Universal Precautions / Infection Control Quiz

*This quiz is mandatory for all International/Global Partner Visiting Students

INSTRUCTIONS:

1. Please study the educational materials.
2. After reading the materials, take the quiz found on the last page.
3. Print your name clearly at the top. Sign the quiz at the bottom.
4. **Mail in the quiz only** with your application for scoring.

*More than 3 incorrect answers will result in an incomplete application and you will be asked take the quiz again. Unanswered questions are counted as incorrect.*

Thank you for your cooperation.
NORTHWESTERN MEMORIAL HOSPITAL
INFECTION CONTROL AND PREVENTION DEPARTMENT
2005

Audience: All staff, including NMH, NMC, contract, temporary and agency personnel and students who have potential to come into contact with blood and/or body fluids

Objectives:
- To identify blood/body fluid exposure risk;
- To properly and consistently utilize engineering controls and personal protective equipment, policies and procedures to minimize risk of exposure;
- To understand and comply with reporting procedures and policies in the event of an exposure incident.

Training Frequency: Formal training required upon entry into the hospital, annually and whenever there is a change in equipment, procedures or policy. Informal refreshment ongoing

Related Policies/Procedures/Forms:
- 6.50 Bloodborne Pathogen Exposure Control Plan
- 6.51 Potentially Infectious Medical Waste Management
- 6.11 Personal Protective Equipment
- INF 2.0 Standard Blood and Body Fluid Precautions
- INF 1.0 Accidental Exposure to Blood and Body Fluids
- Infection Control Manual, Section 2 Corporate Health Service

Revision: FY 2005

Contact: Infection Control and Prevention 6-2729
Exposure Hotline 6-8282
Safety Management 6-SAFT (7238)

INFECTION CONTROL

I. Bloodborne Pathogen Standard
   A. OSHA Standard
   B. Training
   C. Standard Precautions
   D. Personal Protective Equipment (PPE)
   E. Engineering Controls
   F. Sharps Disposal
   G. Biohazard Waste Disposal
   H. Hand Hygiene
   I. Blood/body fluid Exposure Incidents
   J. Hepatitis B
   K. Decontamination and Disinfection
   L. Further Information

II. Tuberculosis (MTB)
BLOODBORNE PATHOGEN STANDARD

1. **What is the bloodborne pathogen standard?**
A regulatory document published by the Occupational Safety and Health Administration (OSHA). These regulations require healthcare facilities to protect its workers through training, availability of protective equipment, creating a safe work environment, and providing a plan for accidental exposure to blood and body fluids.

2. **What type of training do I need?**
Healthcare workers involved in at-risk activities are required to complete bloodborne pathogen training within 10 days of employment, when job activities or responsibilities are changed, and annually. The training includes information about Standard Precautions, biohazardous waste handling, the post-exposure policy, and the Hepatitis vaccine. Your manager is responsible for reviewing department specific procedures with you.

3. **What are Standard Precautions?**
Standard precautions is a management program that requires the blood and body fluids of all patients to be treated as potentially infectious with bloodborne pathogens including human immunodeficiency virus (HIV) or hepatitis.

4. **What is personal protective equipment and when should I wear it?**
Personal protective equipment (PPE) is clothing or equipment that protects you from a hazard. What to use depends upon the anticipated exposure.
   a. **Gloves** are worn whenever you anticipate contact with blood and/or body fluids. For example, when inserting, removing, or manipulating a venous or arterial line, handling specimens before placed in a specimen bag and when giving an injection. Select the appropriate size glove for your use.
   b. **Gowns** are worn when visible contamination of clothing is expected.
   c. **Masks and eye protection or full face shields** are worn when splashing or aerosolization of body fluids is anticipated. Depending upon the degree and type of anticipated exposure, protection for the face consists of a surgical mask, goggles or eye glasses with solid side shields, or a protective face shield. Examples for use include suctioning or intubating a patient, inserting or removing venous and arterial lines, phlebotomy procedures and wound irrigation.

   **All PPE must be removed as soon as possible after contamination has occurred.**
   d. **Resuscitation devices (CPR pocket masks)** must be used during a resuscitation event. These are located in every patient room and in all procedure/treatment areas of the facility.

