Danbury Public Schools
Blood Borne Pathogens Training Verification Form
For Faculty and Staff

My signature on this form is to verify that I have viewed the PowerPoint presentation on Bloodborne Pathogens required by the Danbury Public Schools on the date indicated below. I have also been offered the opportunity to view the bloodborne pathogens video and/or speak with the nurse for any questions or additional information.

The information covered in this training included:

✓ Explanation of the law and its contents.
✓ General explanation of epidemiology, symptoms and modes of transmission of bloodborne pathogens.
✓ Explanation of district's Exposure Control Plan, and how to obtain copy.
✓ Identification of employees/job classifications considered at risk of exposure.
✓ Explanation regarding use and limitations of methods to prevent or reduce exposure, including universal precautions, engineering controls, work practices and personal protective equipment (PPE).
✓ Explanation regarding selection of PPE (primarily gloves), location use, and handling.
✓ Information about HBV vaccine, including efficacy, safety, methods, benefits of being vaccinated, and availability free of charge to identified individuals.
✓ Information regarding appropriate actions to take, and individuals to be notified in the event of an exposure.
✓ Explanation of procedures to follow if exposure incident occurs, method of reporting and evaluation and medical follow-up that will be required, at no cost to employee.
✓ Information that annual refresher course regarding blood-borne pathogens is required.

Please return this signed and dated form to the health office

_____/_____
Employee Signature Please Print Name

_____ / _____ / _____
Position Building Employed Date of Viewing