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Question: 1325

A nurse must monitor changes in federal and state laws affecting occupational nursing licensure. What is the best strategy?

A. Wait for employer notifications
B. Subscribe to newsletters from the National Council of State Boards of Nursing (NCSBN)
C. Review laws annually only
D. Rely on OSHA for nursing regulations

Answer: B

Explanation: Subscribing to NCSBN newsletters offers timely updates on nursing practice laws and licensure standards nationwide. Waiting for employer updates or annual checks risks lag in compliance. OSHA regulates workplace safety but not nursing licensure.

Question: 1326

Standing workstation with venous reflux time 15 sec (normal <20 sec), ABI 0.85 (PAD 0.9-1.3). 2026 wearables?

A. Compression socks with sensors alerting at reflux >12 sec
B. Doppler ultrasounds quarterly for ABI trending
C. Height-variable platforms alternating sit-stand q30min
D. Leg elevation breaks with circulation exercises

Answer: C

Explanation: 2026 wearable-integrated trends per Weber Knapp favor variable platforms to optimize venous return and ABI by reducing stasis, core redesign over socks (aid), ultrasounds (monitor), or breaks (behavioral).

Question: 1327

A 50-year-old warehouse worker has newly diagnosed hypercholesterolemia: total cholesterol 260 mg/dL, LDL 180 mg/dL, HDL 45 mg/dL, and triglycerides 160 mg/dL. The nurse’s initial counseling should include which of the following?

A. Immediate referral for coronary artery bypass grafting
B. Importance of dietary saturated fat reduction and increased physical activity
C. Discontinuation of all fats in the diet
D. No intervention is required at this point

Answer: B

Explanation: Initial management of hypercholesterolemia involves lifestyle changes like reducing saturated fat intake and increasing exercise to lower LDL and improve HDL. Complete fat elimination is neither practical nor healthy. Surgical interventions are reserved for advanced disease, and ignoring high cholesterol is inappropriate.

Question: 1328

Which of the following is the most effective way to communicate chemical hazard risks to a workforce with multiple primary languages?

A. Provide standardized training materials in English only
B. Use multilingual pictograms and verbal interpretation services
C. Rely exclusively on written safety data sheets
D. Conduct training sessions only in the dominant language of management

Answer: B

Explanation: Multilingual pictograms and interpretation services bridge language barriers, improving comprehension and safety across diverse workforces. Diverse learners require varied communication tools to ensure full understanding.

Question: 1329

A worker exposed to antineoplastic agents has a documented decrease in absolute neutrophil count (ANC) to 800 cells/mm³ (normal 1500-8000). Which is the most appropriate action?

A. Continue work with PPE
B. Restrict exposure until ANC recovers
C. No action needed unless febrile
D. Increase exposure frequency to build tolerance

Answer: B

Explanation: Neutropenia under 1000 increases infection risk; occupational exposure to cytotoxic agents must be restricted until recovery. PPE reduces exposure but may not prevent systemic absorption entirely. Increasing exposure is unsafe.

Question: 1330

Which of the following best indicates inadequate regulatory compliance during a safety walk-through?

A. Visible emergency exit signs and pathways
B. Workers wearing closed-toe shoes in the production area
C. Absence of SDS (Safety Data Sheets) for chemicals used within the workplace

D. Annual fire extinguisher inspections logged and accessible

Answer: C

Explanation: OSHA requires Safety Data Sheets to be accessible for all hazardous chemicals used onsite. Missing SDS is a serious compliance violation, whereas other options indicate adherence to safety requirements.

Question: 1331

Regarding Department of Transportation (DOT) regulations, what is a requirement for transporting infectious substances?

A. Use only refrigerated transport regardless of substance type
B. Transport without specific labeling if sealed properly
C. Avoid using DOT classified vehicles for biohazards
D. Use only approved packaging with clear labeling

Answer: D

Explanation: DOT requires infectious substances to be transported in approved packaging with appropriate labeling to prevent exposure and comply with federal safety standards.

Question: 1332

A 45-year-old welder in a shipyard presents to the occupational health clinic with fatigue, dyspnea on exertion, and a hemoglobin of 12.5 g/dL (normal 13.5-17.5 g/dL for males), ferritin 25 ng/mL (normal 30-400 ng/mL), and methemoglobin level at 3.2% (normal <1%). Worksite survey data reveals welding fume exposure at 4.2 mg/m³ (above NIOSH REL of 3 mg/m³), with carbon monoxide readings at 35 ppm during peak operations. The nurse coordinator evaluates this against program benchmarks showing a 15% increase in respiratory complaints plant-wide. What is the most complex interpretation leading to a quality improvement initiative?

A. Attribute symptoms to anemia from chronic disease and refer for GI evaluation.
B. Recommend iron supplements without exposure linkage, citing low ferritin alone.
C. Ignore CO levels as below PEL and focus on audiometric follow-up unrelated to respiratory data.
D. Correlate methemoglobinemia with fume exposure, benchmarking against ACGIH TLVs to redesign ventilation for a 20% reduction target.

