

Infection Prevention and Control Isolation Compliance Checklist

Date and Time of Observation _____ Precaution/Isolation Type _____ Observer _____

Unit	Room #	Compliance with Hand Hygiene Practices	Person Observed (HCW or visitor)	100% Compliant with isolation? Yes or No														
				Identify variance by PPE or Signage														
				NO														
			Please check appropriate box. KEY 1 = Physician 2 = RN 3 = Transporter 4 = PA 5 = Respiratory RX 6 = Nursing assistant 7 = Rehab 8 = Lab 9 = Dietary 10 = Housekeeping 11 = Other HCW 12 = Visitor	YES														
		ABHR	1	2	3	4	5	6	7	8	9	1	1	1	2	Gloves	Mask	Signs

Figure 8. 1. Infection Prevention and Control Isolation Compliance Checklist. Source: Loretta Litz Fauerbach, Shands at the University of Florida.