



ALZHEIMER'S DEATH SOAR- A Growing Concern

Alzheimer's is a type of Dementia that progressively affects memory, thinking, and behavior. It is listed by the Centers for Disease Control and Prevention (CDC) as the sixth leading cause of death in the United States. Symptoms eventually become severe enough to interfere with daily tasks. At present, there are no available cures to this disease, however, symptoms may subside with medication and proper care.

The number of Americans living with Alzheimer's is rapidly increasing, with more than 5 million civilians developing Alzheimer's Disease, from ages 65 and older. 80% of those are ages 75 or older. Almost two-thirds of Americans with Alzheimer's are women. Older African-Americans are about twice as likely to have Alzheimer's or other Dementias and Hispanics are about one and one-half times as likely to have Alzheimer's or other Dementias as compared to older Caucasians.

Additionally, the number of Alzheimer's deaths has increased, mainly due to the growing population of older adults. The death rate due to Alzheimer's disease has increased by 55% from 1999 to 2014, with approximately 93,500 deaths across all 50 states and the District of Columbia. The number of deaths in medical facilities has declined from 15% to 7% in the same period, although the number of Alzheimer's deaths at home has increased from 14% to 25%. Finally, counties with the highest death rates from Alzheimer's are primarily in North America and Western Europe.

CALL FOR CAREGIVERS

Naturally, due to the increase in deaths at home from Alzheimer's, there comes the need for more caregivers for these patients during the final stages of the disease. Education programs, breaks for caregivers, and case management services are needed to help caregivers. These activities, programs, and services can lessen the potential burden that could come about with caregiving and improve the care for those with Alzheimer's disease.

By 2050, the number of civilians ages 65 and older with Alzheimer's may grow to a projected 13.8 million, barring the development of medical breakthroughs to prevent, slow, or cure Alzheimer's disease. "The epidemic is upon us. It's very difficult to say to a patient that there is nothing we can have for you, but that is the honest response. There are no disease-modifying therapies for Alzheimer's" (Trojanowski). Though this may be the truth of the present, there is still hope for the future with research, time, and patience.

NOSOCOMIAL INFECTIONS

Any transmissible infection may affect communities at large, from care receivers to caregivers. Health personnel has a greater opportunity to decrease the risk of acquiring or transmitting infections by careful handwashing and taking care of patients who have the potential of transmitting infections using standard guidelines for isolation. These diseases are mainly divided into two: whether the primary concern is preventing infection transmission both to and from the caregiver and personnel and secondarily preventing transmission of infections primarily from infected patients to personnel.

ACUTE DIARRHEA

Species such as Salmonella, Shigella, and Campylobacter are among many of the bacterial enteric pathogens that produce infections that are accompanied by symptoms like abdominal cramps, fever, or bloody diarrhea. Giardia Lamblia and other protozoa, Rotavirus, 27-nanometer (Norwalk and Norwalk like) agents are the chief cause of sporadic and epidemic viral gastroenteritis. These may be transmitted from the infected personnel's hands. If any personnel contract an acute diarrheal illness, they are likely to excrete potentially infectious organisms in their feces. In this case, these persons are not allowed to provide care where the pending evaluation will prevent transmission. Repeated studies may be indicated only if the illness persists.



Carriage of Enteric Pathogens by Personnel

Even after the illness is cured, carriage of the pathogen might persist. If hygienic practices are observed, there will be little hazard to patients once the affected person is cured. Data suggests that appropriate antibiotic therapy may eradicate *Shigella* and *Campylobacter* through fecal excretion, whereas an agent like *Salmonella* calls for special concerns because carriage may be prolonged due to the clinical sequelae of acute salmonellosis are often severe in high-risk patients, which include newborns, the elderly, the immune-compromised, and patients receiving intensive care. Antibiotic therapy may prolong salmonella excretion leading to the emergence of resistant strains.

