

OSHA 7200- Bloodborne Pathogens Exposure Control for Healthcare Facilities

December 17, 2021

Virtual Instructor Led Training (VILT)

8:00 am to 4:00 pm

VILT courses require live attendance.
Device requirements can be found at:
<https://www.chesapeakeesc.org/virtual-instructor-led-training/>

This course covers the development and implementation of Exposure Control Plans (ECP) for healthcare facilities. This course is designed for the program administrator, manager, or other personnel designated with the responsibility of developing a Bloodborne Pathogens ECP for a healthcare facility. Course highlights include students developing a template for their facility's ECP.

The hazard of exposure to infectious materials affects employees in many types of employment and is not restricted to the healthcare industry. It is also not restricted to age, race or sex. A newborn baby can be infected with a bloodborne virus, just as easily as an elderly person. While this course is designed for the healthcare industry, the concepts can be applied to any workplace that has exposure to blood or any body fluid visibly contaminated with blood.

Course Fee: \$245.00

Includes training materials

This course meets one of the requirements to earn Mid Atlantic OSHA Training Institute Education Center NEW Healthcare Safety and Health Specialist Certificate

Course Topics Include:

- Understanding the OSHA Bloodborne Pathogens Standard
- Determining potential exposure and methods of control
- Developing an ECP, vaccinations, exposure incidents, training, and record keeping.

Upon successful completion of this course you will increase your skill and knowledge about the general requirements of the standard to help you develop an exposure control plan for your facility. The course will provide a step-by-step approach to completing an exposure control plan that can be used at your facility.

Registration Form- Please FILL OUT the Course Info Below:

Class Name: OSHA 7200 Class Date: (month/day/yr) _____ / _____ / _____ Location: (city, state, VILT) _____ , _____

Student Name(s): _____

Company: _____ Email: _____

Address: _____ City, State, Zip: _____

Phone #: _____ Fax #: _____

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Indicate Payment Method: (plea

Check Enclosed _____ Please Invoice _____ Visa _____ Mastercard _____ American Ex res _____ Discover _____

Card # _____ CID #: _____ Ex . Date: _____ Name on Card: _____