



Healthcare-Associated Infections Program Adherence Monitoring Fluorescent Marker Assessment Tool

Time Period:

Facility Name:
Facility ID:
Assessment completed by:
Date:

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 multiple high touch surfaces/equipment to be cleaned. Use additional forms as needed. | | | | | | | | Adherence by Task | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|---------------------------------------------|-----------------------------------------|-----------------------------------------------------|-----|----------------------------------------------------------|-----|--------------------------------------------------|----------------|
| Note: Apply small amount of fluorescent marker with Q-tip on the surfaces. Do not apply it to porous surfaces and the electrical outlets and switches. | | | | | | | | # Yes | # Marked Areas |
| 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. | | | | | | | | | |
| Room #: | Bed #: | Unit: | <input type="checkbox"/> Isolation Room | Time marked with fluorescent marker (hh:mm am/pm): | | | | Time to return (hh:mm am/pm): | |
| <input type="checkbox"/> Room light switch: | Y N | <input type="checkbox"/> Room sink: | Y N | <input type="checkbox"/> Tray table: | Y N | <input type="checkbox"/> Bathroom handrail: | Y N | | |
| <input type="checkbox"/> Room inner door knob/handle: | Y N | <input type="checkbox"/> Room sink faucet: | Y N | <input type="checkbox"/> Tray table handle: | Y N | <input type="checkbox"/> Bathroom sink: | Y N | | |
| <input type="checkbox"/> PPE Container: | Y N | <input type="checkbox"/> Chair: | Y N | <input type="checkbox"/> Call button/TV Remote: | Y N | <input type="checkbox"/> Bathroom faucet: | Y N | | |
| <input type="checkbox"/> In-room cabinet: | Y N | <input type="checkbox"/> Side table: | Y N | <input type="checkbox"/> IV pole, not in use: | Y N | <input type="checkbox"/> Toilet seat: | Y N | | |
| <input type="checkbox"/> In-room computer/keyboard: | Y N | <input type="checkbox"/> Side table handle: | Y N | <input type="checkbox"/> Bathroom door knob/handle: | Y N | <input type="checkbox"/> Toilet flush handle: | Y N | | |
| <input type="checkbox"/> Telephone: | Y N | <input type="checkbox"/> Bed rail: | Y N | <input type="checkbox"/> Bathroom light switch: | Y N | <input type="checkbox"/> Toilet / bedpan cleaner: | Y N | | |
| <input type="checkbox"/> Feeding pump: | Y N | <input type="checkbox"/> IV pump face: | Y N | <input type="checkbox"/> IV pole, in use: | Y N | <input type="checkbox"/> Ventilator: | Y N | | |
| <input type="checkbox"/> Pill crusher: | Y N (hallway or patient room) | | | | | <input type="checkbox"/> Vitals machine: | Y N | | |
| In hallway (assess after patient use): | | | | | | | | | |
| <input type="checkbox"/> Medication cart: | Y N | <input type="checkbox"/> Wound care cart: | Y N | <input type="checkbox"/> Patient lift: | Y N | <input type="checkbox"/> Patient bed scale: | Y N | <input type="checkbox"/> Portable x-ray machine: | Y N |
| Room #: | Bed #: | Unit: | <input type="checkbox"/> Isolation Room | Time marked with fluorescent marker (hh:mm am/pm): | | | | Time to return (hh:mm am/pm): | |
| <input type="checkbox"/> Room light switch: | Y N | <input type="checkbox"/> Room sink: | Y N | <input type="checkbox"/> Tray table: | Y N | <input type="checkbox"/> Bathroom handrail: | Y N | | |
| <input type="checkbox"/> Room inner door knob/handle: | Y N | <input type="checkbox"/> Room sink faucet: | Y N | <input type="checkbox"/> Tray table handle: | Y N | <input type="checkbox"/> Bathroom sink: | Y N | | |
| <input type="checkbox"/> PPE Container: | Y N | <input type="checkbox"/> Chair: | Y N | <input type="checkbox"/> Call button/TV Remote: | Y N | <input type="checkbox"/> Bathroom faucet: | Y N | | |
| <input type="checkbox"/> In-room cabinet: | Y N | <input type="checkbox"/> Side table: | Y N | <input type="checkbox"/> IV pole, not in use: | Y N | <input type="checkbox"/> Toilet seat: | Y N | | |
| <input type="checkbox"/> In-room computer/keyboard: | Y N | <input type="checkbox"/> Side table handle: | Y N | <input type="checkbox"/> Bathroom door knob/handle: | Y N | <input type="checkbox"/> Toilet flush handle: | Y N | | |
| <input type="checkbox"/> Telephone: | Y N | <input type="checkbox"/> Bed rail: | Y N | <input type="checkbox"/> Bathroom light switch: | Y N | <input type="checkbox"/> Toilet / bedpan cleaner: | Y N | | |
| <input type="checkbox"/> Feeding pump: | Y N | <input type="checkbox"/> IV pump face: | Y N | <input type="checkbox"/> IV pole, in use: | Y N | <input type="checkbox"/> Ventilator: | Y N | | |
| <input type="checkbox"/> Pill crusher: | Y N (hallway or patient room) | | | | | <input type="checkbox"/> Vitals machine: | Y N | | |
| In hallway (assess after patient use): | | | | | | | | | |
| <input type="checkbox"/> Medication cart: | Y N | <input type="checkbox"/> Wound care cart: | Y N | <input type="checkbox"/> Patient lift: | Y N | <input type="checkbox"/> Patient bed scale: | Y N | <input type="checkbox"/> Portable x-ray machine: | Y N |
| | # of Correct Practice Observed ("# Yes") | Total # Marked Areas | | | | Adherence (Total "# Yes" ÷ "Total # Marked Areas" x 100) | | | |
| EVS | | | | | | | | | |
| Clinical Staff | | | | | | | | | |
| Hallway | | | | | | | | | |
| TOTAL | | | | | | | | | |