BLOODBORNE PATHOGENS QUIZ

PLEASE CIRCLE THE BEST ANSWER

1. What agency requires employers to protect employees against bloodborne pathogens?
   a. Ohio Department of Education
   b. Bloodborne Pathogens Standard
   c. OSHA (Occupational Safety & Health administration)
   d. Ohio Department of Health

2. Hepatitis B is an inflammation of the:
   a. Kidney
   b. Lungs
   c. Larynx
   d. Liver

3. HIV, Hepatitis B virus and Hepatitis C virus can be spread through contact with contaminated
   blood and body fluids contaminated with blood in the workplace.
   TRUE FALSE

4. Examples of exposure to Bloodborne pathogens can be getting stuck with a contaminated
   needle, or splashes of blood or OPIM to the eyes and mucous membranes.
   TRUE FALSE

5. Immediately after exposure to blood and certain body fluids, the employee should wash the
   affected body part then report it to the supervisor.
   TRUE FALSE

6. The hepatitis B vaccine is very effective in preventing the spread of Hepatitis B disease.
   TRUE FALSE

7. Practicing Universal Precautions, wearing gloves during direct student care, covering open
   cuts, and washing hands are effective ways to prevent infection.
   TRUE FALSE

8. The written Exposure Control Plan:
   a. Should be easily accessible to all employees
   b. Describes how the Department will comply with the OSHA standard
   c. Should be located at each Department facility
   d. All of the above

9. Surfaces contaminated with blood and certain body fluids should be decontaminated with a
   bleach solution or other EPA approved disinfectant.
   TRUE FALSE

10. Most exposures to blood result in infection.
    TRUE FALSE

ACKNOWLEDGEMENT OF TRAINING

I have attended the Hazard Communication/Right-To-Know Training. I have also completed and passed the
comprehensive quiz at the conclusion of the training.

___________________________________________________________  ______________________
Employee’s Signature                                             Date

Per on-line training. Please date and sign and send to the board office.

___________________________________________________________  ______________________
Instructor’s Name                                                Date

NOTE: This record may be included in the employee’s personnel or training file.