



MANDATORY ANNUAL INSERVICES FORM

HEALTHCARE ASSOCIATE NAME _____ TITLE _____

SOCIAL SECURITY NUMBER _____

ATC OFFICE INSTRUCTIONS: Please check the appropriate box below for this Healthcare Associate. This form should be maintained in the education/training file and completed upon hire and renewed annually thereafter.

- OSHA CLASSIFICATION I AND II EMPLOYEES:** Actual or possible contact with patients; actual or possible exposure to blood or other potentially infectious material. Must complete Self-Study Learning Modules 1, 2, and 3.
- OSHA CLASSIFICATION III EMPLOYEES:** Medical Administrative employees with NO contact with patients and NO potential for exposure to blood or other potentially infectious material. Must complete Self-Study Learning Module 4.

HEALTHCARE ASSOCIATE INSTRUCTIONS: If you have actual or potential exposure to blood or other potentially infectious materials and/or if you have contact or potential contact with patients, you will be required to complete modules 1, 2, and 3. If you do not have contact with patients and do not have actual or potential for exposure to blood or other potentially infectious materials, you will need to complete module 4.

Training is to be repeated on an annual basis. ATC Healthcare is a temporary supplemental staffing business with multi-geographical offices. Training is provided by self-study learning modules. Registered nurses are available at the ATC Corporate level to answer questions employees may have about the contents of the modules summarized below. Telephone numbers for these registered nurses are available in the ATC Office Directory found in your local ATC Office.

SUMMARY OF TRAINING PROVIDED:

MODULE 1: INFECTION CONTROL

- Summary of the OSHA Regulations and ATC's Exposure Control Plan
- General explanation of epidemiology and symptoms of bloodborne diseases, including HIV, Hep. B & C
- Recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials
- Use and limitations of personal protective equipment, engineering controls and work practices
- Types, proper use, basis for selection, location, removal, handling, decontamination and disposal of personal protective equipment
- Hand Hygiene
- Information on Hepatitis B vaccine, its efficacy, safety, method of administration, benefits and no cost
- Actions to take and whom to contact in event of exposure
- Information on post-exposure measures, evaluation and follow-up
- Signs and color coding
- General Tuberculosis: Epidemiology, transmission, signs and symptoms, protective measures and exposure follow-up

MODULE 2: GENERAL SAFETY

- Worker Safety, Reporting Injuries and Incidents
- Electrical Safety
- Fire Safety
- General Hazardous Communication: Right to Know
- General Body Mechanics
- Guidelines for Preventing Workplace Violence
- Disaster/Emergency Preparedness

MODULE 3: PATIENT CARE AND ETHICS

- Quality Improvement/Performance Improvement/Sentinel Events
- Patient Education, Rights and Satisfaction
- Confidentiality of Patient and Family Information/HIPAA/HITECH
- Developing Cultural and Age-Specific Competencies
- Guidelines for Advance Directives/End of Life/Organ Donation
- Guidelines for Recognizing Patient Abuse and Neglect
- Guidelines on Patient Restraint and Seclusion
- Guidelines: Pain Management
- Drug Use in the Workplace
- Patient Safety Goals
- Medication Safety

MODULE 4: MEDICAL ADMINISTRATIVE

- Quality Improvement/Performance Improvement/Sentinel events
- Confidentiality of Patient and Family Information/HIPAA/HITECH
- Guidelines for Advance Directives/END of Life/Organ Donation
- Electrical Safety
- Fire Safety
- General Hazardous Communication: Right to Know
- General Body Mechanics and Ergonomics
- Guidelines for Preventing Workplace Violence
- Emergency Preparedness

I ACKNOWLEDGE THAT I HAVE COMPLETED THE MODULES INDICATED BELOW AND AS DESCRIBED ABOVE AND WILL COMPLY WITH ALL SAFETY GUIDELINES.

CLASSIFICATION I & II (Actual or possible contact with patients and exposures): MODULE 1 MODULE 2 MODULE 3

CLASSIFICATION III (No contact with patients and no potential for exposure): MODULE 4

HEALTHCARE ASSOCIATE SIGNATURE FOR INITIAL AND ANNUAL REVIEW	MONTH	YEAR
1. _____		
2. _____		
3. _____		