



# Patient

## Infection Prevention Campaign Pledge

**My dialysis healthcare team has educated me on infection prevention practices.**

*I Pledge*

**to protect myself and others by doing the following:**

- Using frequent and good hand washing techniques
- Washing my vascular access or keeping my catheter site dry
- Asking staff members to follow infection prevention protocols
- Notifying my healthcare team if I notice any signs or symptoms of infection

Print Name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

To file a grievance, please contact HSAG: ESRD Network 17 at

1.800.232.3773

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