



## HAND HYGIENE SURVEY

1. Is there a written hand hygiene policy in your organization/facility/agency? (Hand hygiene is defined as the act of washing one's hands with soap and water, or disinfecting them with an antiseptic agent.)
  - Yes: *If yes, has this policy been signed and approved by the CEO and/or the board of directors?*
  - Yes
  - No
  
  - No
  
2. Does your organization provide educational programs to staff that are exclusively about hand hygiene?
  - Yes: *If yes, is your education program mandatory?*
  - Yes
  - No
  
  - No
  
3. Which hand hygiene products does your organization provide for staff? (*Please check all that apply.*)
  - Alcohol hand sanitizers: *If yes, what brand(s):* \_\_\_\_\_
  - Hand lotions: *If yes, what brand(s):* \_\_\_\_\_
  - Anti-bacterial soap
  - Non-antibacterial soap

4. Where in your organization are hand hygiene products placed? *(Please check all that apply.)*

- At door to patient/resident/client room
- In staff common areas
- Staff washroom
- Public washroom
- Waiting areas/clinic reception
- Main lobby/entrance
- Other, *please specify:* \_\_\_\_\_

5. What type of hand hygiene promotional/communication materials are being used in your organization?  
*(Please check all that apply.)*

- Posters
- Badges
- Stickers
- Brochures
- None

6. Is hand hygiene adherence part of staff job performance reviews?

- Yes: *If yes, are disciplinary actions taken for non-adherence?*
- Yes
- No
  
- No

7. Is adherence to hand hygiene policies/practice included in job descriptions and/or job posting information for your facility?

- Yes
- No

8. Has your organization implemented any initiatives to improve hand hygiene in the last 2 years?

- Yes: *Skip to question .10*
- No: *Go to question 9*

9. Is your organization developing initiatives to improve hand hygiene practices?

- Yes: *Due to be implemented \_\_\_\_\_month \_\_\_\_\_year*
- No: *Skip*

10. Does your organization have defined goals for these hand hygiene initiatives?

- Yes: *Please list top 3 goals.*

1. \_\_\_\_\_  
2. \_\_\_\_\_  
3. \_\_\_\_\_

- No

11. Who in the organization is/was targeted by these hand hygiene initiatives? *(Check all that apply.)*

- Staff
- Visitors/family/members of the public
- Other, *please specify:* \_\_\_\_\_

12. Overall, how would you rate the hand sanitizer provided by PAC

**Not at all Successful** 1 2 3 4 5 6 7 8 9 10 **Extremely Successful**

13. Overall, which hand hygiene initiatives implemented do you think were the most effective?

*Would you recommend another brand, type?*

*(Please explain briefly.)*

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14. Overall, which hand hygiene initiatives implemented do you think were the least effective?

*(Please explain briefly.)*

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15. Please rate your satisfaction with the promotional materials for hand hygiene currently used in your organization.

**Not at all Successful** 1 2 3 4 5 6 7 8 9 10 **Extremely Successful**

16. Please rate your satisfaction with the availability of the hand hygiene products in your organization.

**Not at all Successful** 1 2 3 4 5 6 7 8 9 10 **Extremely Successful**

17. Please rate your satisfaction with the hand hygiene products currently used in your organization.

**Not at all Successful** 1 2 3 4 5 6 7 8 9 10 **Extremely Successful**

18. What are/were the major challenges or barriers in implementing hand hygiene initiatives in your organization?  
Individual/staff challenges:

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19. What is/has been involved in your hand hygiene initiatives? *(Please check all that apply.)*

- Staff education/information dissemination
- Collection of baseline indicators, *please specify:* \_\_\_\_\_
- Toolkit (e.g. alcohol hand rubs, promotional posters, implementation guide, etc.)
- Other promotional material (e.g. badges, stickers, etc.)
- Staff involvement in planning
- client involvement in planning
- Baseline audits of hand hygiene adherence
- Post-implementation audits of hand hygiene adherence

- Community education programs
- Interviews or focus groups with staff
- Hand hygiene role models/hand hygiene resource persons
- Other, *please specify*:\_\_\_\_\_

20. Do/did your organization receive any financial support for the hand hygiene initiatives implemented/in progress?

- Yes: *If yes, what type of financial support? (Please check all that apply.)*
- Funding from research agency
- External funding (e.g. from regional health authority)
- Funding from industry
- Internally identified targeted funding
- Other, *please specify*:\_\_\_\_\_

- No

Thank You