

Registration form

Bloodborne Pathogen CEU Training Course \$75.00
48 HOUR RUSH ORDER PROCESSING FEE ADDITIONAL \$40.00

Start and finish dates: _____
You will have 90 days from this date in order to complete this course

Name _____ **Signature** _____
(This will appear on your certificate as above)

Address: _____

City _____ **State** _____ **Zip** _____ **Email** _____

Phone:
Home () _____ **Work** () _____ **Fax** () _____

License or Operator ID # _____ **Exp Date** _____

Class/Grade _____

Please circle which certification you are applying the course CEU's/PDH's.
Water Treatment Water Distribution Wastewater Collection Wastewater Treatment

Acupuncturist California License Acupuncturist National License NCCAOM

Other _____

Your certificate will be mailed to you in about two weeks.

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Toll Free (866) 557-1746 info@tlch2o.com

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Rush Grading Service

If you need this assignment graded and the results mailed to you within a 48-hour period, prepare to pay an additional rush service handling fee of \$40.00. This fee may not cover postage costs. If you need this service, simply write RUSH on the top of your Registration Form. We will place you in the front of the grading and processing line.

Thank you...

Bloodborne Pathogen CEU Training Course Assignment

You will have 90 days in order to successfully complete this assignment with a score of 70% or better. Fax numbers, TLC Western Campus (928) 272-0747.

If possible, please e-mail or fax your answers to TLC along with the registration form. You can find online assistance for this course on the in the Search function on Adobe Acrobat PDF to help find the answers. The first part of your assignment will be a Fill-in-the Blank type of question.

You may download and use the assignment on the website, if you like.

Blood and Bodily Fluids

1. _____: An autoimmune disease where the body makes antibodies against its own platelets.
2. _____: A type of immunoglobulin present in blood and body secretions which may aid in fighting infections.
3. _____: A condition brought about by disease or chemotherapy where the individual is highly susceptible to infection.
4. _____: Red blood cells treated with radiation to inactivate white blood cells which may cause graft-versus-host disease.
5. _____: Another term for a white blood cell.
6. _____: Another term for cancer.
7. _____: Refers to the brain, spinal cord, and nerves.
8. _____: Refers to transfusion reactions where the red blood cell is not destroyed.
9. _____: A term for the study of cancer.
10. _____: Prevent transfusion reactions caused by white cells contaminating red cell and platelet preparations and may reduce the likelihood of certain infections.
11. _____: Removal of white blood cells from products in order to prevent certain transfusion reactions such as fever, chills, and alloimmunization.

12. _____: A leukocyte that directs the formation of antibodies, and that has memory.
13. _____: Pertaining to all chemical functions within the body.
14. **Pathologic:** A term for_____.
15. _____: The recovery, washing and reinfusion of a patient's own blood, which has been lost, during and after surgery in order to reduce the need for transfusions.
16. _____: The removal, separation and freezing of peripheral blood or marrow, which contain stem cells, for later reinfusion to restore a patient's blood manufacturing capability after radiation or chemotherapy.
17. **Plasma** - Plasma is _____ water, 7% protein and 1% minerals. Plasma is the source of gamma globulin, albumin and clotting factors. Plasma is used to treat clotting disorders, burn victims and shock.
18. _____: An apheresis procedure where platelets are collected.
19. _____: The process of making antibodies against one's self (one's intrinsic antigens).
20. _____: An overwhelming infection of the blood and body organs.
21. _____: Everyone's blood falls into one of four groups, or types: A, B, AB or O. The type depends on the presence or absence of certain substances on red blood cells. Blood types are inherited.
22. _____: The soft tissue located in the cavities of bones which is responsible for blood cell and platelet production.
23. _____: Blood from someone else that matches yours, usually from a volunteer blood donor. Also referred to as homologous blood.
24. _____: The process of making an antibody against a foreign antigen.
25. _____: Proteins that react with antigens on red blood cells and may destroy transfused red blood cells.
26. _____: A substance that prevents the clotting or thickening of blood.

