



# Standard Precautions: Observation of Hand Hygiene Provision of Supplies

HLD-1

**Instructions:** Observe patient care areas or areas outside of patient rooms. For each category, record the observation. In the column on the right, sum (across) the total number of “Yes” and the total number of observations (“Yes” + “No”). Sum all categories (down) for overall performance.

Standard Precautions: Observation Categories		Room 1	Room 2	Room 3	Room 4	Room 5	Summary of Observations	
							Yes	Total Observed
1	Are functioning sinks readily accessible in the patient care area?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
2	Are all handwashing supplies, such as soap and paper towels, available?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
3	Is the sink area clean and dry?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
4	Are any clean patient care supplies on the counter within a splash-zone of the sink?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
5	Are signs promoting hand hygiene displayed in the area?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
6	Are alcohol dispensers readily accessible?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
7	Are alcohol dispensers filled and working properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No						
Total YES and TOTAL OBSERVED								



# Standard Precautions: Observation of Hand Hygiene Provision of Supplies

HLD-1

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

Observer Role:  Nurse  Tech  Other \_\_\_\_\_ Initials: \_\_\_\_\_

Location/Unit: \_\_\_\_\_

Notes and comments:



# Reprocessing: High Level Disinfection and Liquid Sterilization Process— “Dirty” Area Using Chemical Soak Method

HLD-2

**Instructions: Use this card and the one that follows collectively.** Observe area where instruments are reprocessed by a soaking method using a liquid chemical germicide. For each category, record the observation. Sum all Yes and No responses. Divide by sum of “Yes” + “No”.

Equipment Reprocessing		Summary of Observations	
1	Is the preprocessing “dirty” area separate from the clean area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2	Is adequate space allotted for device inspection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3	Are signs visible that include the reprocessing steps and recording requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4	Is a traffic flow pattern from “soiled” to “clean” clearly delineated in the area in which technicians progress through their reprocessing tasks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5	Is there a readily-available supply of personal protective equipment, including gloves, cover gowns, eye and face protection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6	Is an eyewash station available within a 10 second travel distance from chemicals being used?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7	Is weekly eye wash station maintenance documented, including flushing and temperature validation (60° F to 100° F, or 16° C to 38 °C)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Do not total until completing questions 8 – 14 in accompanying card			



# Reprocessing: High Level Disinfection and Liquid Sterilization Process— “Dirty” Area Using Chemical Soak Method

HLD-2

**Instructions:** Use this card and the one that precedes collectively. Observe area where instruments are reprocessed by a soaking method using a liquid chemical germicide. For each category, record the observation Sum all Yes and No responses. Divide by sum of “Yes” + “No”.

Equipment Reprocessing – Dirty Area		Summary of Observations	
8	Are chemical potency test strips stored appropriately and labeled with “opened” and “use by” dates?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9	Are opened liquid chemical containers labeled with the date opened and the use-by date?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10	Do log books show test strip quality control recording?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11	Do log books show results of liquid chemical germicide potency testing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12	Are spill kits readily available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13	Are safety data sheets (SDS, formerly known as MSDS) available for the chemicals used in the area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14	Are instrument instructions for use (IFUs) readily available for each equipment item reprocessed in the area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
TOTAL			



# Reprocessing: High Level Disinfection and Liquid Sterilization Process— “Dirty” Area Using Chemical Soak Method

HLD-2

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

Observer Role:  Nurse  Tech  Other \_\_\_\_\_ Initials: \_\_\_\_\_

Location/Unit: \_\_\_\_\_

Notes and comments:



# Reprocessing: High Level Disinfection and Liquid Sterilization Process— “Clean” Area

HLD-3

**Instructions:** Observe area where instruments are reprocessed. For each category, record the observation Sum all Yes and No responses. Divide by sum of “Yes” + “No”.

Equipment Reprocessing – Clean Area		Summary of Observations		
1	Are disinfected instruments stored in a manner to protect them from damage and contamination?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
2	Is each piece of equipment labeled with the day of most recent disinfection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
3	Are scopes, if present, stored in a dedicated area and hung vertically to facilitate drying?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4	Is a log of reprocessed items (paper-based or electronic) maintained that documents:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	a. The instrument reprocessed and date,	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	b. The technician who performed the reprocessing, and	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
	c. An indication of whether or not the reprocessing run passed or failed any necessary chemical or mechanical tests.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	
<b>TOTAL</b>				



# Reprocessing: High Level Disinfection and Liquid Sterilization Process— “Clean” Area

HLD-3

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

Observer Role:  Nurse  Tech  Other \_\_\_\_\_ Initials: \_\_\_\_\_

Location/Unit: \_\_\_\_\_

Notes and comments: