

Attestation Form for Non-Advocate Learners Medical Students - Resident/Fellow Rotators

Submission of this form is an acknowledgement that Accredited School/Program and Student/Resident Rotator understand and agree to the following terms:

1. Responsibility of Accredited School/Program to provide learner education and training on bloodborne pathogen prevention and safety in accordance to Occupational Safety and Health Administration (OSHA) and Centers for Disease Control and Prevention (CDC) standards.

This includes but not limited to:

- a. Universal Precautions
 - b. Engineering and Work Practice Controls
 - c. Housekeeping, including disposal and transfer procedures of regulated waste and sharps.
2. Responsibility of Accredited School/Program to provide learner needlestick safety and prevention education and training.
 3. Responsibility of learner **not** to utilize sharp and sharp safety devices he or she has not been properly trained on and have readily available documented verification of education and training.
 4. Responsibility of learner to understand how to properly dispose of regulated waste and sharps in a clinical setting.
 5. In case of blood borne exposure or injury, Advocate site will provide INITIAL treatment. Learner will then need to follow up with Accredited School/Program for further any treatment.

Date:

Advocate Site Location:

Name of Learner:

Signature of Learner:

Name of School/Program:

Name of School/Program Authorized Representative:

Signature of School/Program Authorized Representative:

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