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

Session 15: Employee and Occupational Health – Part 2

Presented on April 11, 2023, by: Meghan Millet, BSN, RN

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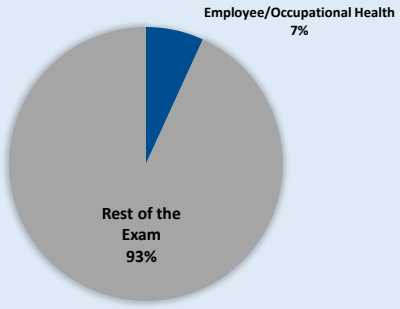
Employee/Occupational Health: Part 1 - 2

***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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Q1: A food service worker is diagnosed with Hepatitis A. How long should this employee be on work restrictions?

a. Until 14 days after symptoms resolve
b. Until 7 days after onset of jaundice
c. Until 14 days after onset of jaundice
d. Until 10 days after symptoms resolve

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Reference: Study Guide Chapter 6 Practice Questions, question 2

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Q2: A measles exposure from a patient in a clinic was identified and an exposure workup was initiated. A staff exposure was defined as "nonimmune HCP with more than 5 minutes of same-room contact or face-to-face contact with the index patient." Forty-eight HCP were identified as possible exposures. Of these, 44 had documented immunity to measles. Of the remaining HCP, three did not have the same room or face-to-face contact. How many HCP were at risk of developing measles because of this exposure?

a. 4
b. 45
c. 1
d. 48

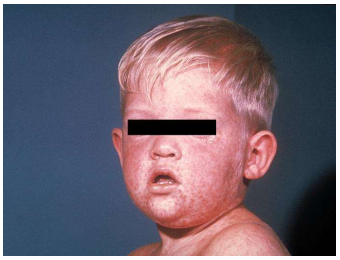

Photo Credit: CDC

Reference: Study Guide Practice Exam 1, question 26

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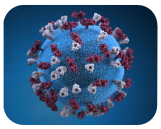
Q3: Which of the following is *not* proof of measles immunity for healthcare personnel?

a. Documentation of vaccination with two doses of live measles containing virus-containing vaccine
b. Laboratory evidence of immunity
c. Born after 1957
d. Laboratory confirmation of disease



Measles

Pronounced [MEE-zills]

https://www.cdc.gov/vaccines/parents/diseases/measles.html

Photo Credit: CDC/ Molly Kurnit, M.P.H.

Reference: Study Guide Chapter 6 Practice Questions, question 18

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Q4: There has been a local bioterrorism event and three healthcare personnel were exposed to inhalation anthrax. They have been decontaminated and are taking PEP, and they would like to return to work. The incubation period of the inhalation anthrax is usually about 7 days but can be as long as 2 months. What should the IP's recommendation be regarding work restrictions for these employees?

a. They will not be allowed to return to work for the duration of the 2-month incubation period
b. They will not be allowed to return to work for the duration of the prophylactic treatment
c. They may return to work but must wear respiratory protection while in the facility
d. They may return to work with no restrictions

Photo Credit: CDC

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Reference: Study Guide Chapter 6 Practice Questions, question 19

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Q5: The occupational health nurse has requested the IP's assistance in reporting the nursing needlestick rate annually. Which formula should be used?

a. Total number of needlesticks reported by nursing divided by the average daily census
b. Total number or needlesticks reported by nursing divided by the needle devices used by nursing
c. Total number of needlesticks reported by nursing divided by the number of full-time nurses employed during the year
d. Total number of needlesticks reported by nursing divided by the number of injections given by nurses

https://www.cdc.gov/nora/councils/hcsa/stopsticks/sharpsinjuries.html

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Reference: Study Guide Chapter 6 Practice Questions, question 20

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Q6: The IP is asked to recommend the length of time a staff member who has developed influenza should be excluded (furloughed) from work duties. The staff member was diagnosed with influenza on March 15. She consults the CDC Infection Control Guidance for Prevention and Control of Influenza in Acute Care Facilities and recommends that the employee should:

a. Remain off work until March 20
b. Remain off work for the duration of the illness
c. Remain off work until March 21
d. Remain off work for 5 days (March 20) or until symptoms have resolved, which is longer

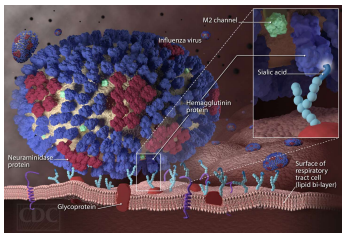

Photo Credit: CDC

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Reference: Study Guide Chapter 6 Practice Questions, question 21

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Q7: An employee is exposed to a known HIV-positive patient's blood via a needlestick after giving an intramuscular injection. The patient has a known high viral load. After the employee has thoroughly washed the exposed area with soap and water, what is the next step that should be taken following this exposure?

a. The employee needs to be counseled about using safer sex practices and to avoid pregnancy, breast-feeding, and blood and organ donation for 3 months after exposure
b. The employee should be treated as soon as possible with expanded multidrug PEP
c. The employee should have baseline testing for HIV, Hepatitis B antigen, and Hepatitis B antibody
d. The employee should be counseled by a clinician knowledgeable about HIV transmission risks

