



2019 OSHA Training: Bloodborne Pathogens & Beyond


OSHA requires that all healthcare employers maintain a written Exposure Control Plan. The plan must include a risk analysis, Hepatitis B vaccinations, follow-up procedures, an evaluation of safer sharps and training. The 2-hour update includes the following topics: Health Care Worker Safety and Health, Common Hazards from Bloodborne Pathogens Associated with Medical & Dental Offices, Compliance with OSHA Regulations and Q&A. OSHA requires that your plan be reviewed; that the newest technology be reviewed, and that training is repeated on an annual basis.

Desired Learning Outcomes:

- Implement a training program for healthcare employees that may be exposed to bloodborne pathogens.
- Identify appropriate personal protective equipment (PPE).
- Identify the most frequently violated OSHA regulations in medical and dental practices.
- Create a written exposure control plan for healthcare workers assigned as first-aid providers.
- Explain the latest hazard communication requirements.

This activity has been planned and implemented in accordance with the accreditation requirements and policies of the ACCME. The Chicago Medical Society designates this live activity for a maximum of 2.0 AMA PRA Category 1 Credits™.

All details for each event and all disclosures are available at <http://www.cmsdocs.org/events>.

	<p>2-HOUR TRAINING COURSE SCHEDULE</p> <p>REGISTRATION 9:30AM LECTURE 10:00-12:00</p>	<ul style="list-style-type: none"> <input type="checkbox"/> 05/22/2019- ADVOCATE CHRIST- 4440 W. 95TH STREET OAK LAWN IL, 60453 OUTPATIENT PAVILLION- RM 8314 <input type="checkbox"/> 06/19/2019- NORTHSORE HOSPITAL- 2650 N. RIDGE EVANSTON IL, 60201 RM 1711 <input type="checkbox"/> 09/25/2019- CHICAGO MEDICAL SOCIETY- 515 N. DEARBORN CHICAGO IL, 60654 2ND FLOOR
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REGISTRATION FORM:

OSHA: CMS Mbr: \$99 CDS Mbr: \$109 Non-Mbr: \$129

ATTENDEE NAME: _____

MAILING/BILLING ADDRESS: _____

EMAIL (REQUIRED): _____

METHOD OF PAYMENT:

Charge: \$ _____ Visa Master Card Amex

ACCOUNT #: _____

EXP. DATE: _____

SIGNATURE: _____

PHONE: _____

REGISTRATION: Send your 2019 OSHA registrations to:

Register Online: www.cmsdocs.org

Fax: 312-670-3646

Mail to: Chicago Medical Society - Attn: Education Dept.

515 N. Dearborn St., Chicago, IL 60654

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