



**CRITERIA-BASED COMPETENCY ASSESSMENT & GUIDELINE  
FOR HAND HYGIENE**

Course # 9527

<b>Employee Name:</b>					<b>Job Title:</b>				
<b>Business Unit:</b> Glen Cove: Nursing					<b>Department:</b>				
<b>Competency Statement:</b> Complies with hand hygiene guideline.									
<b>Reason(s) for Assessment:</b>	<input checked="" type="checkbox"/> ↑ Risk-↑ volume <input type="checkbox"/> ↓ Risk-↑ volume <input type="checkbox"/> ↑ Risk-↓ volume <input type="checkbox"/> New Equipment	<input type="checkbox"/> Age related <input checked="" type="checkbox"/> Regulatory <input checked="" type="checkbox"/> Safety	<input type="checkbox"/> Patient Satisfaction <input checked="" type="checkbox"/> Infection Control <input checked="" type="checkbox"/> Quality-Related	<input type="checkbox"/> Learner's needs <input type="checkbox"/> Policy change <input type="checkbox"/> Performance issue	<input type="checkbox"/> New scope of practice <input type="checkbox"/> Professional development <input type="checkbox"/> Others:				
<b>Recommended Validation Methods:</b>	<input checked="" type="checkbox"/> Direct observation of actual behaviors in work environment <input checked="" type="checkbox"/> Indirect observation through superiors, peer reports, document reviews			<input type="checkbox"/> Direct Observation in Simulated Laboratory <input type="checkbox"/> Documented results of test: Oral or written					
<b>Skill Set:</b>	<input checked="" type="checkbox"/> Critical Thinking	<input checked="" type="checkbox"/> Technical Skills			<input type="checkbox"/> Interpersonal Skills				
<b>Reference(s):</b>	<input checked="" type="checkbox"/> Infection Control Policy & Procedure Manual <input type="checkbox"/> Medical Records	<input type="checkbox"/> Professional Organization's Standards Manual <input checked="" type="checkbox"/> Regulatory Agency Guidelines			<input type="checkbox"/> Others:				

**Commitment to patient safety through compliance with hand hygiene protocol**

1. I am dedicated to patient safety.
2. I will adhere to established infection control protocol on hand hygiene.
3. I will perform hand hygiene with soap and water when my hands are visibly soiled.
4. I will perform hand hygiene with soap and water, or with alcohol-based hand sanitizer, as indicated in the following situations:
  - Before and after each physical contact with patient;
  - After contact with blood, bodily fluids, mucous membranes, secretions and non intact skin even if gloves are worn;
  - After eating, coughing sneezing or using the bathroom;
5. If I have direct patient contacts, I will adhere to the following:
  - I will maintain natural nails.
  - I will maintain short nails of not more than 1/4" beyond fingertips.

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

**Behavioral Criteria**

	Assessment	
	Met	* Not Met
A. Proper hand hygiene with soap and water is demonstrated as follows:		
1. Turns on water, adjusts temperature.		
2. Wets hands and wrists before applying soap.		
3. Keeps hands downward so water will run into sink and not down the arms.		
4. Applies soap and scrubs vigorously on hands, all fingers, and wrists surfaces for 15 seconds.		
5. Rinses thoroughly under running water while keeping hands in a downward position.		
6. Dries hands with paper towel, discards paper towel after use.		
7. If using sink with hand controls, turns off faucet using a clean paper towel.		
8. Discards used paper towel.		
B. Proper hand hygiene with alcohol-based hand sanitizer is demonstrated as follows:		
1. Applies the sanitizer to the palm of one hand and rubs hands together.		
2. Covers all surfaces of the hands and fingers with sanitizer.		
3. Rubs hands until dry.		

\*Complete below for behavioral criterion assessed as "Not Met":

Criteria	Corrective Action(s)	Target Date For Completion

Employee Signature: \_\_\_\_\_

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

Reviewer's Name (manager or his/her designee): \_\_\_\_\_

(Print name)

Reviewer's signature: \_\_\_\_\_

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