



Northwest Territories Certification of Immunization Competence Self-Directed Learning Module

OBS

Exam Questions

Revised January 2006

Northwest Territories Certification of Immunization Competence Self-Directed Learning Module

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"> A. Anaphylactic reaction to a previous dose or a constituent of the vaccine B. Moderate or severe illness C. Fever D. Premature Infants 	
<p>2. What major pieces of information does a client need to know to make an INFORMED CONSENT for immunization? (select 3 of the following).</p> <ul style="list-style-type: none"> A. Nature and purpose of the vaccine B. Cost of vaccines C. Risks and benefits of receiving the vaccine D. Risks associated with not receiving the vaccine 	
<p>3. What is the most likely adverse reaction following administration of vaccines?</p> <ul style="list-style-type: none"> A. Loss of appetite B. Fussy/cranky and lethargy C. Erythema, swelling, fever, and pain at injection site D. Anaphylactic reaction 	
<p>4. What documentation, charting and reporting requirements are needed when an adverse reaction occurs?</p> <ul style="list-style-type: none"> A. Client chart (personal health record) B. Vaccine Associated Adverse Event form, which is then submitted to Medical Health Officer C. Client's personal immunization record card D. All of the above 	

<p>5. MMR immunization is not recommended in the following circumstances; (check all that apply);</p> <ul style="list-style-type: none"> A. Pregnancy B. Immunocompromised (medical assessment of immune status is necessary) 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 D. All of the above 	
<p>6. The term “cold chain” refers to a system:</p> <ul style="list-style-type: none"> A. Of distribution for vaccines B. Which ensures that vaccines arrive at their final destination with their immunogenic properties intact C. Of storage for vaccines D. Which maintains the temperature of vaccines between 2°C and 8°C E. All of the above 	
<p><i>Check (✓) the following True (T) or False (F):</i></p>	
<p>7. When a cold chain breach has occurred:</p> <ul style="list-style-type: none"> A. The regional Pharmacist or designate at the community level will notify the Health Protection Unit. ___T___F 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 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 	
<p>8. When are non-reconstituted vaccines discarded? (select all right answers)</p> <ul style="list-style-type: none"> A. The last day of the month of the expiry date B. According to the manufacturers instructions C. One month after the expiry date D. One month after opening 	

<p>9. Answer True or False for each of the following statement about refrigerators used to store vaccines.</p> <ul style="list-style-type: none"> A. The temperature within it must be maintained between 2 and 8 degrees Celsius. T___ F___ B. Food and beverages can be stored in the vaccine refrigerator. T___ F___ C. Bottles of water can be placed on any empty shelves and in the door spaces. T___ F___ D. It should contain a maximum-minimum thermometer. T___ F___ E. The refrigerator is checked once a week to determine if the temperature within it is optimal. T___ F___ 	
<p>10. Why is it necessary to maintain the cold chain?</p> <ul style="list-style-type: none"> A. Keep the evidence intact B. Maintain potency of vaccines C. To keep the vials from breaking D. To keep the vaccine free from contamination 	
<p>11. When vaccine has been exposed to temperatures outside the recommended range, we should:</p> <ul style="list-style-type: none"> A. Use the vaccine if it has been exposed for less than two hours B. Consult the appropriate manufacturer(s) and destroy the vaccine C. Consult the Regional Pharmacist to determine if the vaccine may be used or should be destroyed D. Give it to the janitor to burn 	
<p>12. What should be recommended to a 26-year-old woman who is not immune, and has not had a booster for rubella?</p> <ul style="list-style-type: none"> A. Give MMR and counsel to avoid pregnancy for 6 months B. Give Rubella vaccine and counsel to avoid pregnancy for 6 months C. Give MMR and counsel to avoid pregnancy for one month D. Give Rubella vaccine and counsel to avoid pregnancy for one month 	

<p>13. 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"> A. All school age children B. All infants born as of, on, or after January 2006. C. All children less than 18 months of age. D. All at risk children E. Children with chronic ear infections. 	
<p>14. Give the correct sequence for post exposure prophylaxis (including immunizing agent, timing and any follow-up testing) for infants born to HbsAg+ mothers.</p> <ul style="list-style-type: none"> A. Three doses of hepatitis B vaccine (0.5 ml), the first being within 12 hours of birth and at 1 and 6 months B. Test infant for HbsAg and anti-HBs at one month after completion of the vaccination series and document result C. Hepatitis B immune globulin 0.5 ml IM immediately following birth D. If negative for both HbsAg and anti-HBs, then the infant may be a non-responder, give three additional doses of vaccine and repeat serology after one month 	
<p>15. What information should you record after completing immunization, and where should you record it?</p> <ul style="list-style-type: none"> A. Immediately following injection, the CHN/PHN records on Immunization Card and chart the date, name of vaccine, dose, route, site, manufacturer and lot number. Report the appropriate vaccine given through Health Suite Form or vaccine registry. B. The CHN/PHN shall provide a personal immunization record to the client. 	
<p>16. Which disease can cause fetal abnormalities if a woman contracts it during the first three months of pregnancy?</p> <ul style="list-style-type: none"> A. Measles B. Mumps C. Polio D. Rubella E. Hib 	

<p>17. What are the adverse events that occur when BCG is given subcutaneously instead of intradermally</p> <ul style="list-style-type: none"> A. May cause abscess formation including bone abscess B. Lymph adenopathy C. Disseminated BCGitis D. All of the above 	
<p>18. 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"> A. Keep area clean and protect from injury B. Put on an airtight bandaid/bandage C. If draining cover lightly with gauze square pinned inside the sleeve D. Report excessive drainage and consult with health care worker <p>(Abscesses are <u>not</u> to be drained. If excessive drainage occurs consult with Medical Health Officer.)</p>	
<p>19. What safety precautions must you take when administering a BCG to protect yourself, the child and anyone holding the child?</p> <ul style="list-style-type: none"> A. Gown and gloves B. NIOSH 95 hepafilter mask C. Protective safety goggles D. All of the above 	

<p>20. What are the absolute contraindications for BCG vaccine?</p> <ul style="list-style-type: none">A. Altered immune status of the baby or household members, such as HIVB. PregnancyC. Previous history of tuberculosis or BCG vaccinationD. All of the above	
<p>21. The NWT has a Universal Varicella Vaccine Program for all children 12 months of age. Also, there are targeted Varicella Programs for high risk groups. What are the other high risk groups targeted in the NWT?</p> <ul style="list-style-type: none">A. Women of child bearing ageB. Health care workersC. All Varicella susceptible individualsD. All of the Above	

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"> ▪ vaccine selection; checked expiry date, dosage ▪ reconstitution ▪ choice of syringe, needle and site ▪ sterile/aseptic technique ▪ vaccine storage/ handling 				
Administrative Vaccine Appropriately: <ul style="list-style-type: none"> ▪ Positioning, holding ▪ IM ▪ SC ▪ Disposal of needle and syringe ▪ Comfort measures 	IM SC ID	IM SC ID	IM SC ID	
Demonstrated Appropriately: <ul style="list-style-type: none"> ▪ Client's Immunization Card ▪ Automated database 				

Completion Date: _____

Signature: _____
CHN/PHN

Signature: _____
Evaluator