Advancing Infection Control Capacity & Education (ACE): COACHING TO CERTIFICATION

Session 14: Employee and Occupational Health – Part 1

Presented on April 4, 2023, by: Meghan Millet, BSN, RN

Oregon Health Authority

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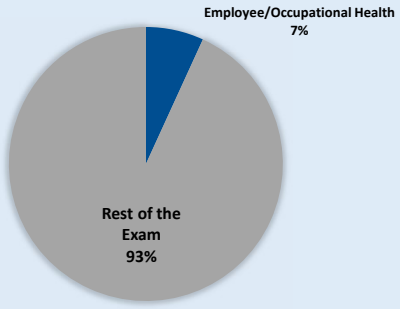
Employee/Occupational Health: Part 1 - 2

***11 questions** out of 150 questions on the CIC® exam will cover the domain Employee/Occupational Health



- Review and/or develop screening and immunization programs
- Collaborate regarding counseling, follow-up, and work restriction recommendations related to communicable disease and/or exposures
- Collaborate with occupational health to evaluate infection prevention-related data and recommendations
- Collaborate with occupational health to recognize healthcare personnel who may represent a transmission risk to patients, coworkers, and communities
- Assess risk of occupational exposure to infectious diseases (e.g., *Mycobacterium tuberculosis*, bloodborne pathogens)

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Slide 2

MA0 Hi Christina, Can you please change the wheel graph to reflect Employee/Occ. Health? It is still associated with Environment of Care. TY!

Millet Meghan A., 2023-03-31T18:27:50.333

Q1: The infection preventionist (IP) is assisting Employee Health with personnel tuberculosis (TB) skin testing. Which of the following represents a known tuberculin skin test (TST) conversion in a healthcare worker?

a. Prior tuberculin test results are not available, but the current result is 16 mm after 48 hours
b. Tuberculin reaction 1 year ago was 9 mm, and the current results are 13 mm
c. A prior tuberculin reaction was not measured, but the employee states it was dime-sized. The current result is 11 mm
d. Tuberculin reaction 1 year ago was 3 mm, and the current result is 18 mm

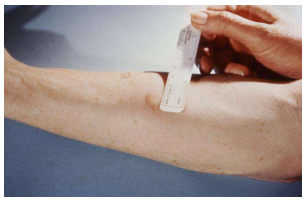
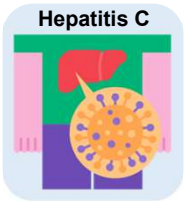


Photo Credit: CDC/Donald Kopanoff

Reference: Study Guide Chapter 6 Practice Questions, question 1

Q2: Because there is no vaccine for Hepatitis C, there have been national recommendations for prevention and control of Hepatitis C virus (HPC) infections. These include all but which recommendation?

a. Screening and testing of blood donors
b. Risk-reduction counseling and screening of persons at risk for Hepatitis C infection
c. A national registry for all healthcare personnel known to be Hepatitis C antibody positive
d. Adherence to Standard Precautions and safe work practices in healthcare settings



Reference: Study Guide Chapter 6 Practice Questions, question 3

https://www.cdc.gov/hepatitis/hcv/index.htm

Q3: The U.S. Public Health Advisory Committee on Immunization Practices (ACIP) recommends all of the following immunizations be provided to healthcare personnel except:

a. Hepatitis A and B vaccines
b. Influenza vaccine
c. Measles, mumps and rubella (MMR) and varicella-zoster vaccines (if not immune)
d. Bacillus Calmette-Guerin (BCG)

https://www.cdc.gov/vaccines/schedules/index.html

Reference: Study Guide Chapter 6 Practice Questions, question 4

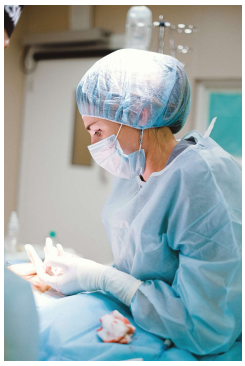
Q4: Which of the following is true regarding storage of vaccines?

