Infection Control Orientation Packet

Stop the Germs Here

Stop of the Spread of Infections in the Work Place

Cobb County Community Services Boards
Douglas County Community Services Boards

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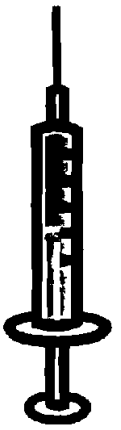
The Worker's Compensation Representative is Sharron Jacobs and she can be reached at 770-429-5022

Bio-Medical Waste

This is the *bio-hazardous warning label sign.* If this is on a container it means that there is contaminated waste inside. Contaminated waste containing blood products from used needles and syringes, blood drawing devices, etc. **NEVER** put your fingers into this container. These *containers are used to contain blood borne pathogens* (HIV, Hepatitis B, Hepatitis C and 17 other potential viruses). *Safety devices* (syringes and needles) are now in use in the agency.
In our agency we use a waste management service and Isolyzer.



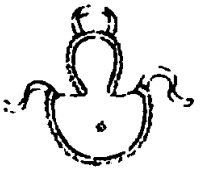
Needle stick Protocol for Employees

Report all needle stick injuries **IMMEDIATELY**! Let your supervisor know and he/she will arrange for coverage for you to get to a hospital emergency room *within two hours.* Call the injury to DOAS 1-877-656-7475 and a Nurse Manager will assist you in getting to a Emergency Treatment Center. If you know the *Source Individual* (person who the needle was used on) let your supervisor know during this time.

Personal Protective Equipment

Gloves

Mask



Apron

CPR

Goggles

Personal Protective Equipment is to be worn by all staff when cleaning up spills that contain blood and body fluids; during times of sink, toilet, and drain overflows or clogs; and when performing resuscitation. *Shoe covers* are worn if there is contaminated waste on floor from over flowing sinks and toilets.
All personal protective equipment is stored in a *container* with a lid and a sign on it with the words "Personal Protective Equipment". Personal Protective Equipment is found at sites and in state vehicles.

Be sure to ***wash your hands*** after wearing any personal protective equipment. All contaminated personal protective equipment should be disposed of in a trash receptacle.

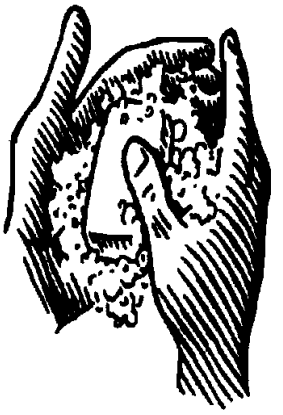
After removing gloves always wash your hands.

Hand Washing Technique

Effective hand washing is a gentle washing of the hands with an antibacterial liquid soap under a stream of water for at least 15 seconds. This prevents the transfer of infectious diseases to yourself and others.

Technique:

Wet hands under warm running water
Wet hands beyond the wrists well enough to work up lather with soap.
Rinse soap lather off downward from wrists to fingertips
Use paper that you dry your hands with to turn off faucet.
Dispose in trash receptacle



Wash hands:

- after arriving at work
- when soiled
- after contact with another person
- after smoking a cigarette
- after using the toilet
- after blowing or wiping the nose
- after contact with blood and/or body fluids, including diapers
- before and after eating
- after wearing gloves for a task.

The CSB uses liquid **DIAL** antibacterial soap. If you are allergic to DIAL or it causes you to have broken red skin after using it, let your supervisor know and an alternative soap will be discussed for your use.

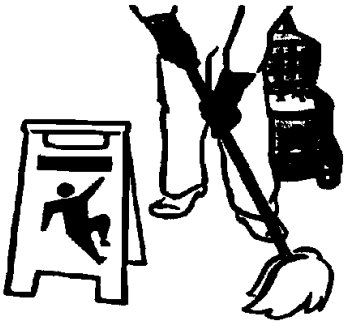
Illness

Employees are asked **NOT** to come to work if you have the following symptoms:

- Fever greater than 100 degrees F. (oral and/or otic)
- Fever greater than 99 degrees F. (dermal)
- Two or more episodes of vomiting or diarrhea (not related to antibiotic treatment)
- Any open wounds that are draining and appear infected
- Skin rashes not cleared by your physician
- Chicken pox which are not crusted/dry
- Evidence of head lice or nits
- Any eye infections

Family members of CSB employees should not accompany a staff person to work if there is suspicion of an illness and/or there are any symptoms listed above.

