



**Northwest Territories  
Certification of Immunization  
Competence  
Self-Directed Learning  
Module**

**ER/OPD**

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**Exam Questions**

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*Revised January 2006*



Northwest  
Territories Health and Social Services

**Northwest Territories  
Certification of Immunization Competence  
Self-Directed Learning Module<sup>[H1]</sup>**

Please answer ALL questions in the space provided. If additional space is needed, please write on the back making sure the answer is well indicated. Please be brief but complete with your answers. Your document will be returned to you with a copy kept in your personal file.

<p>1. What is the only <u>true</u> contraindication for all vaccines?</p> <ul style="list-style-type: none"><li>A. Anaphylactic reaction to a previous dose or a constituent of the vaccine</li><li>B. Moderate or severe illness</li><li>C. Fever</li><li>D. Premature Infants</li></ul>	
<p>2. What major pieces of information does a client need to know to make an <b>INFORMED CONSENT</b> for immunization? (Select 3 of the following).</p> <ul style="list-style-type: none"><li>A. Nature and purpose of the vaccine</li><li>B. Cost of vaccines</li><li>C. Risks and benefits of receiving the vaccine</li><li>D. Risks associated with not receiving the vaccine</li></ul>	
<p>3. What is the most likely adverse reaction following administration of vaccines?</p> <ul style="list-style-type: none"><li>A. Loss of appetite</li><li>B. Fussy/cranky and lethargy</li><li>C. Erythema, swelling, fever, and pain at injection site</li><li>D. Anaphylactic reaction</li></ul>	

<p>4. What should the nurse tell parents to expect after an appropriately administered BCG vaccine?</p> <ul style="list-style-type: none"> <li>A. A large draining abscess</li> <li>B. A small indurated papule in one to three weeks</li> <li>C. Severe adenopathy</li> <li>D. Disseminated BCGitis</li> </ul>	
<p>5. What documentation, charting and reporting requirements are needed when an adverse reaction occurs?</p> <ul style="list-style-type: none"> <li>A. Client chart (personal health record)</li> <li>B. Vaccine Associated Adverse Event form, which is then submitted to Medical Health Officer</li> <li>C. Client's personal immunization record card</li> <li>D. All of the above</li> </ul>	
<p>6. MMR immunization is not recommended in the following circumstances; (check all that apply);</p> <ul style="list-style-type: none"> <li>A. Pregnancy</li> <li>B. Immunocompromised (medical assessment of immune status is necessary)</li> <li>C. Anaphylactic reaction to eggs or any component of the vaccine (such as, neomycin or gelatin) where an adequate facility is not available to manage anaphylaxis</li> <li>D. All of the above</li> </ul>	
<p>7. The term "cold chain" refers to a system:</p> <ul style="list-style-type: none"> <li>A. Of distribution for vaccines</li> <li>B. Which ensures that vaccines arrive at their final destination with their immunogenic properties intact</li> <li>C. Of storage for vaccines</li> <li>D. Which maintains the temperature of vaccines between 2°C and 8°C</li> <li>E. All of the above</li> </ul>	
<p><i>Check (✓) the following True (T) or False (F):</i></p> <p>8. When a cold chain breach has occurred:</p> <ul style="list-style-type: none"> <li>A. The regional Pharmacist or designate at the community level will notify the Health Protection Unit. ___T___F</li> <li>B. If it is known that the power outage will last less than two hours and there is no water in the fridge door, the vaccines can remain in the refrigerator; the door should not be opened. ___T___F</li> <li>C. If due to a <u>witnessed</u> power outage, the regional Pharmacist or designate will take the vaccines out of the refrigerator and destroy them. ___T___F</li> </ul>	

<p>9. When are non-reconstituted vaccines discarded? (select all right answers)</p> <ul style="list-style-type: none"> <li>A. The last day of the month of the expiry date</li> <li>B. According to the manufacturers instructions</li> <li>C. One month after the expiry date</li> <li>D. One month after opening</li> </ul>	
<p>10. Answer True or False for each of the following statement about refrigerators used to store vaccines.</p> <ul style="list-style-type: none"> <li>A. The temperature within it must be maintained between 2 and 8 degrees Celsius. T___ F___</li> <li>B. Food and beverages can be stored in the vaccine refrigerator. T___ F___</li> <li>C. Bottles of water can be placed on any empty shelves and in the door spaces. T___ F___</li> <li>D. It should contain a maximum-minimum thermometer. T___ F___</li> <li>E. The refrigerator is checked once a week to determine if the temperature within it is optimal. T___ F___</li> </ul>	
<p>11. Why is it necessary to maintain the cold chain?</p> <ul style="list-style-type: none"> <li>A. Keep the evidence intact</li> <li>B. Maintain potency of vaccines</li> <li>C. To keep the vials from breaking</li> <li>D. To keep the vaccine free from contamination</li> </ul>	

