Facility Name:

|  |  |  |
| --- | --- | --- |
| Nurse Observed: | Date: | Observer: |

| Criteria | C | NC | Finding or Comment | CAC | FU | NA |
| --- | --- | --- | --- | --- | --- | --- |
| Hand hygiene practiced when needed, as an example before donning and after removing gloves, etc. |  |  |  |  |  |  |
| Understanding of Isolation and when needed and who can implement isolation |  |  |  |  |  |  |
| Licensed Nurse (LN) uses PPE appropriately |  |  |  |  |  |  |
| Glucometer disinfected after each use  Nurse understands and uses appropriate “contact time” |  |  |  |  |  |  |
| Equipment disinfected with proper disinfectant  Contact time? |  |  |  |  |  |  |
| When infection suspected, appropriate forms completed; Appropriate staff notified |  |  |  |  |  |  |
| Hand hygiene performed properly before & after exiting resident’s room |  |  |  |  |  |  |
| LN handles linen appropriately |  |  |  |  |  |  |
| LN applies PPE before entering room of isolation resident |  |  |  |  |  |  |
| LN removes PPE before exiting room of isolation resident |  |  |  |  |  |  |
| Alcohol Based Hand Rubs used appropriately, when permitted  *Know your policy when hand washing is needed* |  |  |  |  |  |  |
| LN knows where to find policies & procedure manual |  |  |  |  |  |  |
| Licensed nurse knows when and how to remove resident from isolation |  |  |  |  |  |  |
| Resident isolated according to policy |  |  |  |  |  |  |
| Trash handled according to regulation and according to facility policy |  |  |  |  |  |  |
| **Infection Preventionist (IP) Nurse Assessment** | | | | | | |
| IP has surveillance program in place utilizing appropriate forms |  |  |  |  |  |  |
| IP surveillance data analyzed and summarized on a regular basis |  |  |  |  |  |  |
| IP is utilizing McGeer’s Criteria (2012) and understands how to apply the definitions |  |  |  |  |  |  |
| IP calculating monthly infection rates |  |  |  |  |  |  |
| IP calculating rates for those “events” that do not meet McGeer’s Criteria |  |  |  |  |  |  |
| IP is reviewing antibiotic utilization and reporting to QAPI |  |  |  |  |  |  |

**Areas of concern needing improvement**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_