

UF Blood Borne Pathogen Training 2009 Quiz

1. The Bloodborne Pathogen Standard is a set of federal regulations from:
 - a. USDA
 - b. CDC
 - c. OSHA
 - d. NIH

2. True or False: A splash of bloody fluid to face and eyes constitutes a potential mucous membrane exposure that should be reported and evaluated by a medical provider.

3. True or False: Human cell lines grown in culture should be handled with Universal Precautions.

4. When EH&S conducts an inspection of a clinical area or lab that works with blood specimens we expect to see (circle correct items):
 - a. A set of site-specific standard operating procedures (SOPs)
 - b. Covered, biohazard-labeled waste containers
 - c. Comfortable cloth covered chairs
 - d. Lab coats in use by the workers
 - e. A diluted bleach solution made 3 months ago for use as a disinfectant
 - f. A bottle of Gatorade in the work area in case the worker gets thirsty

5. True or False: The incidence of HIV/AIDS is dropping dramatically since the introduction a vaccine.

6. True or False: If gloves are worn when handling blood, there should be no need for hand washing.

7. When handling needles, the following are good, safe practices (circle correct items)
 - a. The sharps box should be kept down the hall so that everyone in the clinic can share it
 - b. Safety needles/syringes should be considered
 - c. The box should be closed, labeled, and boxed for disposal when it is full to the top
 - d. Remove the needle from the syringe so you can fit more needles into the box
 - e. Avoid re-capping needles

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8. Regarding the most common BBP diseases (circle the correct items):
- a. Hepatitis C is more transmissible than HIV
 - b. HIV is more transmissible than Hepatitis B
 - c. Hepatitis B is about 1000 times more transmissible than Hepatitis C
9. True or False: Dried blood or other potentially infectious material (OPIM) offers no risk of infection to those who come in contact with it.
10. True or False: An employee has the right to decline vaccination with the HepB vaccine but this must be documented on the training & vaccination form.

Name: _____ UF ID#: _____ Date: _____

Department: _____ Email address: _____

Comments: _____