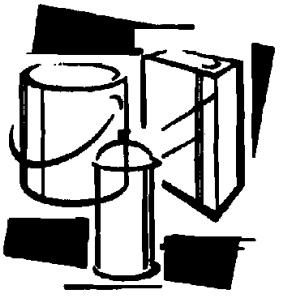
Cleaning agents utilized within the agency are appropriate, effective, and safe for use by employees and around consumers and visitors. The Environment of Care Committee selects all cleaning agents for the agency.



A disinfectant/detergent will be selected that is:

1. Applicable to all surfaces, and will not corrode, bleach or damage,
2. Low in toxicity,
3. Not exhibiting objectionable odors,
4. Effective against all types of dirt and,
5. Active in the presence of contaminants.

MSDS (Material Safety Data Sheets) are found at each site. These sheets help to locate what procedures need to be done in the event of ingestion, spills, splashes to mouth and eyes.



MSDS cover

The poison control number is also located in front of MSDS manual.

Clorox bleach may be used when necessary and according to label instructions. Clorox bleach is used to clean mannequins after CPR training.

Storing of Employee Food

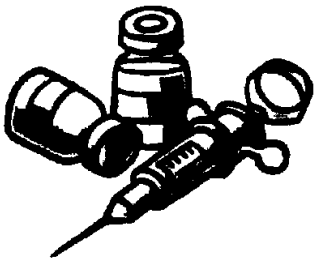
Perishable food items brought in from home that will be used for lunch or snacks need to be kept in the refrigerator. Food items are to be kept in a sealed container, labeled, and dated. Any food that is left in the refrigerator will be disposed of on Friday afternoons. *Condiments* should be dated when opened and discarded according to the expiration date. Any discarded food items should be placed in a covered trash receptacle. This will help to prevent insects and rodents from entering into your workspace.

Employee Education

Not less then yearly will there be Infection Control Training

Throughout the year look for *educational in-services/handouts* on infection control topics. If there is any infection control topic you would like to know more about, call the Quality Management Director at 770-429-5005.

Hepatitis B Prevention



Hepatitis B is a highly contagious virus that infects the liver in all age groups and can lead to cirrhosis, liver cancer and death in many of those inflicted. This virus is found in the blood and body fluids of infected people and can be spread through sexual contact, sharing of needles or razors, or living in a household with someone who is a carrier of the virus. 10% of those infected carry the virus for longer than 6 months and are known to be carriers. They have no symptoms but can pass the virus on to others. 25% of carriers develop a chronic form of the infection and are at high risk of developing cirrhosis and liver cancer.

There is a *vaccine* that can prevent the spread of the Hepatitis B virus. The vaccine is given in a series of three injections – #1 during orientation; #2 one to three months later; #3 within one year of first injection but no earlier than three months after the second injection. This means that the third injection can be given within 6 months and up to one year after the first injection.

Employees who have consistent *direct contact with consumer care* and have not had the Hepatitis series prior to hire are offered the Hepatitis B vaccine.

Hepatitis Forms

- Hepatitis B Facts (read on your own time)
- Important Information about Hepatitis B, Hepatitis B vaccine, and Hepatitis B Immune Globulin must be read before getting the first injection.
- Hepatitis B Declination Form
- Hepatitis B Confirmation Form

Tuberculosis Prevention

The CSB has a **continuous comprehensive tuberculin-screening program.** Tuberculin screenings are done yearly in the month of July. All employees are administered the screening.

During this screening, employees are asked questions that will help to identify individuals who have been infected with the tuberculosis bacillus.
Employees who can provide documentation of a previous PPD skin test and can provide information about appropriate follow-up for a "positive" skin test will not need tuberculin skin testing.