5. **What are engineering controls?**
Engineering controls are environmental devices that reduce hazards and minimize employee exposure to blood and body fluids. This includes needleless devices, shielded needle devices, plastic capillary tubes, and sharps disposal containers. Proper work practices include no-hands procedures in handling contaminated sharps.
6. **How do I appropriately dispose of sharps?**
Sharps are needles, syringes with and without needles, scalpels, lancets, broken glass - any item that can cause puncture or lacerating injury. ALL sharps are disposed of in hospital approved sharps containers. The inner container is a puncture resistant white plastic box with a white lid. The inner containers are placed in puncture proof, locked, hard plastic enclosures. The outer container must remain locked unless the inner sharps container requires removal and replacement. Sharps containers are removed when they are no more than 3/4 full. **Never attempt to recap, bend, or break a contaminated sharp.**

7. **Why are there different waste receptacles garbage cans available?**
Biohazardous waste, also referred to as medical, regulated, or red bag waste, is defined as any waste item contaminated with blood or body fluids. This waste is segregated at the point of use. All biohazardous waste is placed in a waste can (either labeled as “biohazardous” or red in color) lined with a red bag. General waste, such as food items, flowers, plants, newspapers, and Styrofoam is placed in a waste can lined with a clear garbage bag. Additionally, yellow isolation gowns and gloves without visible contamination should be disposed of in the general waste container.

8. **When should I use soap and water vs alcohol hand rub for hand hygiene?**
Adequate hand hygiene is the single most important prevention activity that reduces transmission of infections. Hands must be washed thoroughly with soap and water when visibly soiled and at the beginning of your workday. If hands are not visibly soiled, an alcohol-based hand rub may be used. Hand hygiene is to be performed before and after each patient contact, glove use, food handling and contact with potentially contaminated patient care environments. Soap and water is indicated when caring for patients with known or suspected *C. difficile* because alcohol does not deactivate spores. **Wearing gloves is not a substitute for adequate hand hygiene.**

9. **Why can’t I wear my artificial fingernails at work?**
Direct patient care givers are prohibited from wearing artificial nails because they harbor bacteria and fungi and have been linked to infections and other untoward events in hospitalized patients.

10. **What do I do if I am exposed to blood or body fluids?**
Wash the affected area with soap and water (eye splashes - irrigate with cool water), notify your supervisor, and complete all recommended follow up in Corporate Health Services. During the hours that Corporate Health Service is not open, call the exposure hot line pager at 5-7804.

11. **What is Hepatitis B and how do I protect myself?**
Hepatitis B is a bloodborne virus with an unpredictable course of illness/symptoms. Healthcare workers are 20 times more likely than the general public to contract Hepatitis B through occupational exposure. Transmission can occur from needlesticks, through sexual contact, and from any surface contaminated with infected blood. The virus is not spread through casual contact. In addition to following Standard Precautions, there is a Hepatitis B vaccine available for the healthcare worker who has exposure to blood and body fluids. The vaccine is a series of 3 shots given over a 6 month period of time and is offered through Health Services.

12. **What about decontamination and disinfection of work surfaces?**
When a work surface becomes contaminated with blood, body fluid, and/or tissue, decontamination and disinfection procedures must be followed.
   a. Visible contamination requires cleaning the area with soap and water to remove the biologic hazard. This is followed with disinfecting the surface.
   b. Disinfection can be accomplished by using the hospital approved product available from Environmental Services or with a properly diluted bleach solution (generally 1 part bleach to 10 parts water). If a bleach solution is used, a fresh solution must be made every 24 hours. The container must be labeled with the product name. After removal of organic material, a hospital approved pre-moistened disposable towelette may be used to disinfect surfaces.
   c. Follow manufacturer guidelines for required contact time of the disinfect-
tant to the surface (generally 5-10 minutes before the disinfectant can be wiped clean and the surface can be utilized). Contact time for a diluted bleach solution is generally considered to be the time it takes the product to air dry.

d. Alcohol is not an approved disinfectant for any surface or any patient care equipment.

13. **Where can I find information about the Bloodborne Pathogen Standard?**
Policy INF 2.0 - Standard Blood and Body Fluid Precautions
Policy 6.51 - Potentially Infectious Medical Waste Management
Policy INF 1.0 Accidental Exposure to Blood and Body Fluids
Policy 6.11- Personal Protective Equipment
Infection Control Manual, Section 2 - Employee Health Service

### TUBERCULOSIS (MTB)

1. **What is MTB and how is it spread?**
Mycobacterium tuberculosis (MtB) is bacteria that is transmitted through the air when persons who have active lung disease sneeze, cough, or laugh. MTB continues to be a public health concern worldwide.

2. **What can I do to prevent exposure to MtB?**
At NMH, infection control practices include:
   a. Instructing patients who are coughing and sneezing to cover their mouth with a tissue.
   b. Admitting patients with MTB lung disease into a room with special “negative air flow” ventilation and placing a blue MASK isolation sign on the outer door of the room.
   c. Keeping the doors to the patient room closed.
   d. Wearing an N95 mask when entering the room. (Healthcare workers are required to be fit tested for the N95 mask.)
   e. Monitoring the Iso-Tek alarm system before entering the room to determine if the airflow is at negative pressure.
   f. Complying with the annual TB skin testing requirements of the Corporate Health Service Department.

