



Healthcare-Associated Infections Program Adherence Monitoring Fluorescent Marker Assessment Tool

Assessment completed by:
Date:
Unit:

Regular monitoring with feedback of results to staff can maintain or improve adherence to environmental cleaning practices. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location. Use this tool in addition to the Environmental Cleaning and Disinfection adherence monitoring tool.

Instructions: Discreetly place fluorescent marker on at least ten (10) high touch surfaces in at least two (2) rooms to be cleaned. Use additional forms as needed. Check fluorescently marked high touch surfaces for each room below. After the room has been cleaned, use a black light to view marked areas. Circle "Yes" if the fluorescent marker was removed completely and "No" if any amount of fluorescent marker appears under the black light. Calculate adherence percentage in the last row.			Adherence by Task	
			# Yes	# Marked Areas
Room #:	Time marked with fluorescent marker:	Time to return:		
<input type="checkbox"/> Bed rail: Yes / No <input type="checkbox"/> Tray table: Yes / No <input type="checkbox"/> Side table: Yes / No <input type="checkbox"/> Side table handle: Yes / No <input type="checkbox"/> Chair: Yes / No <input type="checkbox"/> In-room medical cart: Yes / No	<input type="checkbox"/> Room sink: Yes / No <input type="checkbox"/> Room sink faucet: Yes / No <input type="checkbox"/> Room light switch: Yes / No <input type="checkbox"/> IV pole: Yes / No <input type="checkbox"/> Call button: Yes / No <input type="checkbox"/> PPE Container: Yes / No	<input type="checkbox"/> TV remote: Yes / No <input type="checkbox"/> Room inner door knob/handle: Yes / No <input type="checkbox"/> In-room cabinet: Yes / No <input type="checkbox"/> In-room computer/keyboard: Yes / No <input type="checkbox"/> Bathroom door knob/handle: Yes / No <input type="checkbox"/> Bathroom handrail: Yes / No	<input type="checkbox"/> Bathroom light switch: Yes / No <input type="checkbox"/> Toilet seat: Yes / No <input type="checkbox"/> Bathroom sink: Yes / No <input type="checkbox"/> Bathroom faucet: Yes / No <input type="checkbox"/> Toilet flush handle: Yes / No <input type="checkbox"/> Toilet / bedpan cleaner: Yes / No	
Room #:	Time marked with fluorescent marker:	Time to return:		
<input type="checkbox"/> Bed rail: Yes / No <input type="checkbox"/> Tray table: Yes / No <input type="checkbox"/> Side table: Yes / No <input type="checkbox"/> Side table handle: Yes / No <input type="checkbox"/> Chair: Yes / No <input type="checkbox"/> In-room medical cart: Yes / No	<input type="checkbox"/> Room sink: Yes / No <input type="checkbox"/> Room sink faucet: Yes / No <input type="checkbox"/> Room light switch: Yes / No <input type="checkbox"/> IV pole: Yes / No <input type="checkbox"/> Call button: Yes / No <input type="checkbox"/> PPE Container: Yes / No	<input type="checkbox"/> TV remote: Yes / No <input type="checkbox"/> Room inner door knob/handle: Yes / No <input type="checkbox"/> In-room cabinet: Yes / No <input type="checkbox"/> In-room computer/keyboard: Yes / No <input type="checkbox"/> Bathroom door knob/handle: Yes / No <input type="checkbox"/> Bathroom handrail: Yes / No	<input type="checkbox"/> Bathroom light switch: Yes / No <input type="checkbox"/> Toilet seat: Yes / No <input type="checkbox"/> Bathroom sink: Yes / No <input type="checkbox"/> Bathroom faucet: Yes / No <input type="checkbox"/> Toilet flush handle: Yes / No <input type="checkbox"/> Toilet / bedpan cleaner: Yes / No	
# of Correct Practice Observed ("# Yes"): _____	Total # Marked Areas: _____ (Up to 48 total per form)	Adherence _____% (Total "# Yes" ÷ "Total # Marked Areas" x 100)		