Points to Remember During Patient Care

- ▶ Personal hygienic practices should always be maintained, both at work and away from work settings
- ▶ All personnel must wash hands thoroughly before and after all contacts with every patient to minimize the risk of enteric pathogen transmission
- ▶ Foodservice personnel should wash hands and wear gloves when handling food
- ▶ Gloves are required while touching infective material
- ▶ Masks are not always required but recommended
- ▶ Articles contaminated with infectious materials should be discarded or bagged and labeled before being sent to decontamination and reprocessing.

Staphylococcus Aureus Infections in Hospitals

Methicillin-resistant *Staphylococcus aureus* (MRSA) colonizes hospitals and causes infections, thus earning the name of “Hospital Staphylococci”. The disease is caused by the bacteria “Staph” and can cause infections anywhere in the body. Staph, however, primarily affects the skin and causes painful boils and blisters. Although the bacteria enter mainly through openings within the skin, the disease

may become fatal if it were to enter the bloodstream, where symptoms will become more extreme. More specifically, Protein A, the surface protein found in the cell wall of the “Superbug Bacteria”, binds Fc-IgG. This prevents phagocytosis and promotes inflammatory disease and toxin-mediated disease.

Relating to nosocomial diseases, there are two sources: a person with a lesion or an asymptomatic carrier. Infected people with skin lesions are most likely to disseminate these organisms, mainly through direct contact.

Patients are susceptible to Staph when in the hospital. The bacteria could be spread through catheters or other tubes that enter the body, surgical wounds, or skin-to-skin contact. Once the bacteria infect the body, it can spread to the joints, bones, and bloodstream.

The anterior nares are one of the most colonized sites for these bacteria, but other common sites include the axilla or perineum. Outbreaks tend to occur more often in Intensive Care and Burn units. Culture surveys of personnel or patients detect *S. aureus* to be present within the location, but no indication of the origin may lead to difficulty in handling a possible outbreak.

The best way to prevent a Staph outbreak in hospitals is to ensure that the skin, particularly of hands, is clean for health care workers, patients, and visitors. Washing hands or using at least 60% alcohol-based hand sanitizer often are key actions. Hospital staff should ensure that all surroundings are sterile, especially equipment and techniques that will be used on patients. Health care workers must also promptly clean up and properly dress wounds or openings in the body after procedures, check-ups, surgeries, or spills. Lastly, if the personnel is linked to an increased number of infections, they are to be removed from patient contact until eradication of bacteria. Infected patients are to be isolated. Hospital tools are to be sterilized to prevent further transmission.



QUESTION ON THE FOLLOWING SECTIONS

ERGONOMICS:

- 1) **OSHA issued an ergonomics guideline on?**
a) December 9th 2000 b) April 5th 2002
c) July 10th 2006 d) March 4th 2003
- 2) **Ergonomics referred to as finding a job's?**
a) selected zon b) best zone
c) alternative zone d) comfort zone
- 3) **What is meant by "green duty clause"?**
a) workplace free from noise
b) workplace free from sharps
c) workplace free from hazards
d) workplace free from pollution
- 4) **65% of the reported occupational injuries are?**
a) leg cramps b) carpel tunnel syndrome
c) back pain d) ischemic stroke
- 5) **OSHA 300log?**
a) incident record b) attendance record
c) worksheet record d) physician record
- 6) **What is the term of Ergonomics record retention?**
a) 10 years b) 5 years
c) 3 years d) 1 year
- 7) **Changes in the way an employee performs the physical work of a job that control the ergonomic hazards?**
a) position work control b) physical posture control
c) common sense control d) work practice control
- 8) **How often is ergonomic polices reviewed after the implementation of the programme?**
a) 8 months b) 9 months
c) 6 months d) 2-3 months
- 9) **If a lab tech has a poor posture or positioning when working, then what kind of Musculoskeletal disease is he prone to have?**
a) thoracic outlet syndrome
b) carpel tunnel syndrome
c) back pain
d) tendinitis
- 10) **Every pond lifted puts about what lbs on the back?**
a) 6lbs b) 5lbs
c) 3lbs d) 7.5lbs

