Name	: Station: Date:
E-mai	Address: Officer Code:
	OSHA Online Initial Post-Test
	Completed post-test should be sent to EMS Training: Submitted to EMSTrain@vbgov.com or Faxed: (757) 437-6560
1.	If you think you have an exposure on shift, who do you immediately contact?
	A) EMS Administration B) Station Captain C) EMS 5/6/7/8 D) Med Control
2.	If an EMS provider experiences an exposure, the source patient will be tested using rapid HIV testing. The results will be available in:
	A) 30 minutes B) 1 hour C) 5 minutes D) 15 minutes
3.	Provider risk is elevated to possible infection exposure when confined with a TB patient for 2-10 hours in a non-ventilated space. T F
4.	Standard Precautions provides that for the prehospital provider, all exposures to body
	fluids, under any circumstance are
5.	Travel History is recommend for all patients, especially patients who have
	symptoms.
6.	You should get an annual flu shot, unless advised by your MD not to. TF
7.	Good hand hygiene is the single most important way to prevent infections T F
8.	Antibiotics treat: A) Fungus B) Viruses C) Norovirus D) Bacteria

 9. VBEMS providers should who is coughing by? A) Placing a surgical mask B) Opening window C) Utilizing towels D) Placing a N95 mask on 	c on patient	autions when wo	orking with an ill patient
10. Communicable disease is	only spread by indirect con-	tact T F	
11. Hepatitis B Vaccine is rec	commended for EMS health	care workers	T F
12. As a new member of VBE continue to maintain:A) Your personal fileB) Your personal vaccinatC) Your Allergy listD) Insurance card	•	ly provided to th	ne department and
13. Bloody waste should be o	lisposed in what color and t	ype of garbage	bag?
14. VBEMS providers should cardiac arrest patient T		tilations or utiliz	e a barrier device on a
B) All surfaces inside the aC) Inside the ambulance a	shift, you thoroughly clean: ambulance at the start of the ambulance at the start of the ambulance at the ambulance, ambulance at the start of the	e shift e shift and after but not the cab	•
My signature below certifies that Confidentiality information in the above questions.			
Signature	VBEMS Officer Code	Date	BLS Academy #