



## I Pledge

As an important member of the dialysis healthcare team, I pledge to protect my patients and myself by doing the following:



Washing or sanitizing my hands per Centers for Disease Control and Prevention (CDC) protocol



Following facility policies and procedures regarding infection prevention



Adhering to the CDC guidelines for dialysis station routine disinfection



Working together to ensure all staff follows infection prevention protocols



Wearing personal protective equipment (PPE) at all appropriate times during patient care



Receiving CDC recommended vaccinations such as COVID-19 and Influenza

Printed Name:	
a:	D /
Signature:	Date:

For more information or to file a grievance, please contact:

ESRD Network 10 (IL) 911 E. 86th St., Ste. 30 Indianapolis, IN 46240 Toll-Free: (800) 456-6919 ESRDNetwork10@qsource.org

ESRD Network 12 (IA, KS, MO, NE) 2300 Main St., Ste. 900 Kansas City, MO 64108 Toll-Free: (800) 444-9965 ESRDNetwork12@gsource.org

