

BLOOD BORNE PATHOGEN TRAINING RECORD

NAME: _____

DATE: _____

INSTRUCTION: Safe Schools Online Training Course

This is to confirm that on the date indicated above, I was adequately informed about each of the following matters pertaining to blood-borne pathogens and other potentially-infectious materials:

_____ The OSHA Regulations (Available on the district website/WEA page).

_____ Epidemiology and symptoms of blood-borne diseases.

_____ Modes of transmission of blood-borne pathogens.

_____ The District's exposure control plan
(Board Policy 8453.01- Available on the district website/WEA page).

_____ The types of situations in which I could be exposed through performance of assigned duties.

_____ The procedures and equipment that are to be used to reduce or eliminate the risk of exposure.

_____ The safety, administration, and benefits of the Hepatitis B vaccine.

_____ Procedures to be followed by me and by the District should I be exposed to a blood-borne pathogen or other potentially-infectious material.
(Board Policy 8453.01 - Available on the district website/WEA page)

_____ The post-exposure procedures for evaluation and follow-up.
(Board Policy 8453.01 - Available on the district website/WEA page)

Signature of Staff Member