

Colleton County School District
Annual Infection Control Training

OSHA requires that employers train employees who are considered to be at risk for occupational exposure to infectious diseases. This form is to be filled out and signed by the employee to verify that this training was provided to him/her by a trained professional at no cost and during working hours in a language that was easy to understand.

This information and training program cover the following:

- ◆ **Explanation of the Standard and its contents.**
- ◆ **General explanation of the epidemiology and symptoms of bloodborne diseases.**
- ◆ **Explanation of the modes of transmission of bloodborne pathogens.**
- ◆ **Explanation of the District's Exposure Control Plan and the means by which an employee can obtain a copy of the written plan.**
- ◆ **Explanation identifying those tasks that may expose school staff to blood and other infectious materials.**
- ◆ **Explanation of the use and limitations of various methods to prevent or reduce exposure; these include Universal Precautions, engineering controls, work practices, and Personal Protective Equipment (PPE).**
- ◆ **Selection of PPE (primarily gloves) and their location, use, and proper handling.**
- ◆ **Information on the HB-Vaccine, including its efficacy, safety, methods, and the benefits of being vaccinated. Vaccine is offered at no cost to the employee.**
- ◆ **Information of the appropriate action to take and person to contact in an emergency involving blood and/or other potentially infectious material(s).**
- ◆ **Explanation of the procedures to follow if an exposure occurs, including the method of reporting the incident and the medical follow-up.**
- ◆ **Information on the evaluation and follow-up required after an employee exposure incident.**
- ◆ **Explanation of the signs and labels required for proper identification and disposal of contaminated items.**
- ◆ **Information that these training records will be made available to OSHA officials upon their request.**

Employee Name (please print) _____

Employee Signature _____

Employee Social Security Number _____ / _____ / _____

Employee Work Location _____

Date of Training _____

Instructor _____

OSHA mandates that annual training be conducted every 365 days.