

The Emergency Department Hand Hygiene Program Self-Assessment Checklist

This tool is designed to be a structured 'gap analysis' to assess the current state of hand hygiene infrastructure and promotion activities in your Emergency Department (ED).

Instructions:

The assessor should complete the Self-Assessment tool indicating whether each of criteria within the key components is addressed in their ED. Where there may be a gap identified in the ED Hand Hygiene Program, the assessor should record comments to assist the development of an action plan to address identified issues. If no actions are required, this Self-Assessment tool can be used as a record of an assessment process being performed for the monitoring purposes.

Self-Assessment undertaken by: _____ Date: _____

	Yes	No
Is your emergency department part of an organisation-wide hand hygiene program at your facility?	Continue with the checklist.	Review checklist and use as a guide to implementation of a HH program within your ED.

Gap Analysis Checklist	Finding:		Person Responsible:	Action Required (AR):	Date due:
System Change – Strongly Recommended	Yes	No			
Is there a process in place for monitoring hand hygiene product placement in ED, which includes ALL of the following: - availability of liquid soap/towel at each sink - alcohol based hand rub (ABHR) availability in patient areas (including once the curtains are closed) - ABHR availability on all mobile treatment trolleys Is there a system in place to ensure that hand hygiene products are replaced as required?					
Is alcohol based hand rub available in ALL of the following: - at the point of care (where health care worker, patient and care for patient occur) - each dedicated patient bay - all treatment rooms - each triage cubicle					
Is liquid soap available at each sink?					
Are single use towels available at each sink?					

System Change – For consideration					
Is alcohol based hand rub (ABHR) available in:					
- entry to staff areas - reception - waiting areas - ambulance entrance					
If known, does alcohol rubbing account for the majority of hand hygiene actions performed? (Note: this information is collected during HH compliance auditing)					
Gap Analysis Checklist	Finding:		Person Responsible	Action Required (AR):	Due Date:
Training and Education – Strongly Recommended	Yes	No			
Is there a process in place to monitor completion of hand hygiene training for all ED staff (including clinical and non-clinical staff) on commencement of employment in ED, and annually?					
Is training regarding HH available to all ED Nursing staff in some format? Is training regarding HH available to all ED Medical staff in some format? (Note: HH training may be provided as online training, formal face to face education, Informal education, Clinical scenario simulations or discussions). The most appropriate format for training should be determined by each institution depending on setting. It is not a requirement for all formats of education to be provided.					
Is hand hygiene education available for non-ED staff providing services in your ED? - Staff within other departments of the facility (e.g. pathology, radiology, visiting medical, nursing and non-clinical staff e.g. cleaning, administrative or security) - External staff - Ambulance officers - Agency staff - Other					
Is there a dedicated hand hygiene educator for ED? If yes, Is this educator a trained hand hygiene auditor?					
Training & Education – For consideration					
Is there a dedicated hand hygiene auditor in your ED? If yes, is the auditor a Gold Standard Auditor(GSA)? (Note: a GSA is a validated auditor trained at a HHA facilitated workshop.)					

If yes, does the Gold Standard Auditor conduct auditor training for other ED staff?					
If there is not a GSA in the ED –is HH auditor training provided by a GSA from elsewhere in the organisation or externally					
When staff and student education materials are developed or reviewed, is there a process in place to ensure hand hygiene principles have been incorporated correctly?					
Do students working in ED receive HH training prior to commencing their ED rotation?					
When department policies are developed or reviewed is there a process in place to ensure HH principles have been incorporated correctly?					
Are there HH practice reminders visible to patients and visitors?					
Gap Analysis Checklist	Finding		Person Responsible	Action Required (AR):	Due Date:
Evaluation and Feedback – Strongly Recommended	Yes	No			
Are the product availability audit results reported to: (Indicate an answer for each) - Nursing Manager - Medical Director/Manager - Nursing Staff - Medical Staff - ED director - Infection Prevention/Control committee					
Are hand hygiene compliance (HHC) audits conducted in ED? If yes, indicate the closest timeframe below: - Each audit period according to the NHHI run by HHA - Twice a year - Annually					
Is data collected in the HHC audit a part of the facility's data set and reported to HHA?					
Evaluation and Feedback – For consideration					
Is there a process in place for the reporting of HHC data to external service providers? External service providers may include: - Ambulance officers - Visiting medical teams/staff (i.e. staff who are part of the facility medical/nursing/allied health staff but not part of the ED workforce) - Cannulation or other procedural services					

