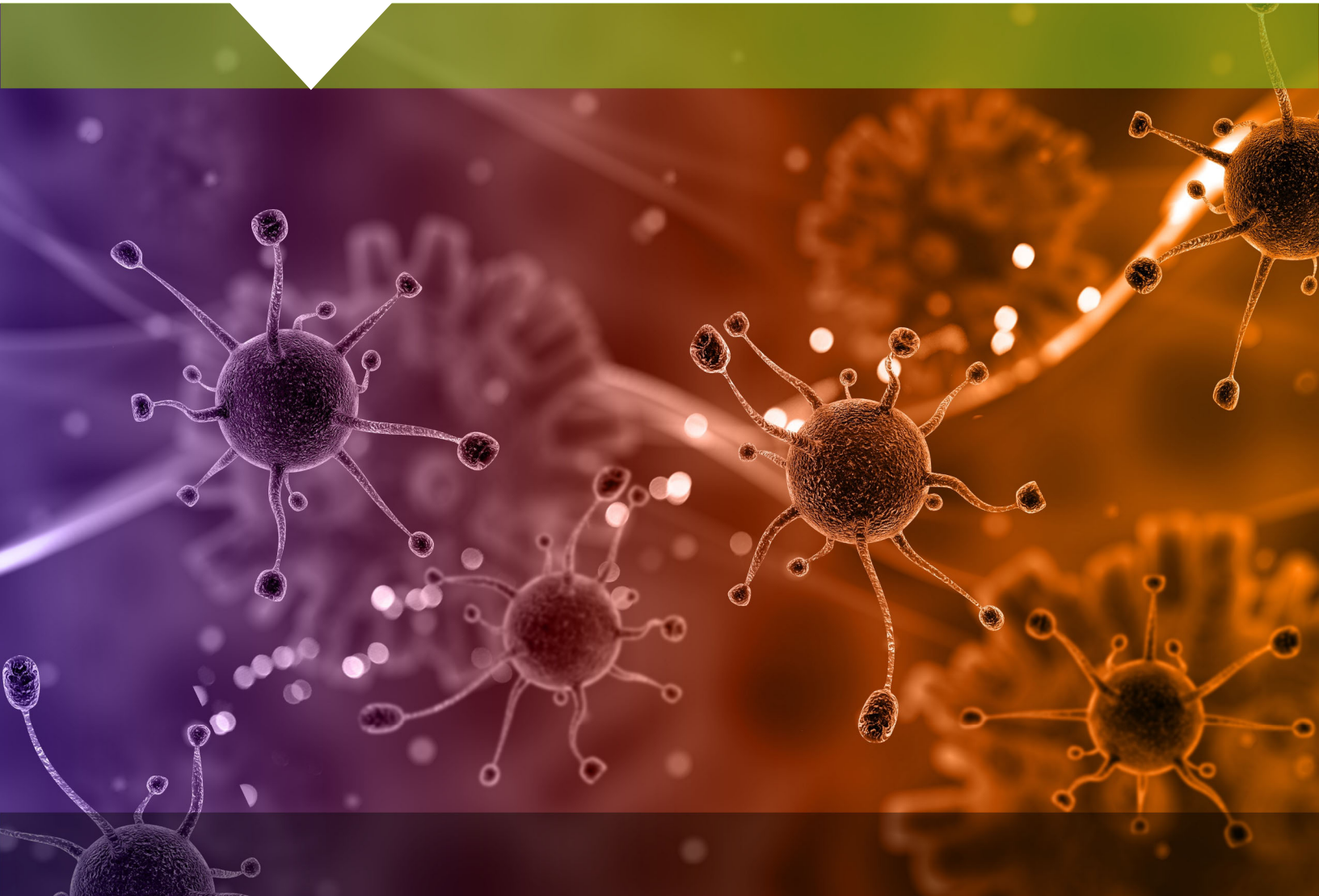




AN INFECTION CONTROL MODULE: BLOODBORNE PATHOGENS



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An Infection Control Module:
BLOODBORNE PATHOGENS

We hope you enjoy this inservice, prepared by registered nurses especially for caregivers like you!

Instructions for the Learner

If you are studying the inservice on your own, please do the following:

- Read through **all** the material. You may find it useful to have a highlighting marker nearby as you read. Highlight any information that is new to you or that you feel is especially important.
- If you have questions about anything you read, please ask your supervisor.
- Take the quiz. Think about each statement and pick the best answer.
- Check with your supervisor for the right answers. You need **8 correct** to pass!
- Print your name, write in the date, and then sign your name.
- Email In the Know at feedback@knowingmore.com with your comments and/or suggestions for improving this inservice.

THANK YOU!

After finishing this inservice, you will be able to:

List the top 3 bloodborne pathogens that threaten healthcare workers and the clients they serve.



