TRAINING OUTLINE

COURSE TITLE: _____ **DATE:** _____ **INSTRUCTOR:** _____

LOCATION: _____ **TIME:** _____ **COMPANY:** _____

Safety training was conducted on the above date by the instructor indicated. The following line items identify the topics covered during the training session.

SUMMARY OF TRAINING

1. Introduction
    a) Diseases
    b) Standards
    c) Why Training
2) Infection
    a) Blood-to-Blood
    b) Blood-to-Mucous
    c) Ingesting Contaminants
    d) Industry Exposures
3) Prevention
    a) Exposure Control Plan
    b) Hierarchy of Controls
        i. Elimination
        ii. Substitution
        iii. Engineering Controls
    c) Administrative Controls
        i. Trainings
        ii. Work Practice Controls
        iii. Workplace Restrictions
        iv. Signs & Labels
        v. Vaccinations
        vi. Handling Sharps
        vii. Sharps Disposal
    d) PPE
        i. Don & Doff
4) Exposure
    a) Procedures
    b) Evaluation & Follow-Up
    c) Incident Documentation
    d) Blood Testing

e) Healthcare Professional
f) Exposure Treatment
g) Legal Considerations
    i. Record Keeping

5) Conclusion