<p>12. When vaccine has been exposed to temperatures outside the recommended range, we should:</p> <ul style="list-style-type: none"><li>A. Use the vaccine if it has been exposed for less than two hours</li><li>B. Consult the appropriate manufacturer(s) and destroy the vaccine</li><li>C. Consult the Regional Pharmacist to determine if the vaccine may be used or should be destroyed</li><li>D. Give it to the janitor to burn</li></ul>	
<p>13. How can you tell if someone has fainted versus someone who is having an anaphylactic reaction? (Fill in the blank with faint or anaphylaxis)</p> <ul style="list-style-type: none"><li>A. <u>Sudden</u> loss of consciousness usually preceded by perspiration and increasing pallor and is associated with sudden slowing of pulse rate and hypotension. Seizures and/or incontinence may occur. (_____)</li><li>B. Begins <u>several minutes after</u> injection. Initial symptoms usually include several of the following: sneezing; coughing; itching; "pins and needles" skin sensation; flushing; facial edema; urticaria (hives), and anxiety. In severe cases, these symptoms may be followed by progressive dyspnea and/or hypotension and a weak, rapid or irregular pulse. (_____)</li></ul>	

14. For the vaccines noted below describe in the following table: administration route; site; dosage and needle size that would be used for infants, children and adults:
- i. MMR
  - ii. DaPT-Polio, DT, DT-Polio, Td, Td-Polio, DaPT-P/Hib
  - iii. Hepatitis B
  - iv. BCG
  - v. Varicella

Also in **first** column indicate if vaccine is live attenuated (**LA**) or inactive (**I**)

**answers**

<b>VACCINE</b>	<b>ROUTE</b>	<b>INJECTION SITE</b>	<b>DOSAGE</b>	<b>NEEDLE Size and length</b>
MMR				
Hep B  (I)				
BCG  (LA)				
Varicella  (LA)				

† Dosage will vary depending on product used. Dosage quoted is that of Recombivax™ .

\* At 18 months assess amount of muscle tissue, if not sufficient use vastus lateralis.

\*\*Infants born to mothers who are HBsAG positive should be given post-exposure prophylaxis which includes: 0.5 ml of HBIG and 0.5 ml HBV vaccine immediately after birth, both administered intramuscularly at different sites.

<p>15. What is the routine adult immunization schedule?</p> <ul style="list-style-type: none"> <li>A. Td-polio every 10 years</li> <li>B. DPT every 5 years, and Influenza and Pneumococcal</li> <li>C. Td-polio every 10 years, and Influenza and Pneumococcal yearly</li> <li>D. Td every 10 years, Tdap at least once in adulthood, MMR for all adults born after 1970 with no documentation of vaccine, Varicella for non-immune adults , Influenza yearly and Pneumococcal for prescribed risk groups</li> </ul>	
<p>16. In the NWT which groups are targeted for hepatitis B immunization?</p> <ul style="list-style-type: none"> <li>A. Occupational risk, such as health care workers and first responders</li> <li>B. Persons having unprotected sex</li> <li>C. Persons who are Hepatitis C positive</li> <li>D. All newborns and preadolescents</li> <li>E. All of the above</li> </ul>	
<p>17. Pneumococcal (PCV-7) was introduced in the NWT January 2006. Who is eligible for this vaccine? (Select all correct answers)</p> <ul style="list-style-type: none"> <li>A. All school age children</li> <li>B. All infants born as of, on, or after January 2006.</li> <li>C. All children less than 18 months of age.</li> <li>D. All at risk children</li> <li>E. Children with chronic ear infections.</li> </ul>	
<p>18. How is tetanus transmitted?</p> <ul style="list-style-type: none"> <li>A. By direct, person-to-person contact</li> <li>B. By contact with airborne droplets</li> <li>C. Through a wound</li> <li>D. By an insect bite</li> <li>E. By sexual contact</li> </ul>	