Recall the top 10 Standard Precaution guidelines.



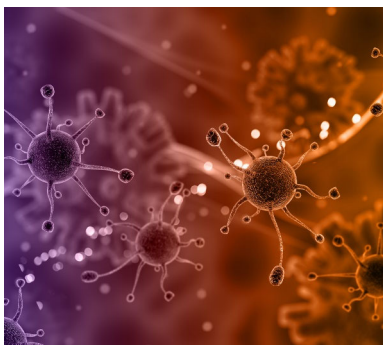
Describe all the links in the chain of infection and suggest ways to break the chain.



Deliver safe care to all clients, particularly those at higher risk for spreading or contracting bloodborne pathogens.



Demonstrate how to properly respond to, report, and follow up if an exposure occurs.



Inside This Inservice:

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An Infection Control Module:
Bloodborne Pathogens

KEEP CLIENTS AND YOURSELF SAFE

MARTHA’S STORY: At age 73, Martha made the decision to move into a nursing home. She chose the facility that was closest to the neighborhood she called home for the past fifty years.



Martha suffered from diabetes, high blood pressure, heart disease, depression, and obesity. The staff at the facility made her feel welcome and safe.

After a few months in the facility, Martha noticed the medication aide used the **same blood sugar monitoring equipment** for every resident who required testing. When she asked about it, the aide explained that it was safe, as long as she was using a fresh lancet and test strip for each person.

Martha thought that sounded reasonable, so she kept it to herself.

DINA’S EXPERIENCE: Dina was new to caregiving, but she was smart, energetic, and compassionate—the perfect combination of traits for a caregiver.



One of Dina’s first clients was Walter. He was a 69-year-old man who had diabetes. He also suffered from severe neuralgia which made walking painful. He didn’t get out much, and he walked very little at home.

Walter checked his blood sugar four times a day and gave himself insulin injections based on his results. Often, Walter would leave his used lancets and insulin needles on the side tables, coffee table, and even the arm of the sofa if he was in too much pain to get up and dispose of them properly.

One day, as she was tidying up, Dina pricked the tip of her finger with one of Walter’s used needles.

Keep reading to learn all about bloodborne pathogens and find out what clients and caregivers like Martha, Walter, and Dina need to know to keep themselves and others safe.

A FEW TERMS TO KNOW

- **An infection** occurs when harmful germs get into the body and grow in number. Germs that cause infection include bacteria, viruses, fungi, and parasites.
- **The host** is the body (human or animal) where the harmful germ invades and multiplies. The host usually tries to fight off the infection using its immune system.
- **Bloodborne pathogens** are germs that are found in human blood and can cause **infection** in the **host**.
 - The three most common bloodborne pathogens are hepatitis B, hepatitis C, and HIV.
- **Healthcare-associated infection (HAI)** is an infection that happens in someone while they are under the care of a healthcare team. HAI can happen in hospitals, long term care facilities, and even in home care settings.
- **An outbreak** is a sudden increase in the number of cases of a disease (two or more) in limited geographic area.
- **Sharps** are anything that is sharp that could have touched blood or body fluids. Examples include needles and fingerstick devices, shaving equipment and nail clippers.
- **Other Potentially Infectious Materials (OPIM)** includes semen, vaginal secretions, spinal fluid, and any body fluid that is visibly contaminated with blood.

A client/resident/patient in a facility or home care environment can get an infection from bloodborne pathogens by:

- Exposure to contaminated needles.
- Exposure to contaminated fingerstick devices.
- Direct contact with blood from an infected person.

YOU can get an infection from bloodborne pathogens by:

- Accidental puncture wounds from contaminated sharps.
- Direct contact with blood from an infected person.



THE FACTS

- The most common bloodborne pathogens are hepatitis (B and C) and HIV. But, human blood can also be infected by malaria, syphilis, babesiosis, brucellosis and many other serious diseases.
- There have been 61 outbreaks of viral hepatitis reported to CDC between 2008 and 2017; most of these (95%) occurred in nursing homes and outpatient clinics.
- People living with diabetes are twice as likely to become infected with hepatitis B compared to those without diabetes.
- The CDC estimates that 5.6 million healthcare workers are at risk of occupational exposure to bloodborne pathogens.



WHAT'S NEW?

Grab your favorite highlighter!

As you read this inservice, **highlight five things** you learn that you didn't know before. Share this new information with your co-workers!

A REVIEW OF STANDARD PRECAUTIONS

Standard precautions are the “common sense” infection control guidelines you should follow as you perform your daily tasks with clients.

**Standard Precautions apply to all your clients,
no matter what their diagnosis—even if they don’t seem sick!**

Standard Precautions means you assume all blood, body fluids, secretions, open wounds, and mucous membranes contain an infection, and use: **gloves, gowns, and masks** (as needed) to prevent the spread of infection.

