



OSHA ACKNOWLEDGEMENT OF POSSIBILITY OF OCCUPATIONAL EXPOSURE

The primary objective of your position will be ensuring the safety and well-being of the service recipient and in doing so we have identified some possible situations within this job classification that would contain the possibility of occupational exposure, but are not limited to these situations.

INFECTION CONTROL / OCCUPATIONAL EXPOSURE:

This job classification may contain the possibility of occupational exposure:

- Providing First Aid care to injuries
- Providing behavioral intervention with service recipient who display aggressive behavior (Including, but not limited to, biting and scratching)
- Performing oral hygiene care
- Providing assistance with hygiene to service recipient whose bodily fluids are visibly contaminated with blood
- Diapering or toileting service recipient
- Bathing service recipient
- Assisting with menstrual hygiene
- Assisting with feeding/meals of service recipient
- Assisting with laboratory - lab blood work/draw (collecting specimens and/or helping to position service recipient
- Cleaning surfaces contaminated with blood, bodily fluids or secretions
- Emptying wastebaskets, which contain infectious materials
- Laundering clothing and linens contaminated with blood, bodily fluids or secretions

For more information or training in this area please review the Control of Infection & Communicable Disease in the New Employee Orientation Modules (for Program Serving Persons with Developmental Disabilities) or visit U.S. Department of Labor Occupational Safety & Health Administration at www.osha.gov.

I fully understand and acknowledge the risks of possible occupational exposure contained in this job classification, serving persons under the home and community based waiver.

I have read the above position guidelines, and understand the general requirements as set forth under the applicable program.

I accept the contingent care position as employed by the Service Recipient and/or their Representative and agree to abide by the program requirements set forth and will perform all duties and responsibilities to the best of my ability. I agree that I am physically able to safely perform the essential functions of the job as stated in this description. I understand I will receive a W-2 for these wages and must count these wages as earned income.

Employee Signature _____ Date _____

Employer Signature _____ Date _____