a. Vaccines should be taken out of the original packaging
b. Vaccines should be stored in a labeled container/bin on the middle shelf a few inches from the wall
c. Vaccines should be packed tightly into the fridge
d. Vaccines should be stored in the top of the refrigerator

Reference: Study Guide Chapter 6 Practice Questions, question 5

Q5: An employee is exposed to a patient known to have chronic Hepatitis B. The employee is a known responder to the Hepatitis B vaccine, which was given to him as a student 5 years ago. What is the recommended post-exposure treatment for the employee?

a. Test the employee and all close personal contacts for Hepatitis B
b. Start the Hepatitis B series on the employee because of the length of time since vaccination
c. No treatment is recommended for a known responder
d. Recommend giving the employee the Hepatitis A vaccine



Reference: Study Guide Chapter 6 Practice Questions, question 6

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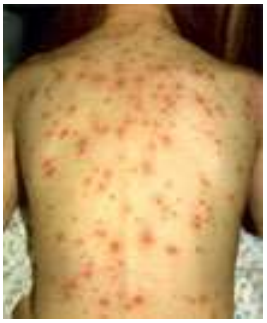
Q6: An employee who is not immune to varicella-zoster was exposed to a patient with active chickenpox. How long must the employee remain on work restrictions?

a. Until evaluated by a physician
b. From day 10 after exposure to day 21 after exposure
c. No work restriction is necessary if no signs and symptoms are present
d. At the discretion of the hospital infectious disease physician



Courtesy of American Academy of Pediatrics

Reference: Study Guide Chapter 6 Practice Questions, question 7

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Q7: Which of the following are acceptable methods for follow-up testing among healthcare personnel with unprotected exposure to TB?

1) QuantiFERON-TB Gold testing (QFT-G) of sputum at the time of exposure and 12 weeks after exposure
2) QFT-G testing of blood at the time of exposure and 12 weeks after exposure
3) TST via tine tests at the time of exposure and 12 weeks after exposure
4) TST via intradermal method at the time of the exposure and 12 weeks after the exposure
5) Chest radiograph for personnel with prior positive TST or QFT-G results
6) Chest radiograph for symptomatic personnel with positive TST or QFT-G

a. 1, 3, 6
b. 2, 3, 5
c. 1, 4, 5
d. 2, 4, 6

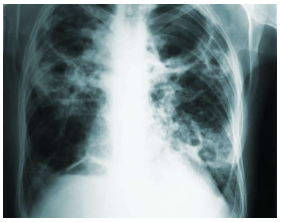

Photo Credit: CDC/ Richard Larkin

Reference: Study Guide Chapter 6 Practice Questions, question 8

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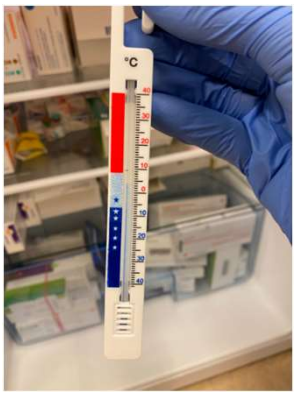
Q8: What is the appropriate temperature for vaccines that require refrigeration?

a. 46 degrees F to 55 degrees F (8 degrees C to 13 degrees C)
b. 25 degrees F to 35 degrees F (-4 degrees C to 2 degrees C)
c. 25 degrees F to 45 degrees F (-4 degrees C to 7 degrees C)
d. 35 degrees F to 46 degrees F (2 degrees C to 8 degrees C)



Reference: Study Guide Chapter 6 Practice Questions, question 9

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Q9: The IP is reviewing the immunization records of healthcare personnel at their facility and discovers that employees born before 1957 do not have any record of receiving MMR vaccine. What should she recommend to the Human Resources Director regarding employees born before 1957?

a. They are considered immune and do not require follow-up
b. They should receive two doses of the vaccine 4 weeks apart
c. They are only required to provide proof of immunity to measles
d. They are required to provide proof of immunity to measles, mumps, and rubella

Photo Credit: Courtesy of the Mississippi Department of Archives and History

Reference: Study Guide Chapter 6 Practice Questions, question 10

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Q10: Staff assisting with bronchoscopy of a patient with suspected TB must wear which type of respiratory protection?