Here are the TOP 10 Standard Precautions Guidelines *(recommended by the CDC).*

#1. WASH YOUR HANDS! Wash your hands before and after any contact with the client or the client’s environment.

- In addition, you must wash your hands before putting on gloves and after taking them off. Wearing gloves is not a substitute for washing your hands.

#2. WEAR GLOVES! Wear gloves when you have to touch blood, body fluids, secretions, excretions, contaminated items, mucous membranes, or any non-intact skin (example: cuts, wounds, stitches).

- Situations when gloves must always be worn include mouth care, assisting with toileting, cleaning up spills, cleaning urinals or bedpans, and disposing of waste.
- Remove gloves when finished with the procedure. Never leave the client’s care area with dirty gloves on your hands. Avoid touching clean objects, such as doorknobs, light switches, computer keyboards, or your pen while wearing used gloves.

#3. WEAR A GOWN. Wear a disposable gown as needed to protect your skin and clothing from getting splashed with blood or body fluids.

#4. WEAR A MASK OR GOGGLES. Wear a mask and eye protection as needed to protect your mucous membranes if you might get splashed or sprayed by blood or body fluids.

- Situations when you might get sprayed or splashed include emptying bedpans and urinals, suctioning, and emptying a catheter bag.

#5. USE GLOVES AND CAUTION WITH SHARPS! Wear gloves and practice extreme care when handling needles, razor blades, or any other “sharp” object.

- Never attempt to re-cap a needle or syringe. If you find one, carefully pick it up and dispose of it in a designated biohazard waste box.
- Always wear gloves when shaving clients.

#6. DISINFECT THE ENVIRONMENT. Routinely clean environmental surfaces, especially frequently touched surfaces like table tops, the remote control, telephone, bed rails, door knobs, and light switches.

#7. DISPOSE OF CONTAMINATED WASTE. Waste containing blood or body fluids is considered a biohazard and should be disposed of according to your workplace policy.

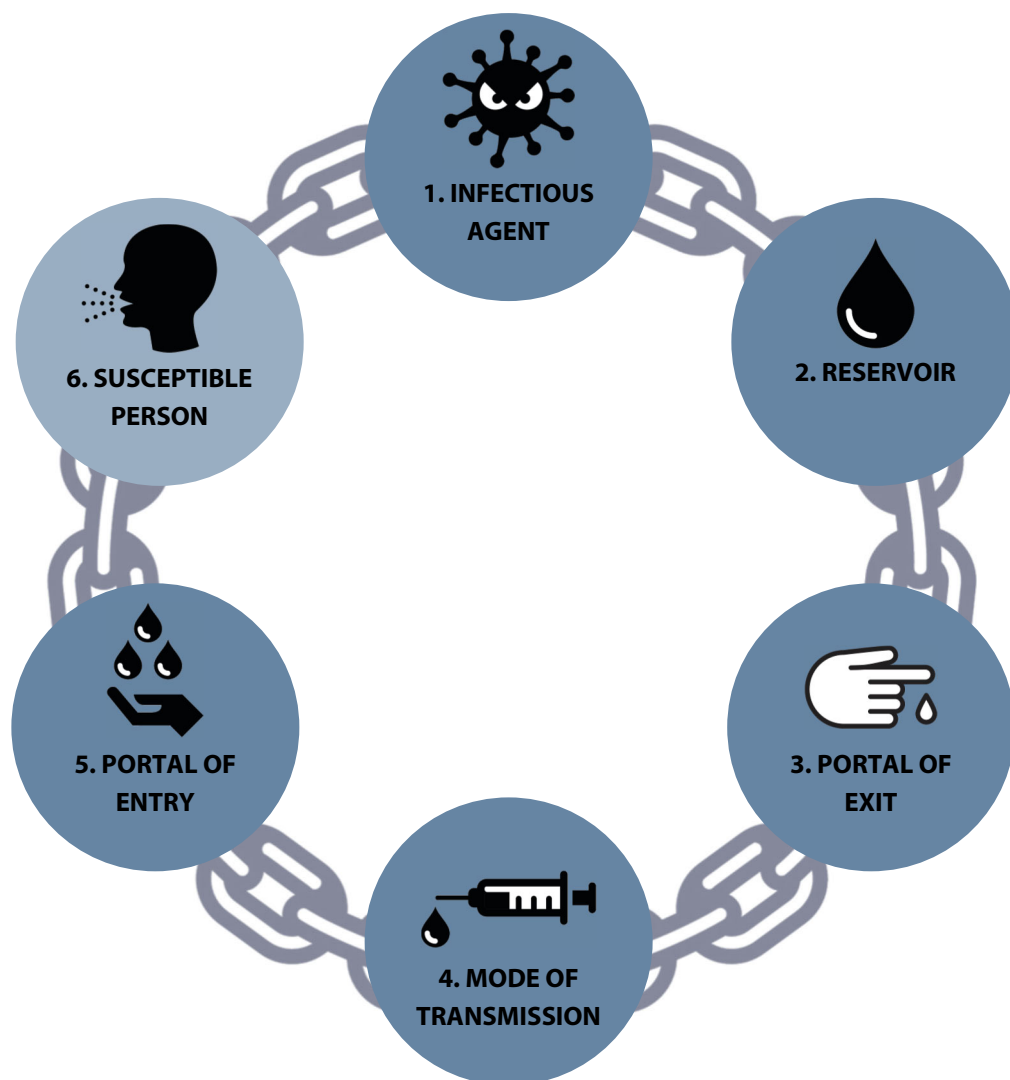
Put on gloves before handling biohazardous waste. Remove gloves and wash your hands after disposing of biohazardous waste.