If an employee refuses PPD skin testing, not because of a previous positive test, will need either a current chest x-ray or a written statement on the office's letterhead from his/her primary care physician.

HIV

HIV is a virus. Viruses infect the cells that make up the human body and replicate (make new copies of themselves) within those cells. A virus can also damage human cells, which is one of the things that can make a person ill. HIV stands for the '*Human Immunodeficiency Virus*'. Someone who is diagnosed as infected with HIV is said to be 'HIV+' or 'HIV positive'. HIV is the virus that causes AIDS. This virus may be passed from one person to another when infected blood, semen, or vaginal secretions come in contact with an uninfected person's broken skin or mucous membranes. People with HIV have what is called HIV infection.

Standard Precautions

Standard Precautions apply to blood and any other body fluid containing visible blood, semen, vaginal secretions, urine, feces, sputum, vomitus, nasal secretions, breast milk, sweat and tears.

The surest way to prevent infections to yourself or others is to "Wash Your Hands!!!!"

If you do the following tasks you are to wear the following personal protective equipment.

TASK	PERSON PROTECTIVE EQUIPMENT
Administering first aid	Gloves, Goggles - severe bleeding Aprons - severe bleeding
Changing dressings/cleaning of wounds	Gloves
Cleaning consumers units including bathrooms	Gloves
Collecting specimens	Gloves
Emptying trash	Gloves
Handling soiled linens	Gloves
Incontinence Care	Gloves; aprons, shoe covers if necessary
Injections, vein punctures, and finger sticks	Gloves
Plumbing (clogged sinks & plugged toilets)	Goggles, Rubber gloves, shoe covers/boots, apron
Seclusion and Restraint	Gloves

In the event of an injury caused by human bites or any similar trauma the area should be washed thoroughly with soap and water. Body fluids splashed into the eyes or mucus membranes such as the mouth, should be washed out with water only. These injuries must be reported immediately to the appropriate supervisor for follow-up treatment. The injury must be called to DOAS at 1-877-656-7475 for employees only if medical treatment is required.

HEPATITIS B VACCINE

WHAT YOU NEED TO KNOW

1 What is hepatitis B?

Hepatitis B is a serious disease that affects the liver. It is caused by the hepatitis B virus (HBV). HBV can cause:

Acute (short-term) illness. This can lead to:
- loss of appetite
- diarrhea and vomiting
- tiredness
- jaundice (yellow skin or eyes)
- pain in muscles, joints, and stomach

Acute illness is more common among adults. Children who become infected usually do not have acute illness.

Chronic (long-term) infection. Some people go on to develop chronic HBV infection. This can be very serious, and often leads to:
- liver damage (cirrhosis)
- liver cancer
- death

Chronic infection is more common among infants and children than among adults. People who are infected can spread HBV to others, even if they don't appear sick.

- In 2005, about 51,000 people became infected with hepatitis B.
- About 1.25 million people in the United States have chronic HBV infection.
- Each year about 3,000 to 5,000 people die from cirrhosis or liver cancer caused by HBV.

Hepatitis B virus is spread through contact with the blood or other body fluids of an infected person. A person can become infected by:
- contact with a mother's blood and body fluids at the time of birth;
- contact with blood and body fluids through breaks in the skin such as bites, cuts, or sores;
- contact with objects that could have blood or body fluids on them such as toothbrushes or razors;
- having unprotected sex with an infected person;
- sharing needles when injecting drugs;
- being stuck with a used needle on the job.

2 Hepatitis B vaccine: Why get vaccinated?

Hepatitis B vaccine can prevent hepatitis B, and the serious consequences of HBV infection, including liver cancer and cirrhosis.

Routine hepatitis B vaccination of U.S. children began in 1991. Since then, the reported incidence of acute hepatitis B among children and adolescents has dropped by more than 95% – and by 75% in all age groups.

Hepatitis B vaccine is made from a part of the hepatitis B virus. It cannot cause HBV infection.

