



Orange County

PPE INSTRUCTION AND HAND CLEANING

Date:

I have been instructed by Kaiser Permanente in the proper use of personal protective clothing/equipment such as gloves, gowns, masks, eye protectors, and footwear.

I acknowledge that I have been properly fitted for gloves and understand that I have to replace gloves immediately when torn or contaminated, should not wash or disinfect gloves for reuse, to use hypoallergenic gloves when indicated by patient or health care provider history, and to decontaminate my hands using an antimicrobial method after glove removal, after manipulating biological samples, and after each patient contact.

I understand that non-compliance with this requirement may lead to corrective action.

Employee Signature