#8. DISINFECT SHARED CLIENT EQUIPMENT. Carefully clean equipment every time it must be used from client to client, such as thermometers, blood pressure cuffs, bed pans, bedside commodes, walkers, and wheelchairs.

#9. CLEARLY LABEL SPECIMENS. Label all specimens, such as urine, stool, or sputum as biohazardous and place in a sealed bag for transport.

#10. USE A MOUTHPIECE FOR CPR. Use a mouthpiece (if possible) to prevent contact with mouth and oral secretions when performing CPR.

THE CHAIN OF INFECTION FOR BLOODBORNE PATHOGENS



- 1. INFECTIOUS AGENT.** This is any organism with the ability to cause disease. When discussing bloodborne pathogens, the infectious agents are Hepatitis B, Hepatitis C, and HIV.
- 2. RESERVOIR.** This is any place where the infectious agent is happy to live and grow! The reservoir for Hepatitis B, Hepatitis C, and HIV is the blood of the person who is infected.
- 3. PORTAL OF EXIT.** This is any opening on the infected person that allows the harmful germ to leave the reservoir. In the case of Hepatitis B, Hepatitis C, and HIV, the portal of exit may be a cut or sore. Or, it may be equipment (like needles or lancets) that pierce the skin and come in contact with the blood.
- 4. MODE OF TRANSMISSION.** This is how the harmful germs travel from one place to another. Transmission can be direct or indirect. (More about direct vs. indirect transmission on page 8.)
- 5. PORTAL OF ENTRY.** Common portals of entry are breaks in the skin, mucous membranes, or puncture sites from injections or finger sticks.
- 6. SUSCEPTIBLE PERSON.** This is any person who cannot block germs from invading the body, or from multiplying and causing an infection. Age, stress, other diseases, a poor immune system, and poor nutrition all put people at risk of becoming infected. Most of your clients are considered susceptible people.

A CLOSER LOOK AT HEPATITIS B

Hepatitis B is a highly contagious liver infection caused by the Hepatitis B Virus (HBV, for short).

- In the United States, an estimated 850,000 people have chronic hepatitis B, but the number may be as high as 2.2 million.
- Since many people may not have symptoms or don't know they are infected, their illness is often not diagnosed so it can't be reported or counted.
- In healthcare, Hep B is often spread by sharing infected needles, syringes, fingerstick devices, or blood sugar monitors among residents during diabetes care.
- Hepatitis B can live outside the body on equipment and on surfaces like table tops for seven days. And, it can infect others during that time.

WHO IS MOST AT RISK FOR HEPATITIS B?

- Healthcare workers, fire fighters, EMTs, or other public safety workers.
- Anyone who lives with or cares for someone who has chronic Hepatitis B.
- People who are diagnosed with diabetes.
- Patients who receive hemodialysis for kidney disease.
- Anyone who gets a tattoo or body piercing.
- Those who received blood transfusions before 1970.
- Individuals who share needles/snorting straws.
- Anyone who has unprotected sex with an infected person.
- A newborn whose mother is infected.

HOW IS HEPATITIS B PREVENTED?

- Being vaccinated is the best way to prevent Hepatitis B. The Hepatitis B vaccine is safe and effective and is usually given as 3-4 shots over a 6-month period.
- The other way to prevent the spread of Hepatitis B is to break the chain of infection! You'll learn all the ways you can "break the chain" later in this module.



Cargiver's Role

KNOW THE SIGNS & SYMPTOMS OF HEP B

HBV is known as a "silent infection" because many people don't show any symptoms. (30% of adults with HBV never show any signs of it.) And, like all hepatitis infections, HBV is contagious BEFORE any symptoms appear!

Symptoms can range from mild to severe, and usually appear from 4 to 6 weeks after exposure. In addition, symptoms can be either acute (lasting for less than 6 months) or chronic (lasting for more than 6 months).

