3: Hand Hygiene Trainer Contractual Agreement

Head of Service/Head of Facility and nominated Hand Hygiene Trainer to complete in advance of Hand Hygiene Trainer the Trainer Training Day

CHO Area Number

Mental Health  Social Care Service  Primary care Service

Name and Location of Service/Facility

Name and Designation of Person in Charge of Service/Facility:

Head of Service/Facility
I have read and understand the requirements in the Hand Hygiene Governance Protocol. I have discussed and agreed the outlined supports required with the healthcare worker nominated within the facility to undertake the Train the Trainer role.

Name of Healthcare worker Undertaking Hand Hygiene Trainer Programme:

I agree that becoming a Hand Hygiene Trainer:

I will commit to attending the training on ________ In advance of attending the training I will:

- Have read and understood the Hand Hygiene Train The Trainer requirements outlined in the Governance Protocol
- Have undertaken Hand Hygiene and Breaking the Chain of Infection training on HSELand.
- Attend a Refresher Training Programme where required.

Date: ____________________________

Signed: ____________________________

Participant  Head of Service/Head of Facility