Rowan-Salisbury
SCHOOL SYSTEM
Extraordinary Education Every Day

Bloodborne Pathogen Training Acknowledgement

Initial each statement indicating that you agree.

_____ I have completed the Bloodborne Pathogen Training and have been given the opportunity to ask questions prior to signing the acknowledgement form.

_____ I know how to access a copy of the RSS Exposure Control Plan and have been given an opportunity to ask questions regarding this plan.

_____ I have received information on the epidemiology, symptoms, and transmission of BBP diseases.

_____ I understand that all body fluids should be considered as potentially contaminated and I should protect myself by using the appropriate PPE. I understand how to obtain personal protective equipment.

_____ I understand how to handle contaminated materials and how to have areas that have been contaminated cleaned.

_____ I understand that I must immediately notify my supervisor of a potential exposure incident and complete required documentation of the incident When desiring to seek medical treatment I must use the appointed medical facility contracted to provide Workman's Compensation for RSSS.

_____ I understand that if designated as an At Risk employee I must sign an acceptance or declination form for the Hep B vaccine. If initially declined, I may request the vaccine at any time, while still working in a position considered At Risk.

Printed Name_____ DOB_____

Signature_____

Date_____ School_____ Position_____

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