The symptoms of HBV include:

- Abdominal pain
- Dark urine
- Joint pain
- Loss of appetite
- Nausea and vomiting
- Weakness
- Fatigue
- Jaundice

Cargiver's Role

KNOW THE SIGNS & SYMPTOMS OF HEP C

HCV is another “silent” disease. People can live for years—or even decades—and not know they are infected.

Here are some of the changes/symptoms that may be seen in someone who has HCV:

- Flu-like symptoms that don't go away.
- Abnormal yellowing of the skin and eyes (jaundice).
- Dark urine.
- Nausea, vomiting.
- Loss of appetite.
- Fatigue.
- Abdominal pain.
- Itchiness without a rash.
- Disturbed sleep.
- Mental confusion & emotional distress.
- Skin rashes.

A CLOSER LOOK AT HEPATITIS C

Hepatitis C is a highly contagious liver infection caused by the Hepatitis C Virus (HCV, for short).

- In the United States, there are more than 3.5 million people living with chronic hepatitis C.
- Approximately 75%–85% of people who become infected with hepatitis C will develop a chronic infection.
- Approximately 15% to 25% of people who are infected with the hepatitis C virus clear it from their bodies without treatment and do not develop chronic infection. Experts do not fully understand why this happens for some people.

WHO IS MOST AT RISK FOR HEPATITIS B?

- Healthcare workers, fire fighters, EMTs, or other public safety workers.
- IV drug users (or cocaine users who shares straws).
- People diagnosed with hemophilia (a bleeding disease).
- Anyone who received blood transfusions before 1992.

YOU MAY BE AT RISK IF YOU:

- Have had multiple sex partners.
- Live with a person who has hepatitis C.

AS A HEALTHCARE WORKER:

- **You can get HCV by touching infected blood.** Although the Hepatitis C virus is NOT spread by casual contact (like hugging or shaking hands), it's possible to become infected if you touch the blood of an infected person.
- **You can get HCV by getting stuck with a dirty needle.** Healthcare workers are at risk of being infected with Hepatitis C from being stuck by a dirty needle or from being **splashed** by an infected client's blood.

HOW IS HEPATITIS C PREVENTED?

There is currently no vaccine available to prevent Hepatitis C. That means the best way to prevent spreading the virus is to follow standard infection control guidelines.

- Wear protective gloves and practice standard precautions when coming in contact with any bodily fluid.
- If you come in contact with a client's blood, alert your supervisor immediately.
- Be sure you know your workplace policy regarding needle sticks and other exposures to bloodborne pathogens.

A CLOSER LOOK AT HIV

HIV is a virus. You're probably familiar with common viruses, like the flu or the virus that causes chicken pox. Although they can be serious, most people get over the flu and chicken pox with very few complications.

But, HIV is different. **To date, there is still no cure.** Treatment can decrease the damage the virus causes and help those who are infected to live longer, healthier lives, but a person who is infected with HIV is said to be "HIV positive." **And, once a person is HIV positive, that person will always be HIV positive.**

HOW IS HIV SPREAD?

HIV is found only in certain body fluids of an infected person. The body fluids that can contain the virus are:

- Blood.
- Semen.
- Rectal fluids.
- Vaginal fluids.
- Breast milk.

The virus can only be spread from one person to another if any of these fluids come in direct contact with a mucous membrane, an open wound, or if they are directly injected into the bloodstream (from a needle or syringe).

What's a mucous membrane? Mucous membranes are the moist linings that protect the inside of your body. Mucous membranes are found inside the mouth and throat, the nose, eyes, and the rectum. Genital areas covered by mucous membranes include the vagina, the urethra (the opening at the tip of the penis), and the underside of the foreskin.

There are a few ways that HIV spreads from person to person.

- **Unprotected sexual intercourse** with an infected person.
- **Sharing drug needles or syringes** with an infected person.
- **Transferring from an HIV positive mother to a newborn baby** before or during the birth process or through breastfeeding. (However, with proper treatment, it is possible for an HIV positive mother to have an HIV negative baby.)

PROTECTING YOURSELF ON THE JOB

Healthcare workers who take the time to protect themselves by using **standard precautions** are not likely to be infected by HIV on the job.

In fact, you should use Standard Precautions with all of your clients, no matter what their diagnosis—even if they don't seem sick!

