AdventHealth Hand Hygiene Competency

Validation

Name:		OPID:	Date of Evalua	ation:	//
Job	Title:	Facility:	Department:		
Ту	pe of validation: Return Der	nonstration	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		
 Pushed long uniform sleeves above the wrists. Avoided wearing a watch or rings or removed during hand hygiene. Checks that sink areas are supplied with soap and paper towels. Turns on faucet and regulates water temperature. 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. 					
	 Vigorously rubs hands for at least 15 seconds or for the length of time stated bythe manufacturer's IFU for the product use, including palms, back of hands, between fingers and thumbs, and wrists. Rinses thoroughly keeping fingertips pointed down. 				
 Dries hands and wrists thoroughly with paper towels or warm air dryer. Uses a paper towel to turn off faucet to prevent contamination to clean hands and discards paper towel in wastebasket. 					
9.	If uses lotion or barrier crean products.				
HAND HYGIENE WITH ALCOHOL BASED HAND RUB (ABHR) (60% - 95% alcohol content)				COMPETENT YES NO	
1.	Applies the recommended ar manufacturer'sinstructions for Quantity sufficient to cover all that requires at least 15 secon	use into palm of surfaces of hand	one hand.		
2.	Rubs hands including palms, thumbs, untilall surfaces dry. donning gloves.				
3.	Verbalized scenarios when a hand hygiene should not be a. When hands are visibly s b. when <i>Clostridiodes diffic</i>	used: oiled	ess antiseptic rub for s suspected or confirmed.	COMF YES	PETENT NO
1.	Direct care providers—no art				
2.	Nails are clean, well-groome Recommendation)for member				
Comments/Notes:					

Date



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