

**DEPARTMENT:** Infection Control

**POLICY:** IC -306

**SUBJECT:** Hand Hygiene Surveillance

**PURPOSE:** To provide a plan for the monitoring and improvement of hand hygiene.

**RESPONSIBILITY:**

- Environment of Care Committee (EOC)
- Infection Control Practitioner (ICP)
- Infection Control Committee

**POLICY:**

1. Hand Hygiene surveillance will be monitored in part, through test scores on the facility-wide required Healthstream education program and through monthly environmental safety rounds. In addition, surveillance will be performed on the inpatient nursing floor. This surveillance will be performed on a rotating quarterly schedule. The expectation is that members of the Infection Control Committee will make a minimum of 10 observations a quarter (and record the data on the attached form or by using the iScrub phone App). The data will then be returned to the ICP, who will compile all the data. This data will be reported at the Infection Control committee, at the Environment of Care (EOC) Committee meetings, and at inpatient nursing staff meetings. The goal is to keep the score for hand hygiene over 90% compliance. If the scores begin to approach the 90% mark, a targeted hand hygiene education campaign will be launched and more surveillance will be performed.
2. The data from the safety rounds will be reported monthly at the EOC meeting and quarterly at the Infection Control Committee meeting. If any gaps are identified, steps will be taken to correct the issues (i.e. physical barriers to hand hygiene identified or education/demonstrations necessary).
3. Hand Hygiene will be performed in accordance with IC-352 Hand Hygiene policy.
4. The ICP will use the annual infection control risk assessment and the quarterly infection control report as the grounds for more rigorous surveillance. If there is an outbreak of health-care associated infections (HAI's) or a trend identified, the ICP (or a representative) will conduct direct observation hand hygiene surveillance in the ward in question.

**REVIEW AND REVISION STATEMENT:**

This policy will be reviewed and revised as necessary and at least annually by the Infection Control Practitioner, Safety Officer, Physician Advisor, CEO, and an FNP.  
(original document date 01/2012)

**OBSERVATION 1: Were hands washed or Alcohol hand rub used:**

Prior to Patient Contact (before entering room) Yes No

Upon Exiting Pt Room Yes No

Comments:

**OBSERVATION 2: Were hands washed or Alcohol hand rub used:**

Prior to Patient Contact (before entering room) Yes No

Upon Exiting Pt Room Yes No

Comments:

**OBSERVATION 3: Were hands washed or Alcohol hand rub used:**

Prior to Patient Contact (before entering room) Yes No

Upon Exiting Pt Room Yes No

Comments:

**OBSERVATION 4: Were hands washed or Alcohol hand rub use**

Prior to Patient Contact (before entering room) Yes No

Upon Exiting Pt Room Yes No

Comments:

**OBSERVATION 5: Were hands washed or Alcohol hand rub used:**

Prior to Patient Contact (before entering room) Yes No

Upon Exiting Pt Room Yes No

Comments:

Date: \_\_\_\_\_ Observer: \_\_\_\_\_