

# NEW HORIZONS EMPLOYEE QUIZ



PROGRAM/SITE: \_\_\_\_\_

EMPLOYEE NAME: \_\_\_\_\_

EMPLOYEE SOCIAL SECURITY NUMBER \_\_\_\_\_

WRITE *TRUE* OR *FALSE* NEXT TO EACH OF THE FOLLOWING STATEMENTS:

- \_\_\_\_\_ 1. THE OSHA BLOODBORNE PATHOGENS STANDARD APPLIES ONLY TO PERSONNEL WORKING IN HOSPITALS.
- \_\_\_\_\_ 2. THE TWO VIRUSES OF GREATEST CONCERN IDENTIFIED IN THE OSHA REGULATIONS ARE HBV AND HIV.
- \_\_\_\_\_ 3. USING UNIVERSAL PRECAUTIONS PRACTICES IS AN EFFECTIVE MEANS OF PROTECTING WORKERS FROM EXPOSURE TO BLOODBORNE PATHOGENS.
- \_\_\_\_\_ 4. HIV IS A GREATER RISK TO WORKERS THAN HBV.
- \_\_\_\_\_ 5. SCHOOLS AND RESIDENTIAL PROGRAMS DO NOT NEED TO DEVELOP AN EXPOSURE CONTROL PLAN.
- \_\_\_\_\_ 6. THE MOST COMMON FORM OF PERSONAL PROTECTIVE EQUIPMENT IS GLOVES.
- \_\_\_\_\_ 7. WASHING YOUR HANDS IS NOT EFFECTIVE IN PROTECTING YOU FROM EXPOSURE TO BLOODBORNE PATHOGENS.
- \_\_\_\_\_ 8. REGULATED WASTE MUST BE DISPOSED OF WITH THE NORMAL TRASH.
- \_\_\_\_\_ 9. IF YOU HAVE BEEN DETERMINED TO BE AT RISK IN THE EXPOSURE CONTROL PLAN YOU MUST PAY FOR A HEPATITIS B VACCINATION.
- \_\_\_\_\_ 10. THE EXPOSURE CONTROL PLAN MUST BE REVISED AT LEAST ONCE A YEAR.

I, THE UNDERSIGNED, HAVE COMPLETED THE BLOODBORNE PATHOGENS STANDARD TRAINING PROGRAM.

\_\_\_\_\_  
EMPLOYEE SIGNATURE

\_\_\_\_\_  
DATE