

Universal Precautions & Bloodborne Pathogen Training

Date: _____ Child Care: _____

Signature of trainer: _____

Printed name of trainer: _____

Source of training: _____

(source must be standardized video/curriculum and must include demonstration and discussion)

I acknowledge that I have received training in *UNIVERSAL PRECAUTIONS and BLOODBORNE PATHOGENS* on the above date and that I received, at a minimum, the following information:

1. Location of the text of the OSHA standard for Bloodborne Pathogens and an explanation of its contents.
2. A general explanation of the epidemiology and symptoms of Bloodborne diseases.
3. An explanation of the modes of transmission of Bloodborne pathogens.
4. An explanation of methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
5. An explanation of the use and limitations of methods that will prevent or reduce exposure.
6. I have reviewed a copy of my employer's exposure control plan.
7. Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
8. Information on how to decide what personal protective equipment is needed.
9. Information on the Hepatitis B vaccine, including efficacy, safety, administration, benefits and that it must be offered free of charge by my employer.
10. Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
11. An explanation of the procedure to follow if an exposure incident occurs including the method of reporting the incident and the medical follow-up that will be made available.
12. Information of the post-exposure evaluation and the follow-up that my employer is required to provide for me following an exposure incident.
13. An explanation of the sign and labels for biohazard materials
14. An opportunity for questions and answers with the person conducting the training.

Employee signature: _____

Employee printed name: _____