Hepatitis B vaccine is usually given as a series of 3 or 4 shots. This vaccine series gives long-term protection from HBV infection, possibly lifelong.

3 Who should get hepatitis B vaccine and when?

Children and Adolescents

- All children should get their first dose of hepatitis B vaccine at birth and should have completed the vaccine series by 6-18 months of age.
- Children and adolescents through 18 years of age who did not get the vaccine when they were younger should also be vaccinated.

Adults

- All unvaccinated adults at risk for HBV infection should be vaccinated. This includes:
  - sex partners of people infected with HBV,
  - men who have sex with men,
  - people who inject street drugs,
  - people with more than one sex partner,
  - people with chronic liver or kidney disease,
  - people with jobs that expose them to human blood,
  - household contacts of people infected with HBV,
  - residents and staff in institutions for the developmentally disabled,
  - kidney dialysis patients,

- people who travel to countries where hepatitis B is common,
- people with HIV infection.

- Anyone else who wants to be protected from HBV infection may be vaccinated.

4 Who should NOT get hepatitis B vaccine?

- Anyone with a life-threatening allergy to baker's yeast, or to any other component of the vaccine, should not get hepatitis B vaccine. Tell your provider if you have any severe allergies.
- Anyone who has had a life-threatening allergic reaction to a previous dose of hepatitis B vaccine should not get another dose.
- Anyone who is moderately or severely ill when a dose of vaccine is scheduled should probably wait until they recover before getting the vaccine.

Your provider can give you more information about these precautions.

Pregnant women who need protection from HBV infection may be vaccinated.

5 Hepatitis B vaccine risks

Hepatitis B is a very safe vaccine. Most people do not have any problems with it.

The following mild problems have been reported:

- Soreness where the shot was given (up to about 1 person in 4).
- Temperature of 99.9°F or higher (up to about 1 person in 15).

Severe problems are extremely rare. Severe allergic reactions are believed to occur about once in 1.1 million doses.

A vaccine, like any medicine, *could* cause a serious reaction. But the risk of a vaccine causing serious harm, or death, is extremely small. More than 100 million people have gotten hepatitis B vaccine in the United States.

6 What if there is a moderate or severe reaction?

What should I look for?

- Any unusual condition, such as a high fever or behavior changes. Signs of a serious allergic reaction can include difficulty breathing, hoarseness or wheezing, hives, paleness, weakness, a fast heart beat or dizziness.

What should I do?

- Call a doctor, or get the person to a doctor right away.
- Tell your doctor what happened, the date and time it happened, and when the vaccination was given.
- Ask your doctor, nurse, or health department to report the reaction by filing a Vaccine Adverse Event Reporting System (VAERS) form.

  Or you can file this report through the VAERS web site at www.vaers.hhs.gov, or by calling 1-800-822-7967.

  VAERS does not provide medical advice.

7 The National Vaccine Injury Compensation Program

In the event that you or your child has a serious reaction to a vaccine, a federal program has been created to help pay for the care of those who have been harmed.

For details about the National Vaccine Injury Compensation Program, call 1-800-338-2382 or visit their website at www.hrsa.gov/vaccinecompensation.

8 How can I learn more?

- Ask your doctor or nurse. They can give you the vaccine package insert or suggest other sources of information.
- Call your local or state health department.
- Contact the Centers for Disease Control and Prevention (CDC):
  - Call 1-800-232-4636 (1-800-CDC-INFO)
  - Visit CDC websites at:
    www.cdc.gov/ncidod/diseases/hepatitis
    www.cdc.gov/vaccines
    www.cdc.gov/travel

CDC

DEPARTMENT OF HEALTH AND HUMAN SERVICES
CENTERS FOR DISEASE CONTROL AND PREVENTION

Vaccine Information Statement (Interim)
Hepatitis B (7/18/07) 42 U.S.C. § 300aa-26

HIV Prevention Saves Lives

HIV and Its Transmission

Research has revealed a great deal of valuable medical, scientific, and public health information about the human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS). The ways in which HIV can be transmitted have been clearly identified. Unfortunately, false information or statements that are not supported by scientific findings continue to be shared widely through the Internet or popular press. Therefore, the Centers for Disease Control and Prevention (CDC) has prepared this fact sheet to correct a few misperceptions about HIV.