TUBERCULOSIS:

- 1) **What percentage of the patients also with have TB?**
a) approx. 2% b) approx. 10%
c) approx. 5% d) approx. 3%

- 2) **What is the year for the release of the "guidelines for prevention and transmission of mycobacterium of TB?"**
a) 1994 b) 1954
c) 1934 d) 1986
- 3) **TB transmitted through particles called as?**
a) bacterial spores b) virus particles
c) fungal spores d) droplet nuclei
- 4) **What is the time of multiplication once the infection reaches the alveoli?**
a) 2-8 weeks b) 8-10 weeks
c) 2-10 weeks d) 1-3 weeks
- 5) **CDC guidelines for the follow up of the Mantoux test what is the period of intermediate risk factors?**
a) 10-15 weeks b) 6-12 weeks
c) 15-20 weeks d) 20-24 weeks
- 6) **What does P stands for in the respiratory protection of filters efficiency?**
a) not for oils b) oil aerosol proof
c) resistant to oils only d) dust aerosol proof
- 7) **The first most important level of TB contamination is the use of administration measures to?**
a) identify the disease b) provide DOTS
c) reduce the rate of exposure d) contain the disease
- 8) **What does BAMT stands for?**
a) Blood Assay of Mature Tuberculosis
b) Blood Assay of Mycobacterium Tuberculosis
c) Blood Assay of Molecule Tuberculosis
d) Blood Assay of Mass tuberculosis
- 9) **Tubercilin skin test and Interferon-Gamma Release Assay are the main tests currently available for the diagnosis of?**
a) Intermediate TB infection b) latent TB infection
c) Active TB infection d) mild TB infection?
- 10) **All rooms commonly have a pressure of?**
a) positive b) negative
c) changing d) decreasing
- 11) **What does HPLC mean?**
a) high pressure liquid concentration
b) high pressure low concentration
c) high pressure liquid chromatography
d) highly potential linear chromatograph



OSHA

- 1) **How many of the latex proteins are human allergens?**
 - a) 230 proteins
 - b) 30 proteins
 - c) 8 proteins
 - d) 60 proteins
- 2) **An immediate immunological reaction which is more commonly found with Food allergy?**
 - a) Chemical sensitivity dermatitis
 - b) atopy)
 - c) latex allergy
 - d) irritant contact dermatitis
- 3) **The common work practice control of gloves after use can reduce the powder into the air?**
 - a) not knitting off
 - b) not folding off
 - c) not tearing off
 - d) not snapping off
- 4) **True latex allergy means?**
 - a) Allergies with all latex materials
 - b) contact dermatitis give latex allergy
 - c) chemical sensitivity leading to allergy
 - d) allergy through latex proteins
- 5) **How to diagnose latex allergy?**
 - a) sputum test
 - b) urine examination
 - c) complete blood examination
 - d) skin prick test
- 6) **In the case of contact dermatitis what types of gloves to be used?**
 - a) hyper sterile gloves
 - b) vinyl gloves
 - c) powered gloves
 - d) hypoallergic gloves
- 7) **In this type of dermatitis a rash appears with oozing blister?**
 - a) chemical sensitivity dermatitis
 - b) contact dermatitis
 - c) allergic dermatitis
 - d) irritant contact dermatitis
- 8) **Non-powered non-latex gloves are?**
 - a) organic gloves
 - b) sterile gloves
 - c) vinyl and nitrile gloves
 - d) plastic gloves

WORKPLACE VIOLENCE:

- 1) **Workplace violence is the?**
 - a) threat against managers
 - b) threat against workers
 - c) threat for materials
 - d) threat for wages

