

**Sample Pharmacy  
Hand Hygiene and Garbing**

Date of Evaluation: \_\_\_\_\_

Employee Name: \_\_\_\_\_

Position Title: \_\_\_\_\_

Evaluator Name: \_\_\_\_\_

Evaluator Position: \_\_\_\_\_

Type:  Initial Competency  Ongoing Competency  Other: \_\_\_\_\_

Observations and subsequent evaluation must be made by qualified pharmacy staff. Using the space designated next to each discrete skill, the Evaluator will note the following: M= skill standard met, U= skill standard unmet, N/A = not applicable, N/O= not observed  
Additional comment is required if any notations of U, N/A or N/O along with a specific plan to correct noted in the Remedial Plan section.

SKILL	RATING	COMMENTS
Presents in a clean appropriate attire and manner. Removes extraneous personal clothing (scarves, vests, sweaters, hats, etc) and wears clothing that is consistent with established policy		
Wears no cosmetics or jewelry (watches, rings, earring, including piercings) upon entry into ante-area.		
Neither brings nor stores food or drink in the ante or buffer areas.		
Nails are not excessively long and does not wear artificial nails.		
Long hair is tied back and up.		
Demonstrates awareness of and observes the line of demarcation separating clean and dirty sides when performing required activities.		
Dons shoe covers or designated clean area shoes one at a time, placing the covered or designated shoe on the clean site of the line of demarcation as appropriate.		
Dons beard cover if necessary.		
Dons head cover assuring that all hair is covered by looking in a mirror to verify.		
Dons face mask to cover bridge of nose down to and including the chin.		
Puts on safety glasses, if required. Best practice is to require safety glasses at least during mixing of cleaning agents and cleaning procedures when risk of splashing chemicals into eyes is greatest.		
Performs hand hygiene procedure by wetting hands and forearms and washing using soap and warm water for at least 30 seconds.		
Dries hands and forearms using lint-free towel or hand dryer.		
Selects the appropriate sized gown examining for any holes, tears, or other defects.		
Cuts hole in cuff for thumb placement to ensure that sleeve does not ride up above gloves (unless such is integrated into gown).		
Dons gown and ensures full closure.		
Disinfects hands again using a waterless alcohol-based surgical hand scrub with persistent activity and allows hands to dry thoroughly before donning sterile gloves.		
Selects and dons appropriate sized sterile gloves ensuring that there is a tight fit with no excess glove material at fingertips.		

**Sample Pharmacy  
Competency Assessment: Hand Hygiene and Garbing**

Employee Name: \_\_\_\_\_ Date of Evaluation: \_\_\_\_\_

SKILL	RATING	COMMENTS
Examines gloves ensuring that there are no defects, holes or tears.		
While engaging in sterile compounding activities, routinely disinfects gloves with sterile 70% IPA prior to work in the DCS and after touching items or surfaces outside of the ISO Class 5 work area or other items that may contaminate gloves		
When leaving the compounding area, removes safety glasses, (if used) on the clean side of the ante-area. Retains safety glasses in pocket of labeled gown or other designated location in the "clean" side of the anteroom.		
Removes gloves and performs hand hygiene.		
Removes gown and discards it (if finished compounding for the day) or marks with initials on inside collar and hangs it on a hook on the clean side of the ante-area (if not visibly soiled and is intact) where it may be reused during the same work day only.		
Removes and discards mask, head cover and beard cover (if used).		
Removes shoe covers or shoe one at a time, ensuring that the uncovered foot is placed on the dirty side of the line of demarcation and performs hand hygiene again. (Shoes or shoe covers are removed every time the compounding room is exited).		

**Remedial Action Plan/Additional Comments**

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Signature of Employee being Assessed

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Qualified Evaluator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Pharmacy Manager required after review (if other evaluator completed)

\_\_\_\_\_  
Date