

Infection Prevention Compliance Checklist

S = Satisfactory NI = Needs Improvement N/A = Not Applicable N/O = Not Observed

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| Hand Hygiene and Resident Care Practices |
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| Observation | S | NI | N/A or NI | Action Needed |
|---|---|----|-----------|---------------|
| Staff perform hand hygiene prior to caring for resident | | | | |
| Staff perform hand hygiene before handling medications | | | | |
| Staff perform hand hygiene before putting on gloves | | | | |
| Proper hand washing technique followed by staff | | | | |
| Staff do not layer gloves in place of changing gloves when needed | | | | |
| Additional hand hygiene observation | | | | |
| Staff adhere to aseptic technique when inserting an indwelling catheter | | | | |
| Staff adhere to aseptic technique when changing surgical site dressing within 24 hours of surgery | | | | |
| Staff who perform care tasks requiring aseptic technique can verbalize what aseptic technique is and where supplies are located. (i.e. sterile gloves, masks) | | | | |
| When accessing a central line, staff clean/disinfect port. | | | | |
| Dressings for central lines are changed when soiled and on regular schedule (i.e. every 7 days or as per physician's orders) | | | | |
| Wound care: clean field is established to perform dressing change. | | | | |
| Wound care: gloves changed and hand hygiene performed after removing dirty dressing and prior to putting on clean dressing | | | | |

| Name of Person Making Observation | Date of Observation | Date of Follow-up | Action Needed Completed |
|-----------------------------------|---------------------|-------------------|-------------------------|
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