<p>19. Hepatitis B is most frequently transmitted</p> <ul style="list-style-type: none"> <li>A. By sexual contact</li> <li>B. From an infected, pregnant woman to her unborn child</li> <li>C. From a blood transfusion</li> <li>D. From using illicit iv drugs</li> <li>E. By an insect bite</li> </ul>	
<p>20. Which of the following diseases can cause meningitis?</p> <ul style="list-style-type: none"> <li>A. <i>Haemophilus influenzae</i> type b</li> <li>B. Neiseria Meningitis</li> <li>C. Strep Pneumonia</li> <li>D. Tuberculosis</li> <li>E. All of the above</li> </ul>	
<p>21. Tetanus can cause the following symptoms:</p> <ul style="list-style-type: none"> <li>A. Rash</li> <li>B. Generalized muscles spasms</li> <li>C. Fever</li> <li>D. Cough</li> <li>E. None of the above</li> </ul>	
<p>22. A booster dose of tetanus is recommended every 10 years for those who have completed the primary series and had at least one dose TdaP in adulthood. In which of the following scenarios should tetanus <b>not</b> be given?</p> <ul style="list-style-type: none"> <li>A. Tom is 16 old; he has had his primary series, but not his booster and has cut his foot.</li> <li>B. Gerry is a fully immunized 19 year old and has a laceration?</li> <li>C. Harry is 40 year old and requires stitches, and has not had Td since he was 25 years of age.</li> <li>D. Dick has an extremely dirty wound and had Td 8 years ago.</li> </ul>	
<p>23. Rifampin prophylaxis should be used to prevent further cases of which of the following diseases:</p> <ul style="list-style-type: none"> <li>A. Rubella</li> <li>B. Hib</li> <li>C. Mumps</li> <li>D. Hepatitis B</li> <li>E. None of the above</li> </ul>	



<p>24. People born before 1970 are considered to be immune to which of the following diseases: (Choose all that are applicable.)</p> <ul style="list-style-type: none"> <li>A. Pertussis</li> <li>B. Mumps</li> <li>C. Measles</li> <li>D. Polio</li> <li>E. None of the above</li> </ul>	
<p>25. The following are statements of advice given to the parent/guardian to care for the child's BCG vaccination site, which are true and which are false?</p> <ul style="list-style-type: none"> <li>A. Keep area clean and protect from injury</li> <li>B. Put on an airtight bandaid/bandage</li> <li>C. If draining cover lightly with gauze square pinned inside the sleeve</li> <li>D. Report excessive drainage and consult with health care worker</li> </ul> <p>(Abscesses are <u>not</u> to be drained. If excessive drainage occurs consult with Medical Health Officer.)</p>	
<p>26. A person has been bitten by an unvaccinated dog, which cannot be identified. Of the following, what statement <b>does not</b> pertain to a client who has had a pre-exposure series of Rabies vaccine?</p> <ul style="list-style-type: none"> <li>A. Local treatment of wound</li> <li>B. Consult with environmental health officer</li> <li>C. Two doses of HDCV, one injected immediately and the other 3 days later</li> <li>D. Five doses of HDCV 1 ml, give on days 0,3, 7, 14 and 28 and administer RIG</li> </ul>	

### Checklist for Supervised Immunization Experience

ACTIVITY	DATE COMPLETED			COMMENTS
Completed the Self Directed Learning Module				
Shared Appropriate Vaccine Information with Client				
Performed Appropriate Assessment Prior to Immunization				
Discussed Risks and Benefits				
Obtained Informed Consent				
Prepared Vaccine Appropriately: <ul style="list-style-type: none"> <li>▪ vaccine selection; checked expiry date, dosage</li> <li>▪ reconstitution</li> <li>▪ choice of syringe, needle and site</li> <li>▪ sterile/aseptic technique</li> <li>▪ vaccine storage/ handling</li> </ul>				
Administrative Vaccine Appropriately: <ul style="list-style-type: none"> <li>▪ Positioning, holding</li> <li>▪ IM</li> <li>▪ SC</li> <li>▪ Disposal of needle and syringe</li> <li>▪ Comfort measures</li> </ul>	IM SC ID	IM SC ID	IM SC ID	
Demonstrated Appropriately: <ul style="list-style-type: none"> <li>▪ Client's Immunization Card</li> <li>▪ Automated database</li> </ul>				

Completion Date: \_\_\_\_\_

Signature: \_\_\_\_\_  
CHN/PHN

Signature: \_\_\_\_\_  
Evaluator