

BLOODBORNE PATHOGENS EMPLOYEE TRAINING

Record of Training Attendance

Training Date ____/____/____

Name of School: _____



**Department of Facilities Management
MONTGOMERY COUNTY PUBLIC SCHOOLS
Rockville, Maryland 20850**

**MCPS Form 230-30
September 2007**

TRAINING INFORMATION

Training Topic: **BLOODBORNE PATHOGENS: SCHOOL VERSION**

Trainer(s): Pam Montgomery; core video: Summit Training Source, Inc.

Trainer's Qualifications: Pam Montgomery, Safety Supervisor, Department of Facilities Management

Summary of Content: The following topics are covered in the training session: information on: types, proper use, location, removal, handling, decontamination, and disposal of personal protective equipment; Hepatitis B virus vaccine, including information on its efficacy, safety, and method of administration; the benefits of being vaccinated and the fact that the vaccine and vaccination will be offered free of charge; appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials; and postexposure evaluation and follow-up that the employer is required to provide the employee following an exposure incident.

Explanation of epidemiology and symptoms of bloodborne diseases; modes of transmission of bloodborne pathogens; MCPS Bloodborne Pathogens Exposure Control Plan and the means by which the employee can obtain a copy of the written plan; appropriate methods of recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials; use and limitation of methods that will prevent or reduce exposure, including appropriate engineering controls, work practices, and personal protective equipment; basis for selection of personal protective equipment; procedure to follow when an exposure incident occurs, including the method of reporting the incident and medical follow-up that will be made available; and signs and labels and/or color coding relative to the communication of hazards to employees.

Opportunity for accessible copy of the regulatory text and explanation of its contents; and interactive questions and answers with the instructor conducting the training session.

EMPLOYEES ATTENDING THIS TRAINING SESSION

NAME (please print)		Employee ID Number	Job Title	Work Location	Initials
First	Last				