

EVIDENCE OF STAFF TRAINING

PERSONNEL TRAINING LOG

Employee's Name: _____ Date of Hire: _____

Employee's Position: _____ Certifications: _____

Trainer or Learning Management System (LMS): _____

<i>Training required annually</i>						
	Topic	Brief description of training content & materials used	Training dates			
	Infection control and universal precautions	(i.e. Training Binder)				
	Biohazardous waste handling					
	Personal Protective Equipment (PPE)					

<i>Training required once & as needed (able to verbalize how to access)</i>			
	Topic	Brief description of training content & materials used	Training Date
	Procedures for non-medical emergencies: fire, earthquake, terrorist attacks, site evacuation		
	Procedures to be carried out if medical emergency on site		
	Use of Language Line for Preferred Language Interpretation		
	Sharps Injury Treatment and Log		
	Consent for Treatment		
	Patient confidentiality (OSHA training; HIPAA requires organizations to provide training for all employees, new employees, and periodic (annual) refresher training.		
	Grievance / Complaint procedure		

<i>Training done as needed</i>			