

Blood Borne Pathogen Training
School Year _____
MSAD No. 75 Employee Verification

Employee Name: _____ **Job Title:** _____
Please print

School/Department: _____ **Training Date:** _____

OUTLINE OF TOPICS COVERED:

- **Explanation of the Bloodborne Pathogens standard (29 CFR 1910.1030)**
- **Explanation and location of Exposure Control Plan**
- **General explanation and definition of bloodborne pathogens**
- **Modes of transmission**
- **Explanation of the use and limitations of the methods of controls (universal precautions, engineering controls, work place practice controls and PPE).**
- **Hands-on practice with the use, removal and disposal of selected PPE (i.e. gloves).**
- **Information on the HBV vaccine**
- **Explanation of the post-exposure procedures and evaluation**
- **Opportunity to test employee's knowledge**
- **Interactive questions and answers**

A REVIEW OF QUIZ:

___ **Orally and Approved by Trainer** ___ **Written and Attached**

**PROPER REMOVAL OF GLOVES WAS DEMONSTREADE TO AND APPROVED BY
TRAINER/NURSE**

_____ **Trainer/Nurse Initials**

Employee Signature: _____

Trainer Name: _____ **Title:** _____
Please Print Trainer Name OR Indicate Web Program