



# Hand Hygiene Australia

[www.hha.org.au](http://www.hha.org.au)

## Questionnaire for Health Care Workers in Non Acute Settings

Type of Clinic/setting you are working in today:

- |                                                                 |                                                 |
|-----------------------------------------------------------------|-------------------------------------------------|
| <input type="checkbox"/> Long term care facility/rehabilitation | <input type="checkbox"/> Remote Clinic          |
| <input type="checkbox"/> Outpatient setting                     | <input type="checkbox"/> Domiciliary home carer |
| <input type="checkbox"/> Dental clinic                          | <input type="checkbox"/> Mobile clinic          |
| <input type="checkbox"/> Other.....                             |                                                 |

Have you received formal training in Hand hygiene?

- Yes       No

If yes, when and where

.....  
.....

Is an alcohol based hand rub available at point of care in your work area/kit today?

- Yes       No

Is a hand basin with soap and towel available at point of care in your work area today?

- Yes       No

How important is HH for the directorate of your facility?

- Low priority       Moderate priority       High priority

Is HH openly promoted in your facility?

- Yes       No

In your opinion what importance do your patients place on your HH?

- No importance       High importance

Do you always work at the same facility?

- Yes       No

If, no, where else do you work

.....  
.....

Your Classification.

- Physician  
 Nurse  
 Blood nurse/phlebotomist  
 Physiotherapist  
 Student .....

Other .....

Thank you for your time and support.