27. _____: Red cells transport oxygen to body cells and remove carbon dioxide. Red cells contain iron in the hemoglobin.
28. _____: Of the kidney.
29. The Rh factor is an inherited blood group on red blood cells like the ABO blood types. About _____ of the people in this country have it. Those who have it are "Rh-positive," those who don't are "Rh-negative."
30. _____: Salt water.
31. A disease in which the affected person makes an abnormal hemoglobin. _____ is inherited.
32. **Special Donor Services:** Maintains files of donors who have volunteered for the _____, so they can be matched with patients anywhere in the country who are in need of an unrelated bone marrow transplant.
33. _____: Enables hospitals to separate certain blood components from a patient and either replace or treat them before reinfusion.
34. **Transfusion:** Replacing blood or blood components a body has lost in surgery, through an accident, or as a result of medical treatment such as _____.
35. **Thrombocytopenia:** A _____ count.
36. _____: A substance on the surface of red blood cells that elicits an immune response when transfused into a patient who lacks that antigen.
37. _____: A procedure where whole blood is removed from the body and a desired component is retained, while the remainder of the blood is returned to the donor.
38. _____: An anemia caused by deficient red blood cell production by the bone marrow.
39. _____: A virus that may cause flu-like symptoms in the general population, but may cause severe disease in premature babies, bone marrow transplant recipients, and AIDS patients.
40. _____: The formation of and development of blood cells.
41. _____: The molecule in the red blood cell that carries oxygen. Hemoglobin combines with oxygen in the lungs and releases it in the tissues. It is what makes blood red.

42. _____: The process of clotting.
43. _____: Antigens present on most cells of the body which are unique to the individual. It may be considered to be the individual's genetic fingerprint.
44. _____: A virus that may cause blood or nerve disease.
45. _____: A plasma protein that aids the body in maintaining blood pressure.
46. _____: A "part" of blood. Blood is made up of different "parts" or components: red blood cells, plasma, platelets and several types of white blood cells. Each component has its own job to do. We can separate blood into components so patients can be transfused only with what they need.
47. _____: To find similarities between a patient's blood and a donor's blood using laboratory tests.
48. **Dilutional coagulopathy:** Usually seen in patients with trauma after receiving multiple red blood transfusions. The transfusions dilute the body's own platelets and _____ factors, which may predispose to bleeding. These individuals may require platelet and plasma transfusions.
49. _____: The process by which transplanted or transfused cells (for example, after a bone marrow transplant) begin to grow and reproduce themselves within the recipient.
50. **Erythrocytapheresis:** An _____ procedure where red blood cells are collected.
51. _____: Blood circulation occurring outside of the body, for example, in an apheresis machine during donation.
52. _____: A clotting factor that stabilizes blood clots.
53. _____: Contains the clotting factor used to control bleeding in hemophiliacs.
54. _____: Having a fever
55. _____: A protein involved in coagulation. Fibrinogen reacts with other molecules to produce blood clots.

56. _____: A reaction where transplanted or transfused cells attack the recipient's own cells.
57. _____: A type of white blood cell that attacks and destroys foreign substances.
58. _____: A measure of the amount of red blood cells in your body.
59. _____: Of the blood.
60. _____: A blood specialist.
61. _____: Low oxygen levels in the blood.
62. _____: Colorless cells whose main function is to control bleeding. Platelets are essential to normal blood clotting. They can be wiped out during treatment for cancer, leukemia, aplastic anemia and other diseases.
63. _____: Preventative.
64. _____: A disease state in which red blood cells and platelets are destroyed and the body produces excessive blood clots which may damage the kidneys and nervous system.
65. _____: A type of blood clotting disorder.
66. _____: Refers to the effect of thinning of the blood by a medication known as warfarin or coumadin.
67. _____: The protective cells in the bloodstream. They attack bacteria by squeezing through capillary walls to reach the area of infection.

Hepatitis Area

68. **EIA:** _____
69. **HBV:** _____
70. **HCC:** _____
71. **HCV:** _____
72. _____: Positive for anti-HCV as verified by supplemental testing or positive for HCV RNA.

