

Test Your Knowledge - Answers

1. Identify the specific cues that indicate a client is suspected to have or have been diagnosed with influenza? Select all that apply.
 - a. Fever. ** - Correct! A fever could be a symptom of influenza.
 - b. Aching muscles. ** - Correct! Aching muscles could be a symptom of influenza.
 - c. Headache. ** - Correct! A headache could be a symptom of influenza.
 - d. Persistent cough. ** - Correct! A persistent cough could be a symptom of influenza.
 - e. Tiredness. ** - Correct! Tiredness could be a symptom of influenza.
 - f. Coughing up blood. - Try again. Coughing up blood is not a symptom of influenza. Coughing up blood is a potential sign of tuberculosis.
 - g. Chest pain. - Try again. Chest pain is not a symptom of influenza. Chest pain could be a sign of tuberculosis.
 - h. Painful red bumps. - Try again. Painful red bumps are not a symptom of influenza. Painful red bumps could be a sign of MRSA.
 - i. Pus-filled bumps. - Try again. Pus-filled bumps are not a symptom of influenza. Pus-filled bumps could be a sign of MRSA.
 - j. Watery diarrhea five or more times a day. - Try again. Five or more watery diarrhea is not a symptom of influenza. It could be a sign of C. difficile.
 - k. Bloody stool. - Try again. Bloody stool is not a symptom of influenza. It could be a sign of C. difficile.

2. If you suspect a client has a contagious infection, such as influenza, what is your priority action as a healthcare provider?
 - a. Put on PPE. ** Correct! Putting on PPE is the priority action to decrease the risk of transmission of the infection.
 - b. Isolate the client. – Try again. Isolating the client is important, though it is not the priority action. Reflect on how to decrease the risk of transmission.
 - c. Inform your manager. – Try again. Informing your manager is important, though it is not the priority action. Reflect on how to decrease the risk of transmission.
 - d. Inform the facilities infection prevention and control team. – Try again. Inform the facilities infection prevention and control team is important, though it is not the priority action. Reflect on how to decrease the risk of transmission.

3. The purpose of performing a risk assessment is to identify and determine which infection prevention and control strategies you need to implement to reduce the risk of transmission of microorganisms.
 - a. True. Correct!
 - b. False. Try again.

4. What questions should healthcare providers ask themselves in a risk assessment prior to providing care to an individual who has been diagnosed with an infectious agent? Select all that apply.
- Will I have direct contact with the client? ** - Correct! This is a risk assessment question.
 - Will my hands be exposed to contaminated items or surfaces? ** - Correct! This is a risk assessment question.
 - Will my uniform or skin be exposed to the infectious client? ** - Correct! This is a risk assessment question.
 - Does the client have symptoms of an infection? ** - Correct! This is a risk assessment question.
 - Does my manager know about the client's infectious status? – Try again. This is an important question, though not part of a risk assessment.
 - Does the client know how to put on the require PPE? – Try again. This is important, though not part of a risk assessment.
5. If a virus is transmitted through large droplets and/or transmitted indirectly by touching a surface (e.g., table), what additional precaution sign should be on the client's door?
- Droplet Contact precaution sign. ** - Correct! Droplet Contact precaution is a combination of Droplet and Contact precautions. Microorganisms can be transmitted through large droplets AND through touch directly and/or indirectly to another person.
 - Contact precautions sign. - Try again. Contact precaution microorganisms are transmitted through direct and/or indirect contact from a client who is infected.
 - Airborne Contact precautions sign. - Try again. Airborne precaution microorganisms are transmitted by small droplet nuclei that are suspended in the air and can be inhaled by other individuals.
 - Droplet precautions sign. - Try again. Droplet precaution microorganisms are transmitted through the air by large droplets and enter another person's exposed mucous membranes (e.g., eyes, nose, and mouth).
6. What PPE is required for a client diagnosed with influenza when they leave their isolated room for a medical treatment?
- Mask. ** - Correct! The client only needs to wear a mask when leaving their room to decrease the risk of transmission to other individuals.
 - Gloves. – Try again. The client does not need to wear gloves when leaving their room to decrease the risk of transmission to other individuals.
 - Gown. – Try again. The client does not need to wear a gown when leaving their room to decrease the risk of transmission to other individuals.
 - Respirator. – Try again. The client does not need to wear a respirator when leaving their room to decrease the risk of transmission to other individuals.
 - Protective eyewear. – Try again. The client does not need to wear protective eyewear when leaving their room to decrease the risk of transmission to other individuals.

