

ACKNOWLEDGMENT OF ORIENTATION

TO: NEW HIRES, STUDENTS, CONTRACT STAFF & VOLUNTEERS

**RE: ACKNOWLEDGMENT OF RECEIVING GENERAL ORIENTATION
TO INFECTION CONTROL**

By signing this form I am verifying that I have received orientation to infection control covering the following topics. I have been given a chance to have my questions answered, and they were answered to my satisfaction. I am aware if I have further questions after orientation I can contact my supervisor or the infection control coordinator.

- An accessible copy of the Bloodborne Pathogens Regulatory Text and an explanation of its contents have been provided.
- A general explanation of the epidemiology and symptoms of bloodborne diseases HBV, HCV and HIV has been given to me.
- An explanation of the modes of transmission of bloodborne pathogens has been provided.
- An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials has been covered.
- An explanation of the basis for selection of personal protective equipment was provided.
- Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials was explained.
- An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting the incident and medical follow-up that will be made available, was done.
- Information on the postexposure evaluation and follow-up that employers are required to provide for employees following an exposure incident was given.
- An explanation of the signs and labels or color coding for biohazard waste was done.
- An opportunity for interactive questions and answers with the person conducting the training was provided.
- I have been offered the Hepatitis B Vaccine if I have not already received it.
- I have been given a copy of the NIOSH ALERT "Preventing Allergic Reactions to Natural Rubber Latex in the Workplace" and "Preventing Needlestick Injuries in Health Care Settings" (Appendix 2.A and 2.B).
- I have received information related to TB.

EMPLOYEE SIGNATURE: _____ DATE: _____

PRINT NAME: _____

PERSON PERFORMING ORIENTATION TRAINING: _____

TITLE: _____

SIGNATURE: _____ DATE: _____