73. _____: Hepatitis C virus ribonucleic acid.
74. _____: Human immunodeficiency virus.
75. _____: Immune globulin.
76. _____: Intramuscular.
77. _____: Intravenous
78. _____: Probability that a positive screening test is truly positive; dependent on prevalence of disease in a population.
79. _____: Recovery following hepatitis C virus infection; characterized by sustained disappearance of serum HCV RNA and normalization of liver enzymes.
80. **RNA:** _____
81. **RT-PCR:** _____
82. _____: Sexually transmitted disease.
83. _____ **test:** Additional test (i.e., RIBA™) used to verify a positive anti-HCV result obtained by EIA.
84. _____: Newly acquired symptomatic hepatitis C virus (HCV) infection.
85. **ALT:** _____
86. _____: Antibody to HCV that develops in response to HCV infection; detectable in persons with acute, chronic, and resolved infection.
87. **ASTP:** _____
88. **Chronic (persistent) HCV Infection:** Persistent infection with HCV; characterized by detection of _____ months after newly acquired infection.
89. _____: Liver inflammation in patients with chronic HCV infection; characterized by abnormal levels of liver enzymes.
90. **DNA:** _____

91. Approximately 5.6 million workers in health care and other facilities are at risk of exposure to _____ such as human immunodeficiency virus (**HIV** – the virus that causes AIDS), the hepatitis B virus (**HBV**), and the hepatitis C virus (**HCV**)
92. OSHA's _____ standard prescribes safeguards to protect workers against the health hazards from exposure to blood and other potentially infectious materials, and to reduce their risk from this exposure
93. " _____ " means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, among others, hepatitis B virus (HBV), which causes hepatitis B; human immunodeficiency virus (HIV), which causes AIDS; hepatitis C virus and other pathogens, such as those that cause malaria.
94. " _____ " :The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between bodily fluids;
95. " _____ " :Any unfixed tissue or organ (other than intact skin) from a human (living or dead).
96. " _____ " : HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
97. An infection control plan must be prepared for all persons that handles, stores, uses, processes, or disposes of infectious medical wastes. This infection control plan complies with OSHA requirement _____, The plan includes requirements for personal protective equipment, housekeeping, training, and a procedure for reporting exposures.
98. All employees who could be " _____ " as the result of performing their job duties to face contact with blood and other potentially infectious materials
99. " _____ " acts such as assisting a co-worker with a nosebleed would not be considered occupational exposure
100. OSHA's Bloodborne Pathogens standard, 29 CFR 1910.1030, does not apply to _____.

The following questions will come from the OSHA Rule.

101. Blood means human blood, human blood components, and products made from human blood.
A. True
B. False
102. Bloodborne Pathogens means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis A virus (HAV) and human immunodeficiency virus (HIV).
A. True
B. False
103. Clinical Laboratory means a workplace where diagnostic or other screening procedures are performed on blood or other potentially infectious materials.
A. True
B. False
104. Contaminated means the presence or the potential of blood or other potentially infectious materials on an item or surface.
A. True
B. False
105. Contaminated Laundry means laundry which has been soiled with urine or other potentially infectious materials or may contain feces.
A. True
B. False
106. Contaminated Sharps means any contaminated object that can penetrate the skin including, but not limited to, needles, scalpels, broken glass, broken capillary tubes, and exposed ends of dental wires.
A. True
B. False
107. Decontamination means the use of physical or chemical means to remove, inactivate, or destroy bloodborne pathogens on a surface or item to the point where they are no longer capable of transmitting infectious particles and the surface or item is rendered safe for handling, use, or disposal.
A. True
B. False
108. Director means the Director of the National Institute for Occupational Safety and Health, U.S. Department of Health and Human Services, or designated representative.
A. True
B. False

109. Administrative controls means controls (e.g., sharps disposal containers, self-sheathing needles, safer medical devices, such as sharps with engineered sharps injury protections and needleless systems) that isolate or remove the bloodborne pathogens hazard from the workplace.
A. True
B. False
110. Engineering Incident means a specific eye, mouth, other mucous membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that results from the performance of an employee's duties.
A. True
B. False
111. Handwashing Facilities means a facility providing an adequate supply of running potable air, soap and single use towels or hot water drying machines.
A. True
B. False
112. Licensed Healthcare Professional is a person whose legally permitted scope of practice allows him or her to independently perform the activities required by paragraph (f) Hepatitis C Vaccination and Pre-exposure Evaluation and Follow-up.
A. True
B. False
113. HBV means hepatitis A virus.
A. True
B. False
114. AIDS means human immunodeficiency virus.
A. True
B. False
115. Needleless system means a device that does not use needles for: The collection of bodily fluids or withdrawal of body fluids after initial venous or arterial access is established;
A. True
B. False
116. Needleless systems means a device that does use needles for: The administration of medication or fluids;
A. True
B. False

