

Attestation of Satisfactory Hand Hygiene Training & Validation

On behalf of _____ [Name of Volunteer Organization, School, Contract Services Entity, or Staffing Agency], I acknowledge and attest to TriStar Division Hospitals that we have provided education and validation of practice regarding hand hygiene in accordance to The Leap Frog Group standards. The objectives of this training and demonstration have encompassed all of the requirements below.

Training in hand hygiene has satisfactorily met the following standards designated by The Leap Frog Group, this applies to individuals who touch patients or touch items handled by patients.

- Receive hand hygiene training inclusive of:
 - Evidence linking hand hygiene to infection prevention
 - When individuals who touch patients or items used by patients should perform hand hygiene (e.g. WHO's 5 moments for hand hygiene)
 - When gloves should be used in addition to hand washing (e.g. caring for C. diff patients)
 - How to clean hands with soap and water
 - How to clean hand with sanitizer (gel or foam)
- Physical demonstration of proper hand washing with soap & water (cannot be simulated or virtual).
- Physical demonstration of proper hand hygiene with sanitizer products (cannot be simulated or virtual).

This attestation is provided annually in lieu of providing documentation for each student and/or instructor.

I also acknowledge and agree to provide records of this training and demonstration if/when requested by a member of the TriStar Health system within 3 business days.

Signature

Printed Name

[Name of Organization]

Date: _____