- 2) **“general duty clause” mean?**
 - a) provide financial aid
 - b) taking break during work
 - c) providing incentives
 - d) providing safe and healthy workplace
- 3) **Respective stages in an assault cycle?**
 - a) trigger-escalation-attack-recovery
 - b) escalation-trigger-recovery-attack
 - c) recovery-attack-escalation-trigger
 - d) attack-escalation-recovery-trigger
- 4) **“Breaking point” refers to which phase of assault cycle?**
 - a) recovery phase
 - b) post assault phase
 - c) trigger phase
 - d) attack phase
- 5) **what does 'short fuse' refer to?**
 - a) risk factor of family
 - b) risk factor of co-workers
 - c) risk factor of clients
 - d) risk factor of managers
- 6) **What does flag refer to?**
 - a) patient chart
 - b) case sheet
 - c) handbook
 - d) board of patients
- 7) **'Flushed face' is seen in which phase of assault cycle?**
 - a) trigger phase
 - b) recovery phase
 - c) attack phase
 - d) escalation phase
- 8) **NIOSH reports estimated health provider attacks on job are about?**
 - a) 9000
 - b) 2000
 - c) 5000
 - d) 15000

MRSA:

- 1) **what does MRSA stands for?**
 - a) methicillin-resistant staphylococcus aureus
 - b) methicillin-refine streptococcus aureus
 - c) methyl-resistant stain area
 - d) mediated-regular staphylococcus aureus
- 2) **Approximately what percent of the general population is colonized with MRSA?**
 - a) 5%
 - b) 3%
 - c) 9%
 - d) 1%
- 3) **Carrier state refer to?**
 - a) carries infection form
 - b) carriers staphylococcus
 - c) does not carries infection
 - d) carries other bacteria



MERS:

- 1) **MERS is a?**
 - a)staphylococcus
 - b)streptococcus
 - c)virus
 - d)syndrome
- 2) **Test done on respiratory samples and can quickly indicate if a person has active infection?**
 - a)PCR assay
 - b)ELISA
 - c)blood culture
 - d)sputum culture
- 3) **MERS likely came from animal source in the?**
 - a) Arabianpeninsula
 - b)Iran
 - c)Iraq
 - d)omen
- 4) **serology test that uses for diagnosis of MERS?**
 - a)blood samples
 - b)urine samples
 - c)skin test
 - d)sputum test
- 5) **MERS spread through?**
 - a)touching hands
 - b)airborne
 - c)coughing
 - d)sharing food
- 6) **More definite confirming test for MERS?**
 - a)neutralizing antibody assay
 - b)ELISA
 - c)Immunofluorescent assay
 - d)PCR
- 7) **MERS have symptoms like?**
 - a)non-productive cough
 - b)abdominal pain
 - c)constipation
 - d)knee pain
- 8) **MERS is a type of?**
 - a) staphylococcus
 - b) streptococcus
 - c) enterococcus
 - d) coronavirus

LYME:

- 1) **lyme disease is caused by?**
 - a)Borrelia burgdorferi
 - b)mycobacterium
 - c)Bordetella
 - d)Gonorrhoea
- 2) **Lyme disease is caused by?**
 - a)ticks
 - b)snakes
 - c)bats
 - d)virus
- 3) **bull's eye is a?**
 - a)bleb
 - b)boil
 - c)pustule
 - d)rash
- 4) **false positives of enzyme immune assay test such as?**
 - a)blood disorders
 - b)bone disorders
 - c)autoimmune disorders
 - d)skin disorders
- 5) **immune blot test for Lyme disease?**
 - a) eastern blot
 - b)artificial blot
 - c)antigen blot
 - d)western blot

- 6) **incubation period for lyme disease?**
 - a)3-30 days
 - b)2-5 days
 - c)2-5 days
 - d) 6-10 days
- 7) **Treatment used for Lyme disease?**
 - a)vancomycin
 - b)doxycycline
 - c) salbutamol
 - d)Ibuprofen
- 8) **Lyme disease can be successfully treated for about?**
 - a) 4-6 weeks
 - b) 2-4 weeks
 - c) 8-9 weeks
 - d) 2-3 weeks



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