117. Needleless systems means a device that does not use needles for: Any other procedure involving the potential for occupational exposure to bloodborne pathogens due to percutaneous injuries from contaminated sharps.
A. True
B. False
118. Engineering Exposure means reasonably anticipated skin, eye, mucous membrane, or parenteral contact with blood or other potentially infectious materials that may not result from the performance of an employee's duties.
A. True
B. False
119. Other Potentially Infectious Materials means: The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, any body fluid that is visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids;
A. True
B. False
120. Other Potentially Infectious Materials means: Any unfixed tissue or organ (other than intact skin) from a human (living or dead); and Mother-in-Law's cooking.
A. True
B. False
121. Other Potentially Infectious Materials means: HIV-containing cell or tissue cultures, organ cultures, and HIV- or HBV-containing culture medium or other solutions; and blood, organs, or other tissues from experimental animals infected with HIV or HBV.
A. True
B. False
122. Potential means piercing mucous membranes or the skin barrier through such events as needlesticks, cat bites, cuts, and abrasions.
A. True
B. False
123. Personal Protective Equipment is specialized clothing or equipment worn by an employee for protection against a hazard. General work clothes (e.g., uniforms, pants, shirts or blouses) not intended to function as protection against a hazard are not considered to be personal protective equipment.
A. True
B. False

124. Engineering Facility means a facility engaged in Engineering-scale, large-volume or high concentration production of HIV or HBV.
A. True
B. False
125. Regulated Waste means liquid or semi-liquid blood or other potentially infectious materials; contaminated items that would release blood or other potentially infectious materials in a liquid or semi-liquid state if compressed; items that are caked with dried blood or other potentially infectious materials and are capable of releasing these materials during handling; contaminated sharps; and pathological and microbiological wastes containing blood or other potentially infectious materials.
A. True
B. False
126. Research Laboratory means a laboratory producing or using research-laboratory-scale amounts of HIV or HBV. Research laboratories may produce high concentrations of HIV or HBV but not in the volume found in production facilities.
A. True
B. False
127. Sharps with engineered sharps injury protections means a nonneedle sharp or a needle device used for withdrawing body fluids, accessing a vein or artery, or administering medications or other fluids, with a built-in safety feature or mechanism that effectively increases the risk of an engineering incident.
A. True
B. False
128. Source Individual means any individual, living or dead, whose blood or other potentially infectious materials may be a source of occupational exposure to the employee.
A. True
B. False
129. Examples include, but are not limited to, hospital and clinic patients; clients in institutions for the developmentally disabled; trauma victims; clients of drug and alcohol treatment facilities; residents of hospices and nursing homes; human remains; and individuals who donate or sell blood or blood components.
A. True
B. False
130. Sterilize means the use of a physical or chemical procedure to destroy all microbial life including highly persistent bacterial endospores.
A. True
B. False

131. Universal Precautions is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be safe and not contain HIV, HBV, and other bloodborne pathogens.
A. True
B. False
132. Administrative Controls means controls that reduce the likelihood of exposure by altering the manner in which a task is performed (e.g., prohibiting recapping of needles by an one-handed technique).
A. True
B. False
133. Hazard Control Plan. (i) Each employer having an employee(s) with occupational exposure as defined by paragraph (b) of this section shall establish a written Exposure Control Plan
A. True
B. False
134. Control Plan designed to eliminate or minimize employee occupational careers.
A. True
B. False
135. The Engineering Control Plan shall contain at least the following elements: The schedule and method of implementation for paragraphs (d) Methods of Compliance, Hepatitis B Vaccination and Post-Exposure Evaluation and Follow-up, (g) Communication of Hazards to Employees, and (h) Recordkeeping, of this standard,
A. True
B. False
136. Each employer shall ensure that a copy of the Exposure Control Plan is accessible to only management employees in accordance with 29 CFR 1910.20(e).
A. True
B. False
137. The Exposure Control Plan shall be reviewed and updated at least annually and whenever necessary to reflect new or modified tasks and procedures which affect occupational exposure and to reflect new or revised employee positions with occupational exposure.
A. True
B. False
138. The review and update of such plans shall also: Reflect changes in technology that increase exposure to bloodborne pathogens;
A. True
B. False

