

Asepsis Program Training Verification Statement

1. OR Traffic Pattern: Semi-Restricted Surgical Attire and PPE requirements
2. Comply to current CDC Hand Hygiene guidelines
3. OR traffic Pattern: Restricted Surgical Attire and PPE requirements
4. Five (5) minute Surgical Hand Scrub
5. Sterile Self-Gowning & Gloving Technique (closed technique)
6. Changing a Contaminated Glove: Open assisted and unassisted gloving (open technique)
7. Draping Surgical Patient
8. Movement with and around sterile field
9. Proper Removal of Contaminated surgical gown and gloves
10. Surgical Patient Skin Prep
11. Dispensing of Sterile Supplies (liquid and solid) onto Sterile field

I will abide by the principles and skills of the Asepsis Program as detailed/explained within this document.

Student's Name (please Print)

Student ID #

Date

Student's Signature

I certify that the above named student has completed demonstrated the Asepsis Program skills stated in this document.

Printed Name of Validator & Title

Signature of Validator

Date

Name of Campus

Thank you.