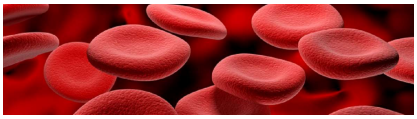

Photo Credit: CDC

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Reference: Study Guide Chapter 6 Practice Questions, question 22

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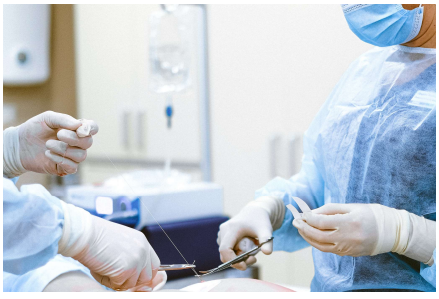
Q8: An IP is participating on a multidisciplinary team formed to decrease sharps injuries in an Ambulatory Surgical Center. Of the following possible activities, which would be most likely to assist the team?

a. A quarterly review of sharps injury data stratified by surgical team
b. An analysis of employee participation in the Hepatitis B vaccination program
c. Root cause analyses after exposure incidents
d. A review of surgery duration in cases in which sharp injuries were reported



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Reference: Study Guide Chapter 6 Practice Questions, question 23

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Q9: A new employee who needs to be tested for TB infection before starting work has a history of BCG vaccination. Which method of TB testing would be the best choice in this situation?

a. The TST would be the best method to use because it is the most cost-effective testing method
b. A TST would be the best method to use because it distinguishes latent from active TB infection
c. An interferon-gamma release assay (IGRA) blood test would be the best method to use because prior BCG immunization does not cause a false positive with this test
d. An IGRA blood test would be the best method to use because it is a rapid test and provides results within 30 minutes

Photo Credit: CDC

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Reference: Study Guide Chapter 6 Practice Questions, question 24

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Q10: Which of the following is not evidence of varicella immunity in healthcare personnel?

a. Evidence of two doses of the varicella vaccine
b. Laboratory evidence of immunity
c. Laboratory evidence of disease
d. Born before 1980

Photo Credit: CDC

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Reference: Study Guide Chapter 6 Practice Questions, question 25

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Q11: An employee has experienced an accidental needlestick injury while providing care to a patient. All of the following lab tests would be appropriate for the source patient except:

a. Human immunodeficiency virus (HIV)
b. Hepatitis B antibody
c. Hepatitis B surface antigen
d. Hepatitis C surface antigen

Photo Credit: CDC

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Reference: Study Guide Practice Exam 1, question 23

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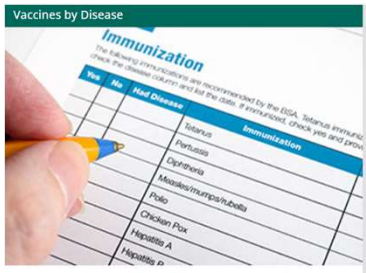
Q12: U.S. Occupational Safety & Health Administration (OSHA) mandates that which of the following vaccines can be provided at no cost to healthcare providers and others at risk for blood and body fluid exposures?

a. Hepatitis A
b. Hepatitis B
c. BCG
d. Meningococcal



Recommended U.S. immunizations and non-routine immunizations for people in certain jobs and travel situations.

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

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Reference: Study Guide Chapter 6 Practice Questions, question 17

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Q13: Which of the following is not an infection prevention objective of an occupational health program?

a. Contain costs by preventing infectious diseases that result in absenteeism and disability
b. Provide care to personnel for work-related illnesses and exposures
c. Educate patients about the principles of infection prevention
d. Collaborate with the Infection Prevention Department in monitoring and investigating potentially harmful infectious exposures and outbreaks

Photo Credit: CDC/ Robin Spratling

Reference: Study Guide Practice Exam 1, question 46

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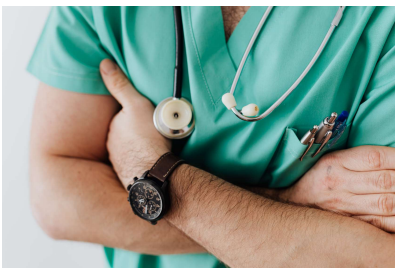
Q14: What action is indicated when the IP is asked to help determine if a worker has experienced occupational acquisition of an infectious agent or disease in order to receive worker's compensation benefit?

a. Provide enough information to prove or disprove the employee's claim
b. Notify the facility's attorney immediately
c. Review the worker's compensation system in place
d. Perform a root cause analysis to investigate