How HIV is Transmitted

HIV is spread by sexual contact with an infected person, by sharing needles and/or syringes (primarily for drug injection) with someone who is infected, or, less commonly (and now very rarely in countries where blood is screened for HIV antibodies), through transfusions of infected blood or blood clotting factors. Babies born to HIV-infected women may become infected before or during birth or through breast-feeding after birth.

In the health care setting, workers have been infected with HIV after being stuck with needles containing HIV-infected blood or, less frequently, after infected blood gets into a worker's open cut or a mucous membrane (for example, the eyes or inside of the nose). There has been only one instance of patients being infected by a health care worker in the United States; this involved HIV transmission from one infected dentist to six patients. Investigations have been completed involving more than 22,000 patients of 63 HIV-infected physicians, surgeons, and dentists, and no other cases of this type of transmission have been identified in the United States.

Some people fear that HIV might be transmitted in other ways; however, no scientific evidence to support any of these fears has been found. If HIV were being transmitted through other routes (such as through air, water, or insects), the pattern of reported AIDS cases would be much different from what has been observed. For example, if mosquitoes could transmit HIV infection, many more young children and preadolescents would have been diagnosed with AIDS.

All reported cases suggesting new or potentially unknown routes of transmission are thoroughly investigated by state and local health departments with the assistance, guidance, and laboratory support from CDC. *No additional routes of transmission have been recorded,* despite a national sentinel system designed to detect just such an occurrence.

The following paragraphs specifically address some of the common misperceptions about HIV transmission.

HIV in the Environment

Scientists and medical authorities agree that HIV does not survive well in the environment, making the possibility of environmental transmission remote. HIV is found in varying concentrations or amounts in blood, semen, vaginal fluid, breast

CDC
CENTERS FOR DISEASE CONTROL AND PREVENTION

milk, saliva, and tears. (See page 3, *Saliva, Tears, and Sweat.*) To obtain data on the survival of HIV, laboratory studies have required the use of artificially high concentrations of laboratory-grown virus. Although these unnatural concentrations of HIV can be kept alive for days or even weeks under precisely controlled and limited laboratory conditions, CDC studies have shown that drying of even these high concentrations of HIV reduces the amount of infectious virus by 90 to 99 percent within several hours. Since the HIV concentrations used in laboratory studies are much higher than those actually found in blood or other specimens, drying of HIV-infected human blood or other body fluids reduces the theoretical risk of environmental transmission to that which has been observed—essentially zero. Incorrect interpretation of conclusions drawn from laboratory studies have unnecessarily alarmed some people.

Results from laboratory studies should not be used to assess specific personal risk of infection because (1) the amount of virus studied is not found in human specimens or elsewhere in nature, and (2) no one has been identified as infected with HIV due to contact with an environmental surface. Additionally, HIV is unable to reproduce outside its living host (unlike many bacteria or fungi, which may do so under suitable conditions), except under laboratory conditions, therefore, it does not spread or maintain infectiousness outside its host.

Households

Although HIV has been transmitted between family members in a household setting, this type of transmission is very rare. These transmissions are believed to have resulted from contact between skin or mucous membranes and infected blood. To prevent even such rare occurrences, precautions, as described in previously published guidelines, should be taken in all settings—including the home—to prevent exposures to the blood of persons who are HIV infected, at risk for HIV infection, or whose infection and risk status are unknown. For example,

- Gloves should be worn during contact with blood or other body fluids that could possibly contain visible blood, such as urine, feces, or vomit.
- Cuts, sores, or breaks on both the care giver's and patient's exposed skin should be covered with bandages.
- Hands and other parts of the body should be washed immediately after contact with blood or other body fluids, and surfaces soiled with blood should be disinfected appropriately.
- Practices that increase the likelihood of blood contact, such as sharing of razors and toothbrushes, should be avoided.
- Needles and other sharp instruments should be used only when medically necessary and handled according to recommendations for health-care settings. (Do not put caps back on needles by hand or remove needles from syringes. Dispose of needles in puncture-proof containers out of the reach of children and visitors.)

