

I. TB Infection Control Training Record

TUBERCULOSIS (TB) INFECTION CONTROL TRAINING RECORD

Training Date _____ Instructor _____

	Employee Initials
1. I know where the tuberculosis (TB) infection control plan (ICP) is kept and how to obtain a copy.	[]
2. I know how TB is spread from person-to-person.	[]
3. I know the signs and symptoms of TB.	[]
4. I know the difference between TB infection and TB disease.	[]
5. I am aware that health-care workers (HCWs) are at risk for TB infection and TB disease.	[]
6. I know that diseases and drugs that affect the immune system increase the risk of TB infection progressing to TB disease.	[]
7. I am responsible for following work practices discussed in this class and in the TB ICP.	[]
8. I understand the purpose of testing for <i>M. tuberculosis</i> infection and TB symptom screening.	[]
9. I know what to do if I see a coughing patient who has other signs and symptoms of TB.	[]
10. I know that treatment for TB infection can reduce the risk of progressing to TB disease.	[]
11. I know when employees must wear respirators for protection against TB transmission.	[]
12. I know which environmental controls (ventilation, filters, ultraviolet lamps, AIRRs) are in place at this facility.	[]
13. I know where to find safety and protective equipment (respirators, gloves), how to use these devices, and how to dispose of them after use.	[]
14. I know what multidrug-resistant (MDR) TB is.	[]
15. I have had an opportunity to have my questions answered about the above topics.	[]

Employee Name (Please PRINT)

Employee Department

Signature

Date