



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.)

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

(Please explain briefly.)

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:

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