139. The review and update of such plans shall also: Document annually consideration and implementation of appropriate commercially available and effective safer medical devices designed to maximize occupational exposure.
A. True
B. False
140. An employee, who is required to establish an Exposure Control Plan shall solicit input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps in the identification, evaluation, and selection of effective engineering and work practice controls and shall document the solicitation in the Administrative Control Plan.
A. True
B. False
141. The Exposure Control Plan shall be made by the Assistant Secretary and the Director upon request for examination and copying by an employee.
A. True
B. False
142. Exposure determination. (i) Each employer who has an employee(s) with occupational exposure as defined by paragraph (b) of this section shall prepare an exposure determination.
A. True
B. False
143. This exposure determination shall contain the following: A list of all job classifications in which all employees in those job classifications have occupational exposure;
A. True
B. False
144. This exposure determination shall contain the following: A list of job openings in which some employees have occupational exposure, and the hiring list.
A. True
B. False
145. This exposure determination shall contain the following: A list of all tasks and procedures or groups of closely related task and procedures in which occupational exposure occurs and that are performed by employees in job classifications listed in accordance with the provisions of paragraph (c)(2)(i)(B) of this standard.
A. True
B. False

146. Methods of compliance -- (1) General -- Universal precautions shall be observed to prevent contact with blood or other potentially infectious materials. Under circumstances in which differentiation between body fluid types is difficult or impossible, all body fluids shall be considered potentially infectious materials.
A. True
B. False
147. Administrative and work practice controls. (i) Administrative and work practice controls shall be used to eliminate or minimize employee exposure. Where occupational exposure remains after institution of these controls, personal protective equipment shall also be used.
A. True
B. False
148. Administrative controls shall be examined and maintained or replaced on a regular schedule to ensure their effectiveness.
A. True
B. False
149. Employers shall provide hairwashing facilities which are readily accessible to employees.
A. True
B. False
150. When provision of handwashing facilities is not feasible, the employer shall provide either an appropriate antiseptic hand cleanser in conjunction with clean cloth/paper towels or antiseptic towelettes.
A. True
B. False
151. When antiseptic hand cleansers or towelettes are used, hands shall be washed with running water as soon as feasible.
A. True
B. False
152. Employers shall ensure that employees wash their hands immediately or as soon as feasible before removal of gloves or other personal protective equipment.
A. True
B. False
153. Employers shall ensure that employees wash hands and any other skin with soap and water, or flush mucous membranes with water immediately or as soon as feasible following contact of such body areas with blood or other potentially infectious materials.
A. True
B. False

154. Contaminated needles and other contaminated sharps can be bent, recapped, or removed except as noted in paragraphs (d)(2)(vii)(A) and (d)(2)(vii)(B) below.
A. True
B. False
155. Shearing or breaking of contaminated needles is allowed if you have the equipment.
A. True
B. False
156. Contaminated needles and other contaminated sharps can be bent, recapped or removed if the employer can demonstrate that no alternative is feasible or that such action is required by a specific medical or dental procedure.
A. True
B. False
157. Such bending, recapping or needle removal must be accomplished through the use of a mechanical device or a one-handed technique.
A. True
B. False
158. Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be: Puncture resistant;
A. True
B. False
159. Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be: Puncture resistant; Labeled or color-coded in accordance with this standard;
A. True
B. False
160. Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be: Puncture resistant; rustproof on the top and bottom;
A. True
B. False
161. Immediately or as soon as possible after use, contaminated reusable sharps shall be placed in appropriate containers until properly reprocessed. These containers shall be: Puncture resistant; In accordance with the requirements set forth in paragraph (d)(4)(ii)(E) for reusable sharps.
A. True
B. False