Businesses and Other Settings

There is no known risk of HIV transmission to co-workers, clients, or consumers from contact in industries such as food-service establishments (see information on survival of HIV in the environment). Food-service workers known to be infected with HIV need not be restricted from work unless they have other infections or illnesses (such as diarrhea or hepatitis A) for which any food-service worker, regardless of HIV infection status, should be restricted. CDC recommends that all food-service workers follow recommended standards and practices of good personal hygiene and food sanitation.

In 1985, CDC issued routine precautions that all personal-service workers (such as hairdressers, barbers, cosmetologists, and massage therapists) should follow, even though there is no evidence of transmission from a personal-service worker to a client or vice versa. Instruments that are intended to penetrate the skin (such as tattooing and acupuncture needles, ear piercing devices) should be used once and disposed of or thoroughly cleaned and sterilized. Instruments not intended to penetrate the skin but which may become contaminated with

blood (for example, razors) should be used for only one client and disposed of or thoroughly cleaned and disinfected after each use. Personal-service workers can use the same cleaning procedures that are recommended for health care institutions.

CDC knows of no instances of HIV transmission through tattooing or body piercing, although hepatitis B virus has been transmitted during some of these practices. One case of HIV transmission from acupuncture has been documented. Body piercing (other than ear piercing) is relatively new in the United States, and the medical complications for body piercing appear to be greater than for tattoos. Healing of piercings generally will take weeks, and sometimes even months, and the pierced tissue could conceivably be abraded (torn or cut) or inflamed even after healing. Therefore, a theoretical HIV transmission risk does exist if the unhealed or abraded tissues come into contact with an infected person's blood or other infectious body fluid. Additionally, HIV could be transmitted if instruments contaminated with blood are not sterilized or disinfected between clients.

Kissing

Casual contact through closed-mouth or "social" kissing is not a risk for transmission of HIV. Because of the potential for contact with blood during "French" or open-mouth kissing, CDC recommends against engaging in this activity with a person known to be infected. However, the risk of acquiring HIV during open-mouth kissing is believed to be very low. CDC has investigated only one case of HIV infection that may be attributed to contact with blood during open-mouth kissing.

Biting

In 1997, CDC published findings from a state health department investigation of an incident that suggested blood-to-blood transmission of HIV by a human bite. There have been other reports in the medical literature in which HIV appeared to have been transmitted by a bite. Severe trauma with extensive tissue tearing and damage and presence of blood were reported in each of these instances. Biting is not a common way of transmitting HIV. In fact, there are numerous reports of bites that did *not* result in HIV infection.

Saliva, Tears, and Sweat

HIV has been found in saliva and tears in very low quantities from some AIDS patients. It is important to understand that finding a small amount of HIV in a body fluid does not necessarily mean that HIV can be *transmitted* by that body fluid. HIV has *not* been recovered from the sweat of HIV-infected persons. Contact with saliva, tears, or sweat has never been shown to result in transmission of HIV.

Insects

From the onset of the HIV epidemic, there has been concern about transmission of the virus by biting and bloodsucking insects. However, studies conducted by researchers at CDC and elsewhere have shown no evidence of HIV transmission through insects—even in areas where there are many cases of AIDS and large populations of insects such as mosquitoes. Lack of such outbreaks, despite intense efforts to detect them, supports the conclusion that HIV is not transmitted by insects.

The results of experiments and observations of insect biting behavior indicate that when an insect bites a person, it does not inject its own or a previously bitten person's or animal's blood into the next person bitten. Rather, it injects saliva, which acts as a lubricant or anticoagulant so the insect can feed efficiently. Such diseases as yellow fever and malaria are transmitted through the saliva of specific species of mosquitoes. However, HIV lives for only a short time inside an insect and, unlike organisms that are transmitted via insect bites, HIV does not reproduce (and does not survive) in insects. Thus, even if the virus enters a mosquito or another sucking or biting insect, the insect does not become infected and cannot transmit HIV to the next human it feeds on or bites. HIV is not found in insect feces.