7. What is the order for putting on PPE? Put the following statements in the correct order.
1. Perform hand hygiene.
 2. Put on Gown.
 3. Put on mask/N95 respirator.
 4. Put on protective eyewear.
 5. Put on gloves.
8. What is the order for removing PPE? Put the following statements in the correct order.
1. Remove gloves.
 2. Remove gown.
 3. Perform hand hygiene.
 4. Remove eye protection.
 5. Remove mask/N95 respirator.
 6. Perform hand hygiene.
9. Whose role is it to complete a terminal deep clean of a client's room in a healthcare setting?
- a. Environmental Services Worker. ** - Feedback: Correct! The Environmental Service team would complete a terminal deep clean of the client's room. In addition, environmental services workers have the knowledge and skills to disassemble necessary medical equipment to clean all parts of the equipment, including areas that are difficult to reach.
 - b. Occupational Therapist. – Try again. This is not the occupational therapist's role.
 - c. Registered Nurse. – Try again. This is not the register nurse's role.
 - d. Infection Prevention and Control (IPAC) member. – Try again. This is not the IPAC member's role.
10. Whose role is it to clean medical equipment before and after care of a client? Select all that apply.
- a. Nurse Practitioner. ** - Correct! This is part of the nurse practitioner's role.
 - b. Occupational Therapist Assistant & Physiotherapist Assistant. ** - Correct! This is part of the occupational therapist assistant and physiotherapist assistant role.
 - c. Personal Support Worker. ** - Correct! This is part of the personal support worker's role.
 - d. Physiotherapist. ** - Correct! This is part of the physiotherapist's role.
 - e. Occupational Health member. ** - Correct! This is part of occupational health member's role.

11. Which of the following items would be considered high touch areas in the healthcare setting?
- a. Light switches. ** – Correct! High touch areas should be cleaned and disinfected at least twice per day and when visibly dirty.
 - b. Bed rails. ** – Correct! High touch areas should be cleaned and disinfected at least twice per day and when visibly dirty.
 - c. Chair. ** – Correct! High touch areas should be cleaned and disinfected at least twice per day and when visibly dirty.
 - d. Call bell. ** – Correct! High touch areas should be cleaned and disinfected at least twice per day and when visibly dirty.
 - e. Phone. ** – Correct! High touch areas should be cleaned and disinfected at least twice per day and when visibly dirty.
 - f. Overbed table. ** – Correct! High touch areas should be cleaned and disinfected at least twice per day and when visibly dirty.
 - g. Door handle. ** – Correct! High touch areas should be cleaned and disinfected at least twice per day and when visibly dirty.
 - h. Sink faucets. ** – Correct! High touch areas should be cleaned and disinfected at least twice per day and when visibly dirty.
 - i. Floor. – Try again. The floor is not considered a high touch area.
 - j. Light fixture. – Try again. The light fixture is not considered a high touch area.
12. The environmental service manager contacted the infection prevention and control (IPAC) team about the risk of transmission of influenza in the rehabilitation therapy room. What effective interprofessional communication strategy does the example demonstrate?
- a. Facilitating team communication. ** - Correct! Effective interprofessional communication fosters the development of trust amongst healthcare members and facilitates interprofessional collaboration.
 - b. Listening actively to team member. - Try again. Active listening is important, however, reflect on what strategy is being described in this example.
 - c. Clarifying communication between team members. - Try again. Clarifying communication is important, however, reflect on what strategy is being described in this example.
 - d. Implementing information and communication technology (ICT) to improve care. - Try again. Implementing ICP to improve care is important, however, reflect on what strategy is being described in this example.