3. **Where can I find information about TB intervention at NMH?**
Policy 5.14 - Care of patients who have suspected or confirmed tuberculosis
Infection Control Manual Appendix, Guidelines for Prevention of TB Transmission

### ISOLATION

1. **Why do some patients require isolation precautions?**
Patients with communicable diseases may require isolation precautions in order to contain an infectious process. Isolation precautions do not replace Standard Precautions.

2. **What categories of isolation do we use at NMH?**
There are four categories used at NMH. They are:
   - Mask, Glove, and Gown (yellow sign)
   - Mask (blue sign)
   - Glove and Gown (orange sign)
   - Glove (pink sign)

3. **Why are there two sizes of isolation signs?**
The large 8.5x11 inch sign is placed on the patient’s room door so anyone getting ready to enter the room can see and read the instructions on the sign. The small, 4x6 inch sign is placed on the patient’s chart cover so when the patient is transferred or transported to other areas of the hospital, precautions are followed. Placing the small sign on the chart cover does not replace the need to notify the receiving area of the patient’s isolation requirements.
4. **Where should I dispose of the yellow isolation gowns and my gloves?**

Disposable items used in an isolation room should be disposed of in the general waste container unless visibly contaminated with blood or other body fluids.

5. **Where can I find information about isolation?**

Section 5 of the Infection Control Manual (orange binder) and on the NMH intranet.

**RESPIRATORY ETIQUETTE PROGRAM**

What is a “Respiratory Etiquette Program”?

A “Respiratory Etiquette Program” is a common sense plan to decrease the risk of spreading airborne infectious diseases including the common cold and the flu (also vaccine preventable). Respiratory etiquette practices include:

- Do not report for work if you are ill, especially if you are coughing
- Cover your nose and mouth when you sneeze or cough
- Cough and sneeze into a tissue and throw it away in a waste basket
- If you do not have a tissue, cough or sneeze into your upper sleeve, not your hand
- After coughing or sneezing, clean your hands with soap and water or alcohol hand rub
- Do not share eating utensils, drinking cups, water bottles, towels or other personal items including lip balm, lipstick, toothbrushes etc.

To whom does the Respiratory Etiquette Program apply?

Following these basic infection prevention procedures applies to everyone, including hospital staff, patients, visitors and contract workers.

Where can I get references and materials for a Respiratory Etiquette Program?

Posters and handouts area available on the NMH intranet. These documents were developed and approved by the Illinois Hospital Association, the Association for Professionals in Infection Control, Inc. and the Metropolitan Chicago Healthcare Council.

Alcohol hand gel and tissue can be obtained through Materials Management and placed in appropriate areas including waiting rooms.
REFERENCES AND RESOURCES

In addition to the policies referenced above, the following references and resources can be found in the Safety Management or Infection Control folder on the Intranet. These can be downloaded, printed and used in-house as needed.

- Infection Control Competency quiz
DATE:          SCORE: ________________

NAME: (first)  (last)

Universal Precautions/Infection Control Quiz

1. □ True  □ False If you wear gloves when performing your job duties, you do not need to follow handwashing precautions.

2. □ True  □ False Standard Precautions means treating the blood and body fluids of all patients as if they are infectious with HIV or Hepatitis.

3. □ True  □ False Eating and drinking is allowed in designated areas only such as the conference room or staff lounge.

4. □ True  □ False If a piece of personal protective equipment is annoying or uncomfortable, you do not need to wear it.

5. □ True  □ False Hepatitis B is caused by a virus and can be prevented by getting the Hepatitis B vaccine.

6. □ True  □ False Biohazardous waste is separated at the point of use and placed in a garbage can lined with a red bag.

7. □ True  □ False Before entering a negative air flow (mask isolation) room there is no need to check the Iso-Tek monitor outside of the door.

8. □ True  □ False Alcohol is an acceptable disinfectant for any surface.

9. □ True  □ False After you remove your gloves, wash your hands for 15 seconds with an antiseptic soap and dry your hands completely.

10. □ True  □ False Tuberculosis can be spread:
    □ a. Through the air
    □ b. By touching infected material

11. □ True  □ False Personal protective equipment includes:
    □ a. Gloves, gowns, masks, goggles
    □ b. Aprons, booties, gloves
    □ c. Eye shields, aprons, masks
    □ d. All of the above

Signature________________________________________________