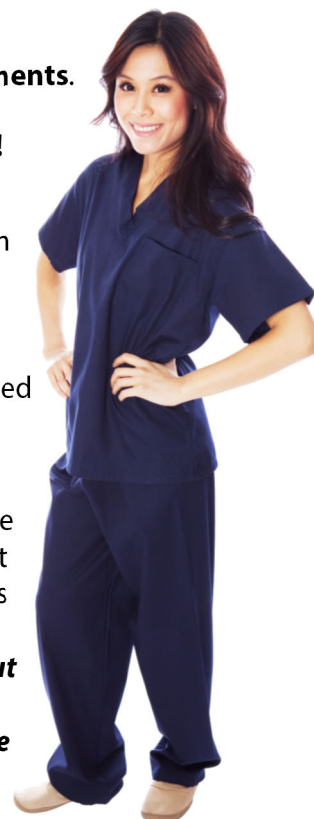
Standard Precautions include:

- **Washing your hands** before and after performing client care.
- **Using protective equipment** like gloves, gowns, and masks when you are likely to come in contact with bodily fluids.
- **Carefully handling and disposing of sharp instruments.**

The Risk of Exposure is LOW!

Only 58 cases of healthcare workers becoming infected with HIV on the job have ever been documented in the United States. Of these, only one confirmed case has been reported since 1999.

There is a standard medical procedure called "post-exposure prophylaxis" (or PEP for short). It consists of giving anti-HIV drugs to people who have been exposed to the virus at work. **But remember, it is much easier to prevent an accidental exposure than it is to take PEP!**



Knowledge is Power!

DIRECT VS. INDIRECT EXPOSURE

DIRECT CONTACT

One way that harmful germs travel is by direct contact with infected fluids, such as:

- Blood
- Saliva
- Sputum
- Stool
- Pus
- Vomit

Direct contact includes:

- Contact with skin that has a rash, cuts, or scratches.
- Splash or spray to the mucus membranes of the eyes, nose, and/or mouth.

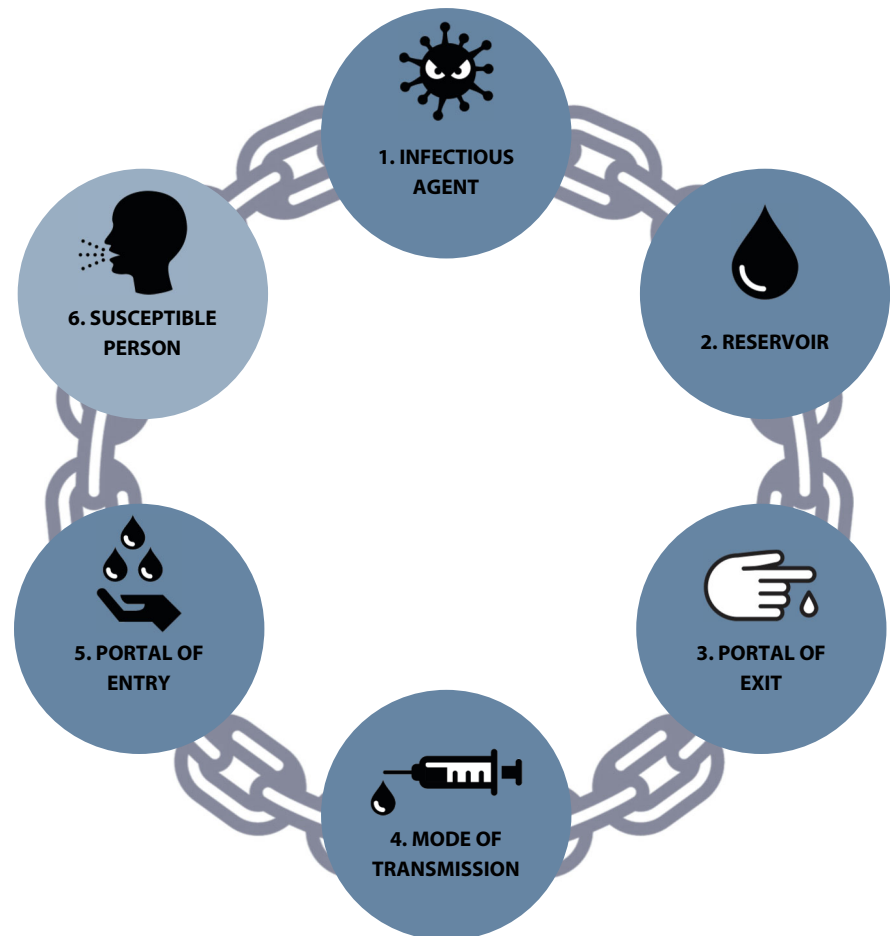
INDIRECT CONTACT

Another way to get infected is by indirect contact.

This is when harmful germs are spread by an object that touched body fluids from an infected person.

Infections can be spread by lots of different objects such as dirty needles or used bandages. They can also be spread by the hands of family members or caregivers who don't practice good hand washing.

BREAKING THE CHAIN OF INFECTION



In order for an infection to occur, each link in the chain of infection must exist. That means removing just one link can break the chain! Here's how!

