



ACUPUNCTURE & MASSAGE COLLEGE

10506 N. KENDALL DRIVE, MIAMI, FLORIDA 33176

TEL. 305.595.9500

1. Risk of occupational exposure means you could reasonably anticipate skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may result from the performance of your job duties. True or False
2. The most common cause of transmission in the workplace is when an infected person's blood enters another person's bloodstream through an open wound. True or False
3. If employees risk occupational exposure, employers must implement an Exposure Control Plan for the worksite with details on employee protection measures. True or False
4. Exposure control plans must include procedures for investigation of exposure incidents. True or False
5. Individuals with Hepatitis B, Hepatitis C, HIV and AIDS may lead fairly normal lives but, bloodborne diseases can still be painful, dangerous and even deadly. True or False
6. Some Hepatitis B infections can lead to liver failure, cancer and even death. True or False
7. Employees are required to get the Hepatitis B vaccine if their employer provides them. True or False
8. People who contract Hepatitis C will usually know within 7-10 days. True or False
9. Symptoms of HIV usually occur two to four weeks after infection. True or False
10. If you have any symptoms after a potential exposure to bloodborne pathogens, you should report it to your supervisor and see a health care provider immediately. True or False
11. Standard precautions are the minimum infection control practices used to prevent transmission of diseases that can be acquired by contact with blood or other potentially infectious material. True or False
12. Treating all bodily fluids as if they are known to be infectious is called Universal Precautions. True or False
13. PPE should be selected based upon the type of expected exposure you are facing. True or False
14. Engineering and work practice controls are designed to reduce the likelihood of an exposure incident. True or False
15. Engineering and work practice controls have limitations and should be used in conjunction with other methods to prevent exposure. True or False
16. The proper color for biological contaminated waste is red or red-orange bags or fluorescent orange labeled containers. True or False
17. Activities in areas with possible bloodborne pathogen exposure should be limited and include no eating, drinking or smoking. True or False
18. Contaminated waste should immediately be placed in the nearest wastebasket. True or False
19. If an exposure incident happens your blood should be tested for diseases. True or False
20. Training on bloodborne pathogens is required by OSHA for employees who risk occupation exposure. True or False

I understand the information contained in this training program and have passed the quiz regarding Workplace Bloodborne Pathogens Safety.

Printed Name

Signature

Date



Bloodborne Pathogens Safety

www.osha.ws

Acupuncture & Massage College- Student Consent

I _____ have received the following items:

____ Student Handbook

____ Clinical Manual

Signature _____

Date _____

ACKNOWLEDGMENT OF RECEIVING TRAINING SESSION:

I _____ have attended an Exposure Control Training Program covering all the material listed in the AMC "Exposure Control Plan." I understand and will adhere to the Exposure Plan prepared for my safety by AMC. I have been given a copy of the Exposure Plan. In addition, the OSHA Standard 1910, 1030 and HRS Rule 10D- 104 have been made available to me. I have been given a chance to ask questions. I agree to apply Universal Precautions to all situations which pose risk.

Signature _____

Date _____

HEPATITIS B VACCINATION CONSENT/ DECLINATION FORM

This will be kept on file for at least thirty years. A copy must be sent with personnel for post-exposure follow up.

The nature of risk that I am exposed to in performing my clinic has been explained to me. I am aware that I am at risk of contracting the hepatitis B virus. I have been familiarized with the nature of hepatitis B disease. I understand how the disease is spread. I have been informed about the safety and the efficacy of the vaccine.

I have received the Hepatitis B Vaccine: Dates of vaccine (booster) _____

Signature

Date

I have chosen not to receive the Hepatitis Vaccine.

Signature

Date

I would like to receive the Hepatitis B Vaccine. AMC can give you information where to be inoculated.

Signature

Date