There is also no reason to fear that a biting or bloodsucking insect, such as a mosquito, could transmit HIV from one person to another through HIV-infected blood left on its mouth parts. Two factors serve to explain why this is so—first, infected people do not have constant, high levels of HIV in their bloodstreams and, second, insect mouth parts do not retain large amounts of blood on their surfaces. Further, scientists who study insects have determined that biting insects normally do not travel from one person to the next immediately after ingesting blood. Rather, they fly to a resting place to digest this blood meal.

Effectiveness of Condoms

Condoms are classified as medical devices and are regulated by the Food and Drug Administration (FDA). Condom manufacturers in the United States test each latex condom for defects, including holes, before it is packaged. The proper and consistent use of latex or polyurethane (a type of plastic) condoms when engaging in sexual intercourse—vaginal, anal, or oral—can greatly reduce a person's risk of acquiring or transmitting sexually transmitted diseases, including HIV infection.

There are many different types and brands of condoms available—however, only latex or polyurethane condoms provide a highly effective mechanical barrier to HIV. In laboratories, viruses occasionally have been shown to pass through natural membrane ("skin" or lambskin) condoms, which may contain natural pores and are therefore not recommended for disease prevention (they are documented to be effective for contraception). Women may wish to consider using the female condom when a male condom cannot be used.

For condoms to provide maximum protection, they must be used *consistently* (every time) and *correctly*. Several studies of correct and consistent condom use clearly show that latex condom breakage rates in this country are less than 2 percent. Even when condoms do break, one study showed that more than half of such breaks occurred prior to ejaculation.

When condoms are used reliably, they have been shown to prevent pregnancy up to 98 percent of the time among couples using them as their only method of contraception. Similarly, numerous studies among sexually active people have demonstrated that a properly used latex condom provides a high degree of protection against a variety of sexually transmitted diseases, including HIV infection.

For more detailed information about condoms, see the CDC publication *"Male Latex Condoms and Sexually Transmitted Diseases."*

CDC's Response

CDC is committed to providing the scientific community and the public with accurate and objective information about HIV infection and AIDS. It is vital that clear information on HIV infection and AIDS be readily available to help prevent further transmission of the virus and to allay fears and prejudices caused by misinformation. For a complete description of CDC's HIV/AIDS prevention programs, see *"Facts about CDC's Role in HIV and AIDS Prevention."*

For more information...

CDC National AIDS Hotline:
1-800-342-AIDS (2437)
Spanish: 1-800-344-SIDA (7432) (HIV and STDs)
Deaf: 1-800-243-7889

CDC National Prevention Information Network:
P.O. Box 6003
Rockville, Maryland 20849-6003
1-800-458-5231

Internet Resources:
DHAP: http://www.cdc.gov/hiv
NCHSTP: http://www.cdc.gov/nchstp/od/nchstp.html
NPIN: http://www.cdcnpin.org

Infection Control Orientation Quiz

Hand washing is the number one activity to reduce the spread of infection? T or F

Bio-hazardous containers contain a warning label sign on the outside? T or F

The following are considered personal protective equipment: gloves, mask, apron, hat, and goggles? T or F

Employees are encouraged to come to work when they have a fever greater than 100 degrees F.? T or F

The agency has a list of approved cleaning agents, but anyone can use their own chemicals and soap if they so choose? T or F

Hepatitis B is not a contagious virus even though it is found in blood and body fluids of infected persons? T or F

Tuberculosis prevention consists of screening, and testing if necessary. A positive skin test does not need to be follow-up by a physician? T or F

Standard Precautions apply to blood and any other body fluid containing visible blood, semen, vaginal secretions, urine, feces, sputum, vomitus, nasal secretions, breast milk, sweat and tears? T or F

Personal Protective equipment is found in state vehicles and agency sites? T or F

After wearing gloves the hands do not need to be washed since the hand was protected? T or F