 - Date of submission
 - Description of issue
2. Decide who is responsible for submitting these reports. For example:
 - Any staff member
 - The nurse manager of a unit
- Decide who is responsible for reviewing these reports. For example:
 - The nurse manager of a unit
 - IPAC
 - Risk management
 - A designated committee
 - Create a timeframe for resolving reported issues.
3. Decide who is responsible for ensuring that the reported issues have been addressed.
 - Ensure that the person who completed the report is contacted once the issue has been resolved.
4. Decide how reported issues will be tracked and archived.