13. The nurse took a client's blood pressure. The nurse cleaned the blood pressure cuff before using it on the next client. What chain of transmission is broken when the nurse cleans the blood pressure cuff? Select all that apply.
- Infectious Agent. ** - Correct! Cleaning the blood pressure cuff can eliminate the infectious agent and break the chain.
 - Reservoir. ** - Correct! Cleaning the blood pressure cuff can eliminate the reservoir for the infectious agent to grow and break the chain.
 - Portal of Exit. – Try again. The Portal of Exit is how the infectious agent leaves the client's body.
 - Mode of Transmission. ** - Correct! Cleaning the blood pressure cuff can eliminate the mode of transmission of the infectious agent.
 - Portal of Entry. – Try again. The Portal of Entry is how the infectious agent enters a new host.
 - Susceptible Host. – Try again. The host is the new person being infected by the infectious agent.
14. The client went to their primary healthcare provider to receive their annual flu shot. What chain of transmission does the vaccination break?
- Infectious Agent. – Try again. The infectious agent causes the disease in the host.
 - Reservoir. – Try again. The reservoir is where the infectious agent lives, survives, and has the ability to multiply and grow.
 - Portal of Exit. – Try again. The Portal of Exit is how the infectious agent leaves the client's body.
 - Mode of Transmission. – Try again. The Mode of Transmission is how the infectious agent travels and spreads from one person to another either directly or indirectly.
 - Portal of Entry. – Try again. The Portal of Entry is how the infectious agent enters a new host.
 - Susceptible Host. ** Correct! Staying up to date on your vaccinations will help to break the chain.
15. The client covered their mouth and nose when they sneezed using the corner of their elbow and then washed their hands after. What chain of transmission does the client's actions break? Select all that apply.
- Infectious Agent. ** - Correct! When performing hand hygiene, the infectious agent is eliminated and the chain is broken.
 - Reservoir. ** Correct! Performing hand hygiene eliminates the reservoir and the chain is broken.
 - Portal of Exit. ** - Correct! By covering the mouth and nose, and when performing hand hygiene, the portal of exit is eliminated and the chain is broken.
 - Mode of Transmission. ** Correct! By covering the mouth and nose, and when performing hand hygiene, the mode of transmission is eliminated and the chain is broken.
 - Portal of Entry. – Try again. The Portal of Entry is how the infectious agent enters a new host.
 - Susceptible Host. – Try again. The host is the new person being infected by the infectious agent.

16. The physician is reporting to the registered practical nurse and states, “The client was tested for chickenpox and has been placed in airborne additional precautions.” Which component of the ISBAR communication tool does this illustrate?
- Introduction. – Try again. The Introduction identifies the client and introduces who is talking.
 - Situation. – Try again. The Situation briefly describes the problem.
 - Background. ** - Correct! The Background provides a brief summary of the problem.
 - Assessment. – Try again. The Assessment provides findings related to the client.
 - Recommendation. – Try again. The Recommendation, or sometimes referred to as a request, clarifies what the healthcare provider wants or needs regarding the problem.
17. The physiotherapist is reporting to the occupational therapist assistant & physiotherapist assistant and states, “The client was coughing and vomited during their rehabilitation session.” Which component of the ISBAR communication tool does this illustrate?
- Introduction. – Try again. The Introduction identifies the client and introduces who is talking.
 - Situation. ** - Correct! The Situation briefly describes the problem.
 - Background. – Try again. The Background provides a brief summary of the problem.
 - Assessment. – Try again. The Assessment provides findings related to the client.
 - Recommendation. – Try again. The Recommendation, or sometimes referred to as a request, clarifies what the healthcare provider wants or needs regarding the problem.
18. The housekeeper is reporting to the environmental service manager and states, “The client is suspected to have influenza. Would you like me to post a droplet contact sign on the client’s door and clean the high touch areas?” Which component of the ISBAR communication tool does this illustrate?
- Introduction. – Try again. The Introduction identifies the client and introduces who is talking.
 - Situation. – Try again. The Situation briefly describes the problem.
 - Background. – Try again. The Background provides a brief summary of the problem.
 - Assessment. – Try again. The Assessment provides findings related to the client.
 - Recommendation. ** Correct! The housekeeper is recommending to post a droplet contact sign onto the client’s door.

