

SELECT HOME CARE SERVICES, INC.
INFECTION CONTROL TEST

Employee Name: _____ Date: _____

1. Name the 4 main components in the infectious process.

1. The invading _____
2. The organism's host or _____
3. The organism's method of _____ and _____ to a new host
4. The organism's _____

2. Name 5 methods of infection control.

1. _____ Precautions
2. Hand _____
3. _____ barriers
4. Environmental _____
5. _____ and _____

3. Which Best explains the concept of universal precautions.

1. Universal precautions require that only blood be treated as if it is infected with blood borne pathogens.
2. Universal precautions requires that all blood and certain body fluids be treated as if they are infected with blood borne pathogens.

4. List four body fluids which may contain blood borne pathogens.

- 1.
- 2.
- 3.
- 4.

5. Can infections be transmitted through feces (stool), nasal secretions, and vomit if they do not have visible blood?

6. How long should hands be rubbed with soap and water when washing hands?

- a. 30 seconds
- b. 60 seconds
- c. Time does not matter as long as you use plenty of soap
- d. None of the above

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7. **Should the same pair of gloves be worn to provide personal care to more than one person?**
8. **List other protective barriers that should be used when there is a risk of body fluids spurting or splashing.**
9. **What is the bleach to water ratio for spray that is used to disinfect a hard contaminated surface?**
- a. 1 part bleach or 10 parts water
 - b. tablespoon of bleach to 1 quart of water
 - c. The ratio does not matter as long as you use plenty of bleach
 - d. Both a and b
 - e. None of the above
10. **What is the first thing that should be done after a body fluid containing blood gets in your eye?**
- a. Call 911
 - b. Call Select Home Care office
 - c. Flush it with water
 - d. Cover the eye with a gauze pad or cloth
11. **Who do you notify at Select Home Care Services, Inc. if you have an exposure incident?**
12. **What 3 documents do you take to the Health Care Professional for a medical evaluation done within 24 hours?** (Circle the 3 that apply)
- a. A copy of the OSHA regulations
 - b. Your medical records
 - c. A copy of the incident report
 - d. The Post Exposure Medical Evaluation Form
 - e. Consent needed for HIV screening and HBV treatment

Trainers Signature: _____ Pass / Fail

Total Training Time: 1 hour