a. Surgical/procedure mask
b. Face shield
c. Protection is not required
d. A fit-tested respirator or powered air purifying respirator (PAPR)

CDC: Tuberculosis, Respiratory Protection

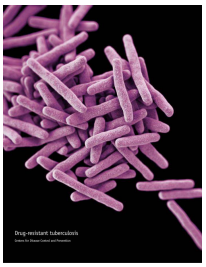

Photo Credit: CDC/ Antibiotic Resistance Coordination and Strategy Unit

Reference: Study Guide Chapter 6 Practice Questions, question 11

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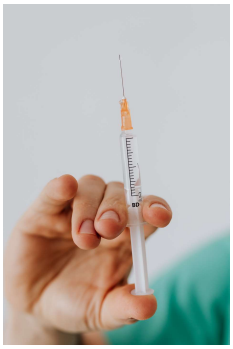
Q11: An employee has sustained a needlestick injury from a blood-contaminated needle. The source patient was Hepatitis B virus (HBV) positive, and the employee had completed one of the three vaccinations in the Hepatitis B series. Which of the following is the correct postexposure prophylaxis (PEP) for this patient?

a. Complete the Hepatitis B vaccine series
b. Complete the Hepatitis B vaccine series and provide Hepatitis B immunoglobulin
c. Provide Hepatitis B immunoglobulin and begin interferon therapy
d. No PEP is needed



Reference: Study Guide Chapter 6 Practice Questions, question 12

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Q12: The IP is developing a seasonal influenza immunization promotion program and decides to survey some healthcare personnel to determine their knowledge and attitude about influenza vaccines. Several healthcare personnel state that they do not want to be immunized because they believe that the vaccine can give them the flu. What is the best response the IP can give to alleviate this fear.

a. The symptoms of the flu from the vaccine are much milder than actually getting the flu, so they are better off immunized
b. There are no known reactions or side effects to the flu vaccine
c. Any symptoms they experience are due to allergies to components of the vaccine, so they will not get the flu from the vaccine
d. They might experience symptoms that are due to the immune response to the vaccine, but they cannot get the flu from the vaccine

Reference: Study Guide Chapter 6 Practice Questions, question 13

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Q13: Dialysis staff are most at risk for exposure to bloodborne pathogens during:

1) Initiation and termination of dialysis
2) Reprocessing, cleaning, and disinfection procedures
3) Medication administration
4) Vascular access hemorrhage

a. 1, 2
b. 2, 3
c. 2, 4
d. 1, 3

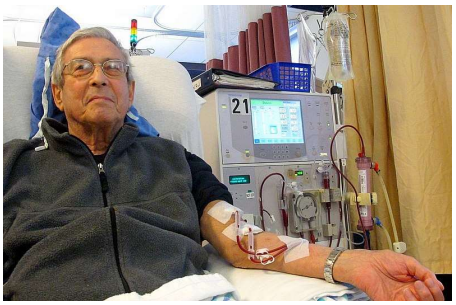

Photo Credit: Anna Frodesiak

Reference: Study Guide Chapter 6 Practice Questions, question 13

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Q14: According to the Centers for Disease Control and Prevention (CDC), which type of thermometer should be used in a vaccine storage unit?

a. Fluid-filled biosafe liquid thermometer
b. Infrared thermometer
c. Chart recorder
d. Probe in a glycol-filled bottle with an external monitoring device

Photo Credit: CDC/ Robert Denty

https://www.cdc.gov/vaccines/hcp/admin/storage/toolkit/storage-handling-toolkit.pdf

Reference: Study Guide Chapter 6 Practice Questions, question 15

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Q15: A patient in the Emergency Room is diagnosed with bacterial meningitidis due to *Neisseria meningitidis*. The patient was not properly isolated, and a number of employees entered her room without wearing a mask. Which employee should receive PEP?

a. The phlebotomist who drew the blood on the patient
b. The respiratory therapist who intubated the patient
c. The radiology technician that performed the chest radiograph
d. The employee from admissions that registered the patient

