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### EMPLOYEE/STUDENT or FACULTY ROTATION UNDERSTANDING

By signing below, I understand that if I am currently an employee of AdventHealth, or become an employee in the future, if I'm assigned to do a student or faculty rotation in the department where I work I will:

1. Only perform employee duties when clocked in as an employee
2. Only perform student or faculty duties when on my educational rotation

\_\_\_\_\_  
Student/Faculty Print name

\_\_\_\_\_  
Student/Faculty Signature

\_\_\_\_\_  
Date

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### Hand Hygiene Education Requirement Attestation

To be completed by all healthcare workers who can potentially touch patients, items that will be used by patients, or the patient's environment on Initial Orientation and Annually.

I \_\_\_\_\_ confirm that I have read the "Hand Hygiene for Healthcare Workers" presentation or the Hand Hygiene section of the Contingent Work Force Manual and:

- Understand how hand hygiene helps prevent infections
- Know when to do hand hygiene
- Know how to do hand hygiene using alcohol-based sanitizer and soap and water
- Know when to use gloves
- Know minimum time that should be spent doing hand hygiene
- Understand how hand hygiene compliance will be monitored

\_\_\_\_\_  
CWR Signature

\_\_\_\_\_  
Date

To be completed by preceptor, instructor or other facility designee for all healthcare workers who can potentially touch patients, items that will be used by patients, or the patient's environment as part of **Initial** Hand Hygiene Education.

I \_\_\_\_\_ confirm that \_\_\_\_\_ has correctly demonstrated proper hand hygiene with soap and water and with alcohol-based hand sanitizer.

\_\_\_\_\_  
Validator Signature & Title

\_\_\_\_\_  
Date



## Hand Hygiene Competency Validation

Student/Faculty Name: \_\_\_\_\_

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

HAND HYGIENE WITH SOAP & WATER	COMPETENT	
	YES	NO
1. Pushed long uniform sleeves above the wrists. Avoided wearing a watch or rings or removed during hand hygiene.		
2. Checks that sink areas are supplied with soap and paper towels.		
3. Turns on faucet and regulates water temperature.		
4. Wets hands and applies the recommended amount of soap according to manufacturer's instructions for use over. Keeps hands and uniform away from sink surface. If hands touch sink during hand washing, repeats hand washing.		
5. Vigorously rubs hands for at least 15 seconds or for the length of time stated by the manufacturer's IFU for the product use, including palms, back of hands, between fingers and thumbs, and wrists.		
6. Rinses thoroughly keeping fingertips pointed down.		
7. Dries hands and wrists thoroughly with paper towels or warm air dryer.		
8. Uses a dry, clean paper towel to turn off faucet to prevent contamination to clean hands and discards paper towel in wastebasket.		
9. Applies only organization-approved lotion or barrier cream to hands.		
HAND HYGIENE WITH ALCOHOL BASED HAND RUB (ABHR) (60% - 95% alcohol content)	COMPETENT	
	YES	NO
10. Applies the recommended amount of product per the manufacturer's instructions for use into palm of one hand.		
11. Rubs hands including palms, back of hands, between fingers and thumbs, until all surfaces dry. Allows the hands to dry completely before donning gloves.		
12. Verbalized scenarios when an alcohol waterless antiseptic rub for hand hygiene should not be used: <ul style="list-style-type: none"> <li>a. When hands are visibly soiled</li> <li>b. when Clostridiodes difficile or Norovirus is suspected or confirmed.</li> </ul>		
GENERAL OBSERVATIONS	COMPETENT	
	YES	NO
13. Direct care providers—no artificial nails, gel nail, or enhancements.		
14. Nails are clean, well-groomed and less than ¼ inch long (CDC Recommendation) for members working in direct patient care areas.		
Comments/Notes:		

\_\_\_\_\_  
Validator Signature & Title

\_\_\_\_\_  
Date