162. Eating, drinking, smoking, applying cosmetics or lip balm, and handling contact lenses are allowed in work areas where there is a reasonable likelihood of occupational exposure if PPE is worn.
A. True
B. False
163. Food and drink can be kept in refrigerators, freezers, shelves, cabinets or on countertops or benchtops where blood or other potentially infectious materials are present.
A. True
B. False
164. All procedures involving blood or other potentially infectious materials shall be performed in such a manner as to maximize splashing, spraying, spattering, and generation of droplets of these substances.
A. True
B. False
165. Mouth pipetting/suctioning of blood or other potentially infectious materials is prohibited in some areas.
A. True
B. False
166. Specimens of blood or other potentially infectious materials can be placed in a container which allows small leakage during collection, handling, processing, storage, transport, or shipping.
A. True
B. False
167. The container for storage, transport, or shipping shall be labeled or color-coded according to paragraph (g)(1)(i) and closed prior to being stored, transported, or shipped. When a facility utilizes Universal Precautions in the handling of all specimens, the labeling/color-coding of specimens is not necessary provided containers are recognizable as containing specimens. This exemption only applies while such specimens/containers remain within the facility. Labeling or color-coding in accordance with paragraph (g)(1)(i) is required when such specimens/containers leave the facility.
A. True
B. False
168. If outside contamination of the primary container occurs, the primary container shall be placed within a second container which prevents leakage during handling, processing, storage, transport, or shipping and is labeled or color-coded according to the requirements of this standard.
A. True
B. False

169. If the specimen could puncture the primary container, the primary container shall be placed within a secondary container which is puncture-resistant in addition to the above characteristics.
A. True
B. False
170. Equipment which may become contaminated with blood or other potentially infectious materials shall be examined prior to servicing or shipping and shall be decontaminated as necessary, unless the employer can demonstrate that decontamination of such equipment or portions of such equipment is not feasible.
A. True
B. False
171. Personal protective equipment -- (i) Provision. When there is occupational exposure, the employer shall provide, at no cost to the employee, appropriate personal protective equipment such as, but not limited to, gloves, gowns, laboratory coats, face shields or masks and eye protection, and mouthpieces, resuscitation bags, pocket masks, or other ventilation devices.
A. True
B. False
172. Personal protective equipment will be considered "procreative" only if it does permit blood or other potentially infectious materials to pass through to or reach the employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used.
A. True
B. False
173. The employer may ensure that the employee uses appropriate personal protective equipment unless the employer shows that the employee temporarily and briefly declined to use personal protective equipment when, under rare and extraordinary circumstances, it was the employee's professional judgment that in the specific instance its use would have prevented the delivery of health care or public safety services or would have posed an increased hazard to the safety of the worker or co-worker. When the employee makes this judgment, the circumstances shall be investigated and documented in order to determine whether changes can be instituted to allow such occurrences in the future.
A. True
B. False
174. Accessibility. The employer shall ensure that appropriate personal protective equipment in the appropriate sizes is readily accessible at the worksite or is sold to employees.
A. True
B. False

175. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.
A. True
B. False
176. Cleaning, Laundering, and Disposal. The employee may clean, launder, and dispose of personal protective equipment required by paragraphs (d) and (e) of this standard, at no cost to the employer.
A. True
B. False
177. Repair and Replacement. The employer shall repair or replace personal protective equipment as needed to maintain its effectiveness, at wholesale cost to the employee.
A. True
B. False
178. If a garment(s) is penetrated by blood or other potentially infectious materials, the garment(s) shall be removed after the shift or as soon as feasible.
A. True
B. False
179. All personal protective equipment shall be removed prior to leaving home.
A. True
B. False
180. When personal protective equipment is removed it shall be placed in an appropriately designated area or container for storage, washing, decontamination or disposal.
A. True
B. False
181. Gloves. Gloves shall be worn when it can be reasonably anticipated that the employee may have hand contact with blood, other potentially infectious materials, mucous membranes, and non-intact skin; when performing vascular access procedures except as specified in paragraph (d)(3)(ix)(D); and when handling or touching contaminated items or surfaces.
A. True
B. False
182. Disposable (single use) gloves such as surgical or examination gloves, shall be replaced as soon as practical when contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
A. True
B. False

