

Infection Control Assessment and Response (ICAR) Tool for General Infection Prevention and Control (IPC) Across Settings

Section 3: Observation Form - Hand Hygiene

Hand Hygiene: This form is intended to guide hand hygiene-based facility and healthcare personnel observations.

Additional information and resources for hand hygiene in healthcare settings are available at: [Hand Hygiene in Healthcare Settings | CDC](#)

Hand Hygiene ICAR Interview Questions (Section 2 Module 2) and Observation Forms for other IPC topics (Section 3) are available on the ICAR web page: <https://www.cdc.gov/healthcare-associated-infections/php/toolkit/icar.html>

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**U.S. Department of
Health and Human Services**
Centers for Disease
Control and Prevention

Hand Hygiene Environment of Care Observations

Note: The following elements evaluating hand hygiene stations should be made in at least 3 units/rooms and common care areas. Hand hygiene observations are also incorporated into other procedure-specific audit tools.

Elements to be assessed	Notes/Areas for Improvement
<p>1. Alcohol-based hand sanitizer (ABHS) used in the facility contains 60%-95% alcohol.</p> <p>Yes No ABHS is not used by the facility</p>	
<p>2. Alcohol-impregnated wipes are stored in a manner that prevents evaporation.</p> <p>Yes No Alcohol-impregnated wipes are not used by the facility</p>	
<p>3. How is ABHS dispensed? <i>(select all that apply)</i></p> <p>Wall-mounted dispensers Free-standing dispensers Individual pocket-sized containers Other <i>(specify)</i>: _____</p>	
<p>4. Individual pocket-sized dispensers of ABHS remain in the control of HCP (i.e., patients/residents are unable to access these dispensers)</p> <p>Yes No Individual pocket-sized containers are not used by the facility</p>	

Observe the location and accessibility of hand hygiene supplies on multiple units or rooms and common areas according to scope of assessment.

Specify unit of observation	Unit/Room #1:	Unit/Room #2:	Unit/Room #3:
Easily accessible outside patient/resident room	Sink ABHS dispenser Not available	Sink ABHS dispenser Not available	Sink ABHS dispenser Not available
Inside room at threshold	Sink ABHS dispenser Not available	Sink ABHS dispenser Not available	Sink ABHS dispenser Not available
Inside room near the bed(s)	Sink ABHS dispenser Not available	Sink ABHS dispenser Not available	Sink ABHS dispenser Not available
Inside patient/resident restroom	Sink ABHS dispenser Not available	Sink ABHS dispenser Not available	Sink ABHS dispenser Not available

Notes

Common Areas (e.g., facility entrances, radiology, phlebotomy room)

Specify unit of observation	Location
Area #1 (specify):	Sink ABHS dispenser Not available
Area #2 (specify):	Sink ABHS dispenser Not available
Area #3 (specify):	Sink ABHS dispenser Not available
Area #4 (specify):	Sink ABHS dispenser Not available

Audit of Alcohol-Based Hand Sanitizer Dispensers -

Assess at least 3 different ABHS dispensers, including at least 1 in patient/resident/exam room

Location/Unit/Room	Ready to dispense (i.e., not empty)	Dispenses adequate volume*
	Yes No	Yes No
	Yes No	Yes No
	Yes No	Yes No

*A single activation dispenses a volume that covers all surfaces of the hands and that requires a minimum of 20 seconds to rub before drying.

Audit of Hand Hygiene Sinks -

Assess at least 3 different sinks, including at least 1 in patient/resident/exam room

Location/Unit/Room	Soap available	Paper towels available	Does the sink drain? (no evidence of back-up)	Sink basin free from clutter	Clean supplies are not stored within the splash zone
	Yes No	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No	Yes No
	Yes No	Yes No	Yes No	Yes No	Yes No

Notes

Hand Hygiene Adherence Observations

Complete as many observations as possible during the visit. If observed, note hand conditions that increase risk of colonization with pathogens (e.g., dermatitis, use of artificial nails) in comments.

Location/Unit	Staff type	Type of opportunity	HH performed?	Comments
		Room entry Room exit Before patient/resident contact* Before clean/aseptic procedure After patient/resident contact* After glove removal Other (<i>specify</i>):	ABHS Hand Wash No hand hygiene done	
		Room entry Room exit Before patient/resident contact* Before clean/aseptic procedure After patient/resident contact* After glove removal Other (<i>specify</i>):	ABHS Hand Wash No hand hygiene done	
		Room entry Room exit Before patient/resident contact* Before clean/aseptic procedure After patient/resident contact* After glove removal Other (<i>specify</i>):	ABHS Hand Wash No hand hygiene done	
		Room entry Room exit Before patient/resident contact* Before clean/aseptic procedure After patient/resident contact* After glove removal Other (<i>specify</i>):	ABHS Hand Wash No hand hygiene done	
		Room entry Room exit Before patient/resident contact* Before clean/aseptic procedure After patient/resident contact* After glove removal Other (<i>specify</i>):	ABHS Hand Wash No hand hygiene done	

*In semi-private rooms observe hand hygiene adherence when moving between residents/patients

Location/Unit	Staff type	Type of opportunity	HH performed?	Comments
		Room entry Room exit Before patient/resident contact* Before clean/aseptic procedure After patient/resident contact* After glove removal Other (<i>specify</i>):	ABHS Hand Wash No hand hygiene done	
		Room entry Room exit Before patient/resident contact* Before clean/aseptic procedure After patient/resident contact* After glove removal Other (<i>specify</i>):	ABHS Hand Wash No hand hygiene done	
		Room entry Room exit Before patient/resident contact* Before clean/aseptic procedure After patient/resident contact* After glove removal Other (<i>specify</i>):	ABHS Hand Wash No hand hygiene done	
		Room entry Room exit Before patient/resident contact* Before clean/aseptic procedure After patient/resident contact* After glove removal Other (<i>specify</i>):	ABHS Hand Wash No hand hygiene done	

*In semi-private rooms observe hand hygiene adherence when moving between residents/patients

Notes