

AdventHealth
Hand Hygiene Competency Validation

Name: _____ OPID: _____ Date of Evaluation: ____/____/____
Job Title: _____ Facility: _____ Department: _____

Type of validation: Return Demonstration ☐ Orientation ☒

Competency Statement: The team member must complete the health care organization-required education during orientation.¹

1. 2021 Acute Care Accreditation Occupational Safety and Health: Hand Hygiene
ALN Course ID: JC401-CO2 V 2021

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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
2. Checks that sink areas are supplied with soap and paper towels.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
3. Turns on faucet and regulates water temperature.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
6. Rinses thoroughly keeping fingertips pointed down.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
7. Dries hands and wrists thoroughly with paper towels or warm air dryer.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
8. Uses a dry, clean paper towel to turn off faucet to prevent contamination to clean hands and discards paper towel in wastebasket.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
9. Applies only organization-approved lotion or barrier cream to hands.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
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.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
12. Verbalized scenarios when an alcohol waterless antiseptic rub for hand hygiene should not be used: a. When hands are visibly soiled b. when <i>Clostridioides difficile</i> or Norovirus is suspected or confirmed.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
GENERAL OBSERVATIONS		COMPETENT	
		YES	NO
13. Direct care providers—no artificial nails, gel nail, or enhancements.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
14. Nails are clean, well groomed and less than ¼ inch long (CDC Recommendation) for members working in direct patient care areas.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Comments/Notes: 			

Employee/Team Member Signature

Validator Signature & Title

____/____/____
Date

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

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