

Blood Borne Pathogen Training Acknowledgement

I affirm that I was present and participated in the Blood Borne Pathogen Training conducted at my present school location or at the facility designated below. The information covered in this training included the following:

- Explanation of the standard and its contents
- General explanation of the epidemiology and symptoms of blood borne diseases.
- Explanation of the modes of transmission of blood borne pathogens.
- Explanation of the school's exposure control plan and the means by which an employee can view a copy.
- Explanation identifying those tasks that may potentially expose school staff members to blood and other potentially infectious materials.
- Explanation of the use and limitations of various methods to prevent or reduce exposure, including universal precautions, engineering controls, work practices, and personal protection equipment.
- Explanation of the basis of selection of personal protective equipment (primarily gloves) and the location, use and handling of bodily fluids.
- Information of Hepatitis B vaccine, including its efficacy, its safety, its methods and the benefits of being vaccinated, and the fact that it is offered free of charge.
- Information on the appropriate action to take and persons to contact in an emergency involving blood or other potentially infectious materials.
- Explanation of the procedures to follow if an exposure incident occurs, including the method of reporting the incident and the medical follow-up that will be made available.
- Information on the evaluation and follow-up after an employee exposure incident.
- Explanation of the required signs and labels required for proper identification and disposal of contaminated items.
- Information that an annual refresher training course is required by OSHA.

School Name: _____

School/Facility: _____

Date of Training: _____

Site of Training: _____

Please keep this form in the personnel file for inspection purposes.