

# PORTER COUNTY EDUCATION SERVICES UNIVERSAL PRECAUTIONS

Note: All PCES employees are required to view the  
"Blood Borne Pathogens" video each school year.

Name: \_\_\_\_\_ Date: \_\_\_\_\_

Worksite: \_\_\_\_\_

1. I, the undersigned, have viewed the video "Blood Borne pathogens".
2. I understand this training is part of the PCES Exposure control Plan which seeks to eliminate or minimize my exposure to blood and/or other potentially infectious materials which could result in diseases such as Hepatitis and AIDS. Gloves and clean up supplies have been made available for my personal protection.
3. I understand it is my responsibility to report any suspected exposure to me, any student or staff.
4. I agree to contact the school nurse or building administrator if I have any additional questions.
5. I agree to annually view the video "Blood Borne Pathogens" within two weeks of the beginning of the school year.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**THIS FORM MUST BE RETURNED TO THE PCES FINANCE OFFICE**