Chapter 6
EMPLOYEE/OCCUPATIONAL HEALTH

The CIC® exam will have a total of ten (10) questions addressing Employee/Occupational Health. The content will test knowledge of the following:

A. Review and/or develop screening and immunization programs

B. Provide counseling, follow-up, and work restriction recommendations related to communicable diseases or following exposures

C. Assist with analysis and trending of occupational exposure incidents and information exchange between Occupational Health and Infection Prevention and Control departments

D. Assess risk of occupational exposure to infectious diseases (e.g., tuberculosis, bloodborne pathogens)

KEY CONCEPTS

- Healthcare personnel face a wide range of hazards on the job including needlestick injuries, back injuries, latex allergy, violence, and stress.

- According to the U.S. Centers for Disease Control and Prevention, cases of nonfatal occupational injury and illness in healthcare personnel are among the highest of any industry sector.

- An occupational health program is an essential and cornerstone element in efforts to provide a safe environment for patients and healthcare personnel.

- Elements of an occupational health program include surveillance, education, immunization, and injury prevention and response.
RESOURCES FOR STUDY

Nearly all questions on Employee/Occupational Health are based on chapters in the primary references, but secondary references may be useful to help clarify more detailed issues.

Primary Reference:


Notable Chapters

71  *Bordetella pertussis*
80  Herpes Virus
81  HIV/AIDS
82  Influenza
86  Measles, Mumps, Rubella
87  *Neisseria meningitidis*
95  Tuberculosis and Other Mycobacteria
97  Viral Hepatitis
100  Occupational Health
101  Occupational Exposure to Bloodborne Pathogens
102  Volunteers, Contract Workers, and Other Nonemployees Who Interact with Patients
103  Immunization of Healthcare Personnel
104  Pregnant Healthcare Personnel
105  Minimizing Exposure to Blood and Body Fluids


Secondary Reference:


2. Current guidelines, standards, and recommendations from Centers for Disease Control and Prevention (CDC), Association for Professionals in Infection Control and Epidemiology (APIC), Society for Healthcare Epidemiology of America (SHEA), and Public Health Agency of Canada.
   - CDC: http://www.cdc.gov/hicpac/pubs.html
   - APIC: www.apic.org
   - SHEA: http://www.shea-online.org/PriorityTopics/CompendiumofStrategiesetoPreventHAI.aspx

PRACTICE QUESTIONS

1. 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

2. 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

3. Because there is no vaccine for Hepatitis C, there have been national recommendations for prevention and control of Hepatitis C virus (HCV) 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
ANSWERS AND RATIONALES

1. **D** Tuberculin reaction 1 year ago was 3 mm, and the current result is 18 mm

   **Rationale:** Interpretation of the TST depends on measured TST induration in millimeters, the person's risk for being infected with M. tuberculosis, and risk for progression to active TB if infected. The TST test should be interpreted according to the CDC guidelines. A healthcare worker without known exposure who demonstrates an increase of ≥10 mm is considered a positive result. (See Table 6-1)

<table>
<thead>
<tr>
<th>Purpose of Testing</th>
<th>TST</th>
<th>QFT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Baseline</td>
<td>≥10 mm is considered a positive result (either first or second step)</td>
<td>Positive (only one-step)</td>
</tr>
<tr>
<td>Serial testing without known exposure</td>
<td>Increase of ≥10 mm is considered a positive result (TST conversion)</td>
<td>Change from negative to positive (QFT conversion)</td>
</tr>
<tr>
<td>Known exposure (close contact)</td>
<td>≥5 mm is considered a positive result in persons who have a baseline TST result of 0 mm; an increase of ≥10 mm is considered a positive result in persons with a negative baseline TST result or previous follow-up screening TST result of ≥0 mm</td>
<td>Change to positive</td>
</tr>
</tbody>
</table>


2. **B** Until 7 days after onset of jaundice

   **Rationale:** According to the ACIP, food service workers who are diagnosed with Hepatitis A must be restricted from food handling until 7 days after the onset of jaundice.

   **References:** *APIC Text*, 4th edition, Chapter 100 – Occupational Health; Advisory Committee on Immunization Practices (ACIP), ACIP Recommendations. ACIP Website. Available at: http://www.cdc.gov/vaccines/ acip/recs/index.html