

Hazardous Drug Risk Acknowledgement

Name of Student: _____ **School:** _____

I understand that exposure to hazardous drugs in health care settings may cause skin rashes, infertility, miscarriage, birth defects, and possibly leukemia or other cancers.

I understand that Munson Healthcare (MHC) maintains detailed policies and procedures on the proper storage, handling, transport and disposal of hazardous drugs. MHC has put in place a variety of administrative, engineering and work practice controls to reduce the risk of occupational exposure to hazardous drugs. I understand MHC's policies and procedures will be reviewed and/or amended on an annual basis and the policies and procedures seek to reflect information, standards, and regulations from relevant local, state, and federal regulatory bodies as well as practice standards from professional associations.

I have been provided with didactic training that reflects the policies and procedures on hazardous drugs and have been afforded the opportunity to ask questions. After completion of the training I have been required to take and successfully pass written testing. Review of hazardous drug information and competency evaluation will occur annually. I received and successfully completed this training before performing any activity associated with hazardous drugs. I understand MHC's policies and procedures and agree to comply with them at all times. I also agree that I will immediately seek out pharmacy management, my manager, or my direct supervisor (i.e., clinical instructor) should a question occur during work activities.

I acknowledge that failure to follow the established policies and procedures may put me at risk of increased exposure to hazardous substances and potential adverse health effects as delineated above.

Signature of Student Name above

Date