1. **Remove the infectious agent.** When a person receives treatment for hepatitis B or C, they are removing this link in the chain.
2. **Limit the reservoir.** The Hep B virus can live on surfaces outside of the body for a week. Hep C can survive for three weeks. Disinfect clothing, bedding, hard surfaces, and equipment to destroy infectious agents.
3. **Minimize portals of exit.** Cover open wounds, manage drainage. Help clients safely dispose of bloody tissues, sputum cups, and menstrual products.
4. **End the mode of transmission.** Wash hands. Never share blood glucose monitoring equipment. Never share needles or syringes.
5. **Minimize the portal of entry.** Cover open wounds and use PPE (gloves, gown, eye wear, masks).
6. **Protect the susceptible person.** Encourage vaccination against hepatitis B. Help keep skin healthy and promote a healthy lifestyle (rest, proper nutrition, personal hygiene) to maintain strong immune system.

PROTECTING CLIENTS WITH DIABETES

Diabetes is a common chronic condition that develops when a person cannot produce enough insulin.

- Insulin is a hormone that helps the body store sugar so it can be used later for energy.

When there is not enough insulin in the body, sugar cannot be stored in the cells. That means it remains in the bloodstream.

Pricking the fingertip to draw blood is the most common way to check how much sugar is present in the blood. It's called a "blood sugar test" or "blood glucose test" because glucose is another word for sugar.

- The American Diabetes Association estimates that just over 25% (or one-fourth) of all Americans age 65 and older have diabetes.
- That's 12 million seniors currently living with diabetes who need to prick their finger (up to 4 times a day) to check blood sugar. And, a large portion of those 12 million seniors also inject an anti-diabetic medication, such as insulin, to control their blood sugar.

Since the hepatitis B virus can be transmitted via blood or other bodily fluids, people living with diabetes are at an increased risk of contracting hepatitis B every time they prick their finger or inject medication.

According to the Centers for Disease Control, there have been hundreds of hepatitis B outbreaks in nursing homes, assisted living, and long-term care facilities among people living with diabetes.

Outbreaks can occur when:

- Sharing glucose meters between residents without cleaning and disinfecting between uses.
- Lack of proper hand hygiene and failure to wear gloves between fingerstick procedures.
- Using the same fingerstick devices for more than one resident.
- Cross-contamination of clean supplies with contaminated blood glucose monitoring equipment used by home health agencies.
- Sharing injection equipment such as an insulin pen or syringe for more than one person.
- Failure to perform proper sterilization or to separate contaminated and clean podiatry equipment.

Caregiver's Role

CARING FOR CLIENTS WITH DIABETES

Remember Martha from the beginning of this module?

Do you think she was right to worry about the staff sharing blood sugar testing equipment?

Yes, she was! The shared use of fingerstick devices is one of the most common causes of hepatitis B outbreaks in long-term care facilities, where multiple people require assistance with blood sugar monitoring.

Blood glucose meters should be assigned to a single person and never shared between clients.

If blood sugar meters must be shared, the device should be cleaned and disinfected after **every use**, based on the manufacturer's instructions.

If the manufacturer does not state how the blood glucose meter should be cleaned and disinfected, **then it should not be shared.**

Cargiver's Role

HELPING CLIENTS WITH SHARPS

Remember Dina from the beginning of this course?

She was in a tough position. Her client left used needles laying around and she was accidentally stuck.

- What could Dina have done to avoid being stuck in the first place?
- What advice could she give Walter to help him safely dispose of his needles, even when it's hard to walk?
- How should Dina handle the injury?
- Does she need to report the injury to her supervisor?
- What will happen if Dina finds out Walter was positive for Hepatitis B or Hepatitis C?

Discuss your answers with your supervisor to learn about your workplace policy on these matters.

HANDLING & DISPOSING SHARPS

HANDLING SHARPS

Sharps are instruments that can puncture, cut, or scrape body parts. These include syringes, needles, scalpel blades, razor blades, and lancets.

- All sharps must be disposed in puncture-resistant, leak-proof containers with self-closing lids.
- Never throw sharps in the regular trash!
- Never reuse lancets or syringes.
- Never, recap, bend, or break needles.
- Do not carry lancets or syringes in your pockets.

In home care . . .

The biggest biomedical waste concern for home users is usually sharps disposal. Fortunately, there are many options available for safe disposal of sharps for home users.

