



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
- Making it “Ok for patients to ask!”
- Notifying my healthcare team if I notice any signs or symptoms of infection

Print Name: _____

Signature: _____

Date: _____

To file a grievance please contact the Florida ESRD Network (Network 7)
3000 Bayport Drive, Suite 300, Tampa, FL 33607
Phone: 1.800.826.3773; Email: Grievances@nw7.esrd.net