• Radiology • Agency staff					
Gap Analysis Checklist	Finding		Person Responsible	Action Required (AR):	Due Date:
Evaluation and Feedback – Strongly Recommended	Yes	No			
Where is the HHC data reported to? (Provide an answer for each option listed) • Nursing Manager • Medical Director/Manager • Nursing Staff • Medical Staff • ED director • Infection Prevention/Control committee • Facility leadership • Facility's overarching governing body • Other departments within the facility • Within the ED					
Do the results of HH auditing get reported/feedback: (Provide an answer for each option listed) • To individual staff during auditing • To the department manager on the completion of an audit session • As interim reports during each audit period • At the end of audit period • Annually					
Evaluation and Feedback – For consideration					
Does the Infection Control team report any infection (HAI) data to ED Management?					
Is any structured evaluation of ED practices undertaken to understand the obstacles to optimal hand hygiene e.g. workflow observation?					
Are current ED HH compliance rates on public display somewhere visible in the department?					
Gap Analysis Checklist	Finding		Person Responsible	Action Required (AR):	Due Date:
Reminders in the workplace – Strongly Recommended	Yes	No			

Please indicate if the following is displayed- - Promotional material explaining the indications for hand hygiene - Promotional material explaining the correct use of hand rub - Promotional material explaining the correct hand washing technique					
Are promotional materials available in: (Provide an answer for each option listed) - Staff only areas - Triage - Treatment areas - Ambulance areas - Waiting room					
Are hand hygiene information brochures available? (Provide an answer for each option listed) - In the waiting room - In the patient areas - Provided directly to the patients					
Are there any other hand hygiene reminders throughout the ED? E.g. Screen savers, badges, stickers etc.					
Reminders in the workplace – For consideration					
Is hand hygiene knowledge and practices a component of ED staff development?					
Gap Analysis Checklist	Finding		Person Responsible	Action Required (AR):	Due Date:
Institutional Safety Climate for Hand Hygiene – Strongly Recommended	Yes	No			
Is there a hand hygiene portfolio/ HH champion role for an ED staff member?					
With regards to HHC data reports, are there documented procedures to follow for follow up? (Provide an answer for each option listed) - Is there an ED HH team established? - Does this team meet on a regular basis (at least once an audit period) - Does this team have dedicated non-clinical time to conduct active HH promotion through auditing, feedback and education - Is focused education provided for lower performing staff groups - Are action plan proformas for each level of HHC reported including specific					

interventions created to address shortcomings?					
Do the following members of the facility leadership provide visible support for hand hygiene improvement? (e.g. role model correct practices, present and discuss HH compliance results in meetings and with staff, contribute to addressing barriers) • ED Nursing Manager • ED Medical Manager/Director • ED director					
Are there hand hygiene leaders/champions in each of the following disciplines? • Medical • Nursing • Allied Health • Environmental • Ambulance • Administration					
Institutional Safety Climate for Hand Hygiene – For consideration	Yes	No			
Are initiatives to support local continuous improvement in place: • Communication that regularly mention HH e.g. clinical meetings, handovers • System for personal/discipline accountability • A 'buddy system' for new employees including once off staff e.g. agency					
Is the ED involved in any quality improvement or research activities related to HH?					
Has the ED participated in publications or conference presentations on hand hygiene?					