- **Public collection programs.** Look for facilities such as clinics, physician offices, EMT stations, and hospitals that have collection programs for needles, lancets, and syringes for use by clients at home.
- **Mail back programs.** A mail-back disposal program is another safe disposal option that allows home sharps users to mail used sharps to licensed disposal facilities.
- **Sometimes legal, but less safe options.** Some states allow residents to throw tightly capped laundry detergent bottles filled with used syringes into the garbage. However, this is highly discouraged because of the injury and health risks it places on garbage hauler and processing facility workers.
 - ◆ If placing sharps in the regular garbage is legal in your state, and it's the only other option for your client, then be sure to use an empty rigid plastic container with a screw-on lid, such as a laundry detergent bottle. Never use glass bottles, soda bottles, milk jugs, aluminum cans, or coffee cans. **NEVER PLACE LOOSE NEEDLES OR SYRINGES IN THE TRASH!**
 - ◆ When using a household product container for sharps, always label container "Do Not Recycle." Never put the container in with recycling. Put sharps in point-first. Containers more than half-full should be disposed of. Store sharps in closed container with the cap screwed on.
- **Always keep storage containers out of the reach of children.**

FINAL THOUGHTS

Do your best to prevent accidental exposure to bloodborne pathogens. Here are some important safety tips:

- Remember to always follow Standard Precautions with every client—no matter what their diagnosis—even if they don't seem sick!
- Stay focused on what you are doing. Don't let yourself go on "autopilot" because you have done the task so many times before.
- Get enough sleep. Being tired can lead to careless behavior.
- Don't be afraid to ask for help if you need it.
- Don't try to do too many things at once.
- Never take shortcuts when it comes to handling sharps or OPIM.

IF YOU ARE STUCK BY A CONTAMINATED SHARP . . .

- Allow the wound to bleed. You can do this by running it under water.
- Wash the area with soap and water. Do not scrub or suck on the wound.
- Cover the wound with a clean dressing.
- Report the incident to your supervisor. You will be required to fill out an incident report that asks how and when the injury happened, and who had used the needle.
- Samples of your blood may be tested for infections such as hepatitis B and C, or HIV. Your employer may also arrange to test samples of the other person's blood.
- If you are at low risk for infection, you may not need any treatment.
- If there is a higher risk of infection, you may need antibiotics and/or vaccination against hepatitis B. If there is a risk of infection with HIV, you may have to undergo treatment called post-exposure prophylaxis (PEP).

REPEAT, REPEAT, REPEAT!

Be sure to review information about Standard Precautions and bloodborne pathogens yearly.

- **Why? It's the law!** All healthcare employees are required to participate in an annual review of bloodborne pathogens and Standard Precautions to protect yourself and your clients. So, take the time to read up on these topics each year.

FIVE KEY POINTS!

REVIEW WHAT YOU'VE LEARNED

1. **Bloodborne pathogens** are germs that are found in human blood and can cause **infection** in the **host**.
2. The three most common bloodborne pathogens are **hepatitis B, hepatitis C, and HIV**.
3. **Standard precautions** are the "common sense" infection control guidelines you should follow with all your clients, no matter what their diagnosis—even if they don't seem sick!
4. In order for an infection to occur, each link in **the chain of infection** must exist. That means, removing just one link can break the chain!
5. People living with diabetes (and those who care for them) are at an increased risk of contracting hepatitis B every time they check a blood sugar or inject medication.



in the know

CAREGIVER TRAINING

An Infection Control Module: **Bloodborne Pathogens**

EMPLOYEE NAME
(Please print):

DATE: _____

- *I understand the information presented in this inservice.*
- *I have completed this inservice and answered at least eight of the test questions correctly.*

EMPLOYEE SIGNATURE:

SUPERVISOR SIGNATURE:

Inservice Credit:

<input type="checkbox"/> Self Study	1 hour
<input type="checkbox"/> Group Study	1 hour

**File completed test
in employee's
personnel file.**

Are you "In the Know" about Bloodborne Pathogens? Circle the best choice or fill in your answer. Then check your answers with your supervisor!

- 1. Which of the following is NOT a bloodborne pathogen?**
A. Hepatitis B. C. Influenza.
B. Hepatitis C. D. HIV.
- 2. Which client is at the highest risk for hepatitis B?**
A. Client with lung cancer. C. Client who exercises regularly.
B. Client with diabetes. D. Client who has many visitors.
- 3. You are assigned to care for a client who is diabetic and positive for Hepatitis C. She is receiving treatment for her Hep C, but has not completed it yet. You should:**
A. Avoid hugging or touching her.
B. Practice standard precautions.
C. Refuse to work the case until her treatment is finished.
D. Recommend she not test her blood sugar until treatment is finished.
- 4. True or False**
One third of all people infected with Hepatitis B have no symptoms at all.
- 5. True or False**
Getting vaccinated for hepatitis B is one way to break the chain of infection.
- 6. True or False**
It's safe to share a blood glucose meter between clients if you wipe it down with an alcohol pad between uses.
- 7. True or False**
It's okay to recap a needle if you find it on a table where it could hurt someone.
- 8. True or False**
Every caregiver should follow standard precautions for all clients, even if they don't seem sick.
- 9. True or False**
There is a high risk for healthcare workers to become infected with HIV on the job.
- 10. True or False**
The Hepatitis C virus can live outside the body on surfaces for three weeks.