



Infection Preventionist Self-Assessment Checklist

Name:

Date:

LEVELS OF PROFICIENCY

0 - No Experience | **1** - Some Experience: require assistance/supervision | **2** - Experienced: minimal support needed to perform | **3** - Very Experienced: can perform well independently

PLEASE CHECK THE APPROPRIATE COLUMN THAT MOST ACCURATELY REFLECTS YOUR LEVEL OF EXPERIENCE:

Skills	0	1	2	3	Skills	0	1	2	3
Outbreak Investigation					Public Education				
Outbreak Surveillance					Policies & Procedure Development				
Outcome Data Collection					Risk Assessment & Reduction Staff Management				
Outcome Data Analysis					New Construction/Renovation				
Outcome Data Interpretation					Employee Health				
Multi-Drug Resistant Organisms (MDRO)					Corrective & Actions Planning				
Blood Borne Pathogens					Performance Improvement				
Urinary Tract Infections					Mentoring				
Surgical Site Infections					Change Management Ambulatory Care				
Hand Hygiene					Ambulatory Surgery Centers Acute Care Hospitals				
Implementing Prevention/Control Measures					Long term Care				
Continual Survey Readiness					Behavioral Health				
TJC Standards/Compliance					Home Health				
TJC On-Site Surveys					TheraDoc				
CMS Regulations/Compliance					MedMined				
CMS On-Site Surveys					SafetySurviellor				
DNV Standards/Compliance					Meditech				
DNV Surveys					Epic				
AAAH Regulations					McKesson				
CDC IP Guidelines					Cerner				
Mock Surveys					Siemens				
Isolation Precautions					Midas				
Bioterrorism					AICE				
Pandemic Readiness					Other Surveillance Software:				
OSHA									
NHSN Reporting									
Program Development									
Staff Education									

Patient Population Experience

Pediatric: Adult: Geriatric:

By signing this document, I acknowledge that the information I have provided above is true and accurate to the best of my knowledge. I authorize Galileo Search, LLC to share the above skills checklist with their clients.

Signature