

PLEASE SIGN AND RETURN

**Medical Staff  
Infection Control Education**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

I have reviewed the following elements of infection control:

1. "Chain of transmission"
2. Basics of hand washing, the how to and the when
3. Safe injection practices
4. Standard precautions
5. Aseptic technique
6. Non-critical, semi-critical and critical items
7. Environmental controls in infection control
8. Prevention of Sharps Injuries
9. Challenges of MRSA, VRE and C-diff in the ASC environment
10. Infection Control Plan and Monthly Surgical Site Infection Report

I agree to abide by the policies and procedures and best practices in infection prevention and control.

\_\_\_\_\_  
Signature of Practitioner

\_\_\_\_\_  
Date