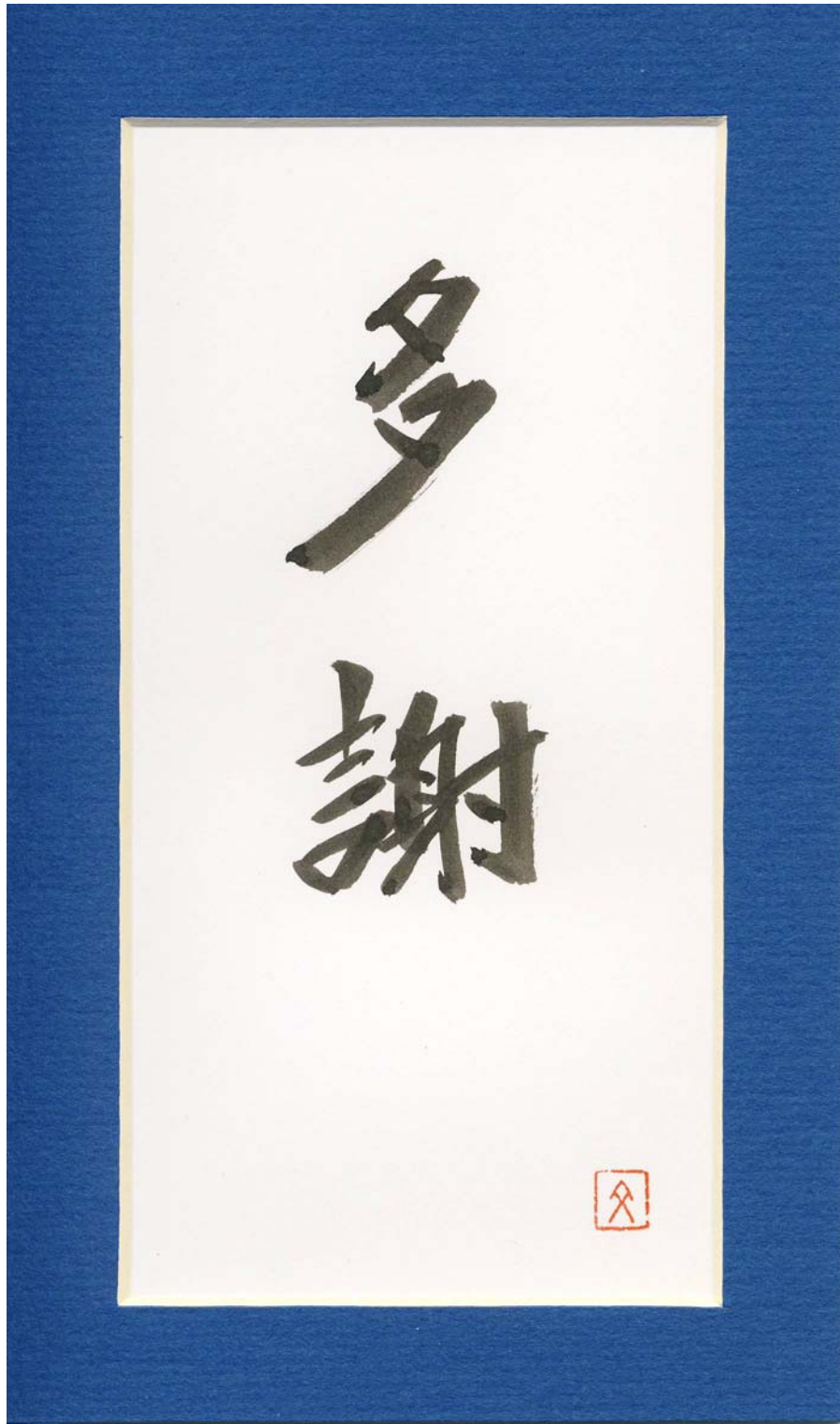
183. Disposable (single use) gloves shall not be washed or decontaminated for re-use.
A. True
B. False
184. Utility gloves may be decontaminated for re-use if the integrity of the glove is not compromised. However, they must be discarded if they are cracked, peeling, torn, punctured, or exhibit other signs of deterioration or when their ability to function as a barrier is compromised.
A. True
B. False
185. If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall: Periodically reevaluate this policy;
A. True
B. False
186. If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall: Make gloves available to all employees who wish to use them for phlebotomy;
A. True
B. False
187. If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall: Not discourage the use of gloves for phlebotomy;
A. True
B. False
188. If an employer in a volunteer blood donation center judges that routine gloving for all phlebotomies is not necessary then the employer shall: Require that gloves be used for phlebotomy in the following circumstances: When the employee has cuts, scratches, or other breaks in his or her skin;
A. True
B. False
189. When the employee judges that hand contamination with blood may occur, for example, when performing phlebotomy on an uncooperative source individual; and when the employee is receiving training in phlebotomy.
A. True
B. False