19. The paramedic is reporting to the register nurse and states, “The client’s vital signs are blood pressure is 120/64mmHg, heart rate is 96 beats per minute, respiration rate is 20 breaths per minutes, temperature is 38 degrees Celsius and oxygen saturation level is 99%. The client said they have a headache and is experiencing muscle aches. Based on my findings, the client symptoms may be associated with a fever.” Which component of the ISBAR communication tool does this illustrate?
- Introduction. – Try again. The Introduction identifies the client and introduces who is talking.
 - Situation. – Try again. The Situation briefly describes the problem.
 - Background. – Try again. The Background provides a brief summary of the problem.
 - Assessment. ** Correct! This example demonstrates the paramedic providing the client health findings to the registered nurse.
 - Recommendation. – Try again. The Recommendation, or sometimes referred to as a request, clarifies what the healthcare provider wants or needs regarding the problem.
20. Which is the best example of introducing yourself when using the ISBAR communication tool?
- Hi, I am calling about Nina, a 17-year-old female client. My name is Gita Cavell, and I’m a registered nurse on the unit.
 - I am calling about Ms. Mohammed, a 37-year-old female client on unit B. I am Vishnu Riley, the client’s physician.
 - Hi, I am calling about Anthony O’Neil, a 67-year-old male client on 7D. I am Nara Patel, an occupational therapist on the unit. **
 - Hi, my name is Randell. I am calling about Ed Alon, a 4-year-old client on 3A.
21. A client has been diagnosed with influenza. The client is receiving therapy to learn how to dress themselves after their surgery. Prior to providing direct contact care to the client, the occupational therapist put on the required PPE: mask, eye protection, gown and gloves. What type of additional precautions is the client on?
- Contact precautions. – Try again. For contact precautions, only gloves are a gown are required, as well as follow routine practices.
 - Droplet precautions. – Try again. For droplet precautions, only eye protection and a mask are required within 2 meters of the client, as well as follow routine practices.
 - Airborne precautions. – Try again. For airborne precautions, a N95 respirator mask may be required depending on the client’s diagnoses and the healthcare provider’s immunization status, as well as follow routine practices.
 - Combination of precautions. ** Correct! Influenza is a Droplet Contact precaution combination. Healthcare providers need to wear eye protection and mask within 2 meters of the client, as well as gloves and a gown.

22. A client has been diagnosed with MRSA. Prior to providing direct contact care to the client, the registered practical nurse put on the required PPE: gown and gloves. What type of additional precautions is the client on?
- Contact precautions. ** - Correct! For contact precautions, healthcare providers need to wear gloves, a gown and follow routine practices when providing care.
 - Droplet precautions. – Try again. For droplet precautions, healthcare providers need to wear eye protection and mask within 2 meters of the client and follow routine practices when providing care.
 - Airborne precautions. – Try again. For airborne precautions, healthcare providers need to a N95 respirator and follow routine practices when providing care.
 - Droplet Contact precautions. – Try again. For droplet contact precautions, healthcare providers need to wear eye protection and mask within 2 meters of the client, gloves, a gown and follow routine practices when providing care.
23. A client has been diagnosed with the tuberculosis. The client is roomed in a negative pressure room with the door closed. The housekeeper wears a N95 respirator prior to entering the room. What type of additional precautions is the client on?
- Contact precautions. – Try again. For contact precautions, the client can be in a regular room with the door open.
 - Droplet precautions. – Try again. For droplet precautions, the client can be in a regular room with the door open.
 - Airborne precautions. ** Correct! For airborne precautions, the client should be in a negative pressure room and where a N95 respirator before entering the room.
 - Droplet Contact precautions. – Try again. For droplet contact precautions, the client can be in a regular room with the door open.
24. A client has been diagnosed with the pertussis. The client is in a single room with the door open. The physician will be within 2 meters of the client to perform a respiratory assessment and puts on eye protection and a mask prior to entering the room. What type of additional precautions is the client on?
- Contact precautions. – Try again. For contact precautions, healthcare providers need to wear gloves, a gown and follow routine practices when providing care.
 - Droplet precautions. ** - Correct! For droplet precautions, healthcare providers need to wear eye protection and mask within 2 meters of the client and follow routine practices when providing care.
 - Airborne precautions. – Try again. For airborne precautions, healthcare providers need to a N95 respirator and follow routine practices when providing care.
 - Combination of precautions. – Try again. For precautions that are more than one type, healthcare providers need to follow each of the precaution guidelines, as well as routine practices when providing care.