Reference: Study Guide Practice Exam 1, question 48

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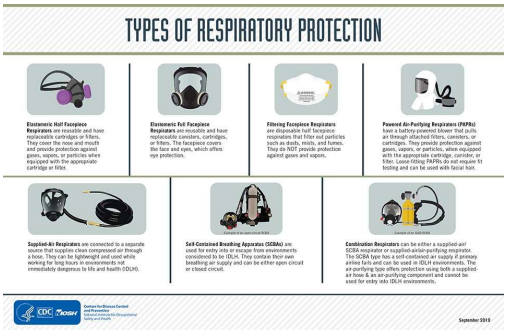
Q15: Which U.S. agency requires a respiratory protection program for HCP?

a. Food and Drug Administration (FDA)
b. The Joint Commission (TJC)
c. Centers for Disease Control and Prevention (CDC)
d. Occupational Safety and Health Administration (OSHA)



https://www.cdc.gov/coronavirus/2019-ncov/hcp/elastomeric-respirators-strategy/respiratory-protection.html

Reference: Study Guide Practice Exam 1, question 57

Q16: Phlebotomists within an organization are complaining that the new blood collection device introduced 6 months ago is difficult to use for blood draws and has resulted in an increase in needlestick injuries (NSIs). The IP is working with Occupational Health to evaluate the problem and would like to compare NSI rates before and after the implementation of the device. Which of the following would be the most useful denominator in order to calculate useful data?

a. Phlebotomist employee hours at work (full-time equivalents)
b. Number of occupied beds (or licensed beds)
c. Number of patients (average daily census)
d. Number of blood collection devices used or purchased

https://www.cdc.gov/niosh/topics/bbp/guidelines.html

Reference: Study Guide Practice Exam 2, question 6

Q17: Which of the following statements are true regarding consent to immunizations?

1) Some states allow personal belief exemptions
2) Federal regulations require informed consent
3) All states allow medical exemptions for persons with medical contraindications to vaccination
4) Vaccine recipients must receive Vaccine Information Statements (VISs)

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

Photo Credit: CDC

Reference: Study Guide Practice Exam 2, question 15

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Q18: Which of the following diseases are preventable by immunization?

1) Diphtheria
2) Varicella
3) Pertussis
4) Cytomegalovirus (CMV)

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

Photo Credit: CDC

Reference: Study Guide Practice Exam 2, question 34

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Q19: A pregnant environmental services worker, who is nonimmune to varicella, enters the room of a patient with confirmed varicella (chickenpox) before an isolation sign is posted. She spends 6 minutes in the room with the patient (who is not wearing a mask). The exposure happened on January 11. After giving the employee varicella-zoster immune globulin (VZIG), it is determined that she should be excluded from work. What day can she return to work?

a. January 31
b. February 1
c. February 8
d. February 9

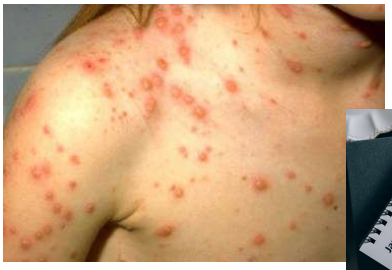

Photo Credit: CDC

Reference: Study Guide Practice Exam 2, question 54

Q20: While caring for a patient with suspected or confirmed Ebola, if during patient care a partial or total breach in PPE (gloves separate from sleeves leaving exposed skin, a tear develops in an outer glove, a needlestick) occurs, the healthcare worker must:

a. Quickly remove PPE to reduce the risk of exposure
b. Immediately perform disinfection of gloved hands using ABHR
c. Move immediately to the doffing area to assess the exposure
d. Immerse exposed areas with a bleach solution

https://www.cdc.gov/vhf/ebola/healthcare-us/ppe/index.html

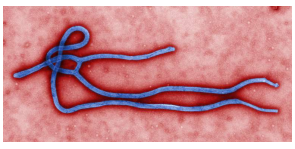

Photo Credit: CDC

Reference: Study Guide Practice Exam 2, question 72

Q20: While caring for a patient with suspected or confirmed Ebola, if during patient care a partial or total breach in PPE (gloves separate from sleeves leaving exposed skin, a tear develops in an outer glove, a needlestick) occurs, the healthcare worker must:

a. Quickly remove PPE to reduce the risk of exposure
b. Immediately perform disinfection of gloved hands using ABHR
c. Move immediately to the doffing area to assess the exposure
d. Immerse exposed areas with a bleach solution

Rationale: Prior to working with patients with EVD, all healthcare workers must have received repeated training and have demonstrated competency in performing all Ebola-related infection control practices and procedures, and specifically in donning/doffing proper PPE. While working in PPE, healthcare workers caring for patients with EVD should have no skin exposed. If during patient care a partial or total breach in PPE (gloves separate from sleeves leaving exposed skin, a tear develops in an outer glove, a needlestick) occurs, the healthcare worker must move immediately to the doffing area to assess the exposure. Implement the facility exposure plan, if indicated by assessment.

Reference: CDC, Guidance on Personal Protective Equipment To Be Used by Healthcare Workers During Management of Patients with Ebola Virus Disease in U.S. Hospitals, Including Procedures for Putting On (Donning) and Removing (Doffing). Available at: http://www.cdc.gov/vhf/ebola/healthcare-us/ppe/guidance.html