Reference: Study Guide Chapter 6 Practice Questions, question 16

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Q16: A pregnant healthcare worker is concerned because she has been assigned to take care of a patient who has cytomegalovirus (CMV) infection. How should an IP respond to this concern?

a. Reassign her to another patient
b. Place the patient on Contact Precautions while the healthcare worker cares for him
c. Advise her that following Standard Precautions while caring for the patient will prevent transmission
d. Advise her that she is likely already infected with CMV and should not worry about transmission

Reference: Study Guide Practice Exam 1, question 67

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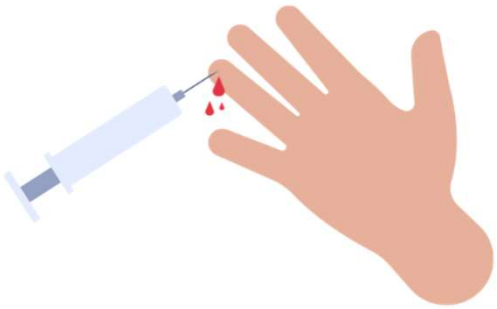
Q17: What is the first action HCP should take after a needlestick exposure?

a. Contact the supervisor
b. Contact Occupational Health
c. Squeeze or milk the site
d. Wash the affected area



Reference: Study Guide Practice Exam 1, question 83

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Q18: A technician finds out after obtaining an EKG on a patient that the patient may have varicella-zoster (shingles) on a dermatome on the upper body. The Occupational Health Nurse checks the employee's records and realizes that the employee was never tested for varicella on hire. The first thing the Occupational Health Nurse should do is:

a. Determine if the patient actually has an active case of varicella-zoster by involving the IP or checking with the patient's physician to verify the diagnosis
b. Test the employee for varicella immunity and, if not immune, exclude from work from day 10 through day 21 after the exposure
c. Give the varicella vaccine to the employee
d. Give the varicella-zoster immune globulin (VZIG) to the employee

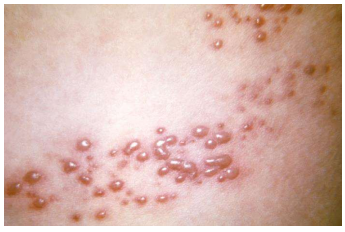

Photo Credit: CDC/ K.L. Herrmann

Reference: Study Guide Practice Exam 1, question 103

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Q19: The local Health Department informs the IP that a nurse in the CICU has been diagnosed with measles immediately after returning from a trip to Europe. His symptoms began 2 days ago, and he last worked in the unit 9 days ago. The incubation period for measles is 8 to 12 days, and the period of contagion is 1 to 2 days prior to onset of symptoms. How should the IP follow up on this report?

a. Determine the susceptibility to measles of all the HCP and patients who had contact with the nurse in the past 12 days
b. Place all susceptible patients who were cared for by the nurse in Airborne Isolation
c. Inform Occupational Health about the infection so that they can furlough the employee for the appropriate amount of time
d. The IP does not need to conduct any follow-up

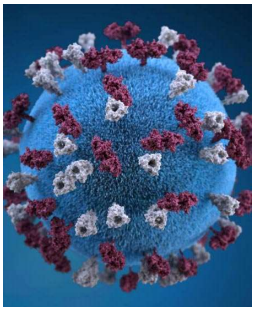

Photo Credit: CDC/ Allison M. Maiuri, MPH, CHES

Reference: Study Guide Practice Exam 1, question 128

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Q20: When considering occupational health issues in healthcare settings, which individuals are covered under the term “healthcare personnel”?

1) All paid persons working in the healthcare settings who have the potential for exposures to infectious materials
2) All paid and unpaid persons working in healthcare settings who have the potential for exposure to infectious materials
3) Any individual who has the potential to acquire or transmit infectious agents during the course of his or her work in healthcare
4) All paid and unpaid persons who work in the healthcare settings and encounter patients
5) All workers employed by the healthcare organization

a. 1, 5
b. 2, 3
c. 1, 4
d. 4, 5

Reference: Study Guide Practice Exam 1, question 131

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