**Ward structure survey**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Date:** |  |  | **Hospital:** |  |
| **Ward:** |  |  | **Service:** |  |

1. **Department (please select one department closest to yours):**

 General Surgery Surgical Specialty Intensive care unit

 Outpatient clinic

 Other, please specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

1. **Position of the person completing this questionnaire:**

 Charge nurse manager Clinical head Project coordinator

 Service manager Other team member

1. **Number of healthcare workers on this ward:**

Nurses: \_\_\_\_\_\_\_ Medical Staff: \_\_\_\_\_\_ Allied Health: \_\_\_\_\_\_\_ Healthcare assistance: \_\_\_\_\_\_

1. **Is an alcohol-based hand product available?**

  Always Intermittently Rarely Never

1. **If yes, what type of hand product dispensers are available? (Multiple choice)**

 Pocket bottle Bottle affixed to bed Bottle affixed to trolley

 Wall dispenser

1. **If wall dispensers are available, are they placed within an arm’s reach from point of care? (eg, around the patient’s bed)?**

 Yes No

1. **Is there an assigned person responsible for the refilling or replacement of empty dispensers? fg**

 Yes No

1. **If available, does every healthcare worker have easy access to hand product pocket bottles?**

 Always Intermittently Rarely Never

1. **Are posters illustrating hand wash technique displayed beside each sink?**

 Yes No

1. **Are posters illustrating hand rub technique displayed at the point of care?**

 Yes No

1. **Are posters illustrating indications for hand hygiene displayed at the point of care?\***

 Yes No

1. **Are hand hygiene promotional posters displayed on this ward?**

 Yes No

1. **Are written/ electronic guidelines with recommendations on hand hygiene accessible on this ward?**

 Yes No

1. **Are disposable gloves available on this ward?**

 Always Intermittently Rarely Never

1. **Are stocks of gloves stored on this ward?**

 Yes No

 Yes No

1. **Are audits on hand hygiene compliance periodically performed on this ward?**

 Yes No

1. **If yes, how frequently?**

 Once a year Once every 2 years less frequently

1. **Have nurses on this ward received specific education on hand hygiene in the last two years?**

 Yes No

1. **Have medical staff on this ward received specific education on hand hygiene in the last two years?**

 Yes No

Please now walk to each room or area where patient care/ treatment takes place in this ward (i.e. the point of care\*) and complete the table below.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Room****Number** | **Total No. of beds in this room / area** | **No. of beds with hand product within arm’s reach** | **No. of sinks in** **this room/****area** | **Total No. of hand product dispensers in this room / area** | **No. of fully** **functioning and filled dispensers** | **No. of health-care workers** **encountered** |
| A) PATIENT ROOMS ON THIS WARD |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |
| 8 |  |  |  |  |  |  |  |
| 9 |  |  |  |  |  |  |  |
| 10 |  |  |  |  |  |  |  |
| 11 |  |  |  |  |  |  |  |
| 12 |  |  |  |  |  |  |  |
| 13 |  |  |  |  |  |  |  |
| 14 |  |  |  |  |  |  |  |
| 15 |  |  |  |  |  |  |  |
| B) Treatment rooms (ambulatory, day hospital, etc). |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| C) Corridors and other areas with points of care\* |
| 1 |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |
| Total |  |  |  |  |  |  |  |

\* Point of care: the place where three elements occur together: the patient, the health-care work, care or treatment involving patient contact