Infection Prevention and Control Isolation Compliance Checklist

**Date and Time of Observation:**

**Observer:**

**Precaution/Isolation Type:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Unit | Room # | Compliance with Hand Hygiene Practices: Alcohol-based hand rub | Compliance with Hand Hygiene Practices: Soap + Water | Person Observed (HCW or visitor, i.e. physician, RN, transporter, lab, dietary, housekeeping, other HCW, visitor, etc.) | 100% Compliant with Isolation? (Yes/No)(if NO, identify variance by PPE or Signage: Gloves, Gown, Mask, Signage) |
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Adapted from Association for Professionals in Infection Control and Epidemiology: Guide to Preventing *Clostridium difficile* Infections

04/2018 *To obtain this information in a different format, call: 651-201-5414.*