190. Masks, Eye Protection, and Face Shields. Masks in combination with eye protection devices, such as goggles or glasses with solid side shields, or chin-length face shields, shall be worn whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can be reasonably anticipated.
A. True
B. False
191. Gowns, Aprons, and Other Protective Body Clothing. Appropriate protective clothing such as, but not limited to, gowns, aprons, lab coats, clinic jackets, or similar outer garments shall be worn in occupational exposure situations. The type and characteristics will depend upon the task and degree of exposure anticipated.
A. True
B. False
192. Surgical caps or hoods and/or shoe covers or boots shall be worn in instances when gross contamination can reasonably be anticipated (e.g., autopsies, orthopedic surgery).
A. True
B. False
193. Housekeeping. (i) General. Employers shall ensure that the worksite is maintained in a clean and sanitary condition. The employer shall determine and implement an appropriate written schedule for cleaning and method of decontamination based upon the location within the facility, type of surface to be cleaned, type of soil present, and tasks or procedures being performed in the area.
A. True
B. False
194. All equipment and environmental and working surfaces shall be cleaned and decontaminated after contact with blood or other potentially infectious materials.
A. True
B. False
195. Contaminated work surfaces shall be decontaminated with an appropriate disinfectant after completion of procedures; immediately or as soon as feasible when surfaces are overtly contaminated or after any spill of blood or other potentially infectious materials; and at the end of the work shift if the surface may have become contaminated since the last cleaning.
A. True
B. False

196. Protective coverings, such as plastic wrap, aluminum foil, or imperviously-backed absorbent paper used to cover equipment and environmental surfaces, shall be cleaned as soon as feasible when they become overtly contaminated or at the end of the workshift if they may have become contaminated during the shift.
A. True
B. False
197. All bins, pails, cans, and similar receptacles intended for reuse which have a reasonable likelihood for becoming contaminated with blood or other potentially infectious materials shall be inspected and contaminated on a regularly scheduled basis and cleaned and contaminated immediately or as soon as feasible upon visible decontamination.
A. True
B. False
198. Broken glassware which may be contaminated shall not be picked up directly with the hands. It shall be cleaned up using mechanical means, such as a brush and dust pan, tongs, or forceps.
A. True
B. False
199. Reusable sharps that are contaminated with blood or other potentially infectious materials shall not be stored or processed in a manner that requires employees to reach by hand into the containers where these sharps have been placed.
A. True
B. False
200. Contaminated Sharps Discarding and Containment. (1) Contaminated sharps shall be discarded immediately or as soon as feasible in containers that are: Pastern;
A. True
B. False

When you are finished, please e-mail or fax TLC your answers and registration forms. If you need this graded and a certificate mailed back to you with in 48-hours, prepare to pay an additional rush handling fee.

**Fax Number
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Please mail or fax this survey along with your final exam

**BLOODBORNE PATHOGEN
CEU TRAINING COURSE
PROFESSIONAL DEVELOPMENT COURSE**

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***PLEASE COMPLETE THIS FORM BY CIRCLING THE NUMBER OF THE
APPROPRIATE ANSWER IN THE AREA BELOW.***

1. Please rate the difficulty of your course.

Very Easy 0 1 2 3 4 5 Very Difficult

2. Please rate the difficulty of the testing process.

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3. Please rate the subject matter on the exam to your actual field or work.

Very Similar 0 1 2 3 4 5 Very Different

4. How did you hear about this Course? _____

5. What would you do to improve the Course?

Any other concerns or comments.