Answer: D

Explanation: The clinical scenario involves interpreting lab values indicating methemoglobinemia and iron deficiency anemia likely from occupational welding fume exposure, which oxidizes hemoglobin and impairs oxygen transport, affecting the cardiovascular and respiratory systems. Benchmarking against ACGIH Threshold Limit Values (TLVs) for welding fumes and redesigning ventilation to achieve a 20% exposure reduction exemplifies a quality management program by applying best practices from 2024

NIOSH guidelines, reducing plant-wide respiratory risks and demonstrating service value through projected decreases in dyspnea-related absenteeism and healthcare costs.

Question: 1333

A 38-year-old female warehouse forklift operator returns from maternity leave and discloses during a return-to-work health assessment a history of postpartum anxiety treated with sertraline 50 mg daily, gestational diabetes resolved post-delivery, and a recent hemoglobin A1c of 6.2%. She reports mild lower back pain from prior lifting incidents and requests accommodations for breastfeeding. Surveillance audiometry shows a 25 dB shift at 4 kHz in the left ear, and a vision screen reveals corrected acuity of 20/30 bilaterally. Given her exposure to noise levels averaging 85 dBA and heavy lifting up to 50 lbs, what program should the occupational health nurse recommend based on her identified health needs to integrate preventive care across endocrine, musculoskeletal, and sensory systems?

A. Enroll in a noise conservation program with annual audiograms and provide ergonomic lifting training
B. Initiate a postpartum mental health support group and schedule quarterly A1c monitoring
C. Develop a breastfeeding support plan with pumping breaks and refer for low-vision rehabilitation
D. Recommend a comprehensive wellness program including diabetes self-management education and back strengthening exercises

Answer: D

Explanation: The worker's postpartum anxiety, resolved gestational diabetes (A1c 6.2% indicating prediabetes risk), back pain, and breastfeeding needs highlight interconnected health domains requiring holistic intervention. A comprehensive wellness program addresses prediabetes through ADA-endorsed self-management education to prevent progression to type 2 diabetes, incorporates musculoskeletal strengthening to mitigate lifting-related strain per OSHA ergonomics guidelines, and includes mental health components for anxiety relapse prevention, aligning with 2026 AAOHN standards for postpartum worker reintegration. This outperforms narrower options by targeting multiple systems—endocrine for glycemic control, musculoskeletal for injury prevention, and psychological for resilience—while fostering long-term adherence through education and monitoring, reducing absenteeism and healthcare costs in high-physical-demand roles.

Question: 1334

MSD cluster: 5 strains, TCIR rises to 4.5. Implement?

A. Mass training
B. Ergonomic audit
C. Ignore <5
D. Cite self

Answer: B

Explanation: Cluster triggers assessment per OSHA.

Question: 1335

Which of the following laboratory parameters most reliably indicates effective immunization against tetanus?

A. Elevated white blood cell count
B. Positive purified protein derivative (PPD) test
C. Elevated C-reactive protein
D. Tetanus toxoid antibody titer above protective threshold

Answer: D

Explanation: Protective immunity to tetanus is assessed by tetanus toxoid antibody titers; values above a certain threshold indicate effective vaccination. WBC, CRP, and PPD do not reflect tetanus immunity.

Question: 1336

In constructing nursing protocols for emergency response to chemical spills, the occupational health nurse should prioritize which action?

A. Scheduling annual spill response drills
B. Posting a chemical spill incident summary after cleanup
C. Immediate decontamination procedures and shelter-in-place guidelines
D. Conducting post-incident employee satisfaction surveys

Answer: C

Explanation: Immediate decontamination prevents chemical absorption and reduces harm. Shelter-in-place can prevent exposure during airborne release, both critical components of emergency protocols.

Question: 1337

What laboratory value is the best indicator to monitor when assessing chronic lead exposure in workers?

A. Blood lead level (BLL)
B. Urinary mercury concentration
C. Serum creatinine
D. Complete blood count (CBC)

Answer: A

Explanation: Blood lead level is the standard biomarker for assessing both acute and chronic lead exposure. Mercury, creatinine, and CBC are unrelated or less specific measures for lead exposure.

Question: 1338

During a workplace tuberculosis screening for healthcare workers, which of the following results would necessitate referral for further evaluation?

A. Positive interferon-gamma release assay (IGRA) test without symptoms
B. Negative chest x-ray with positive TB skin test
C. Negative IGRA and chest x-ray
D. Normal physical exam with cough less than 1 week

Answer: A

Explanation: A positive IGRA test indicates TB infection and requires further evaluation, even if asymptomatic. Negative tests and short cough do not warrant TB-focused referral.

Question: 1339

An occupational health nurse manages work restrictions for a cluster of 20 employees exposed to lead (blood lead level >40 µg/dL in 5 cases) in a battery recycling plant, per OSHA 1910.1025. Medical removal protection (MRP) requires temporary reassignment for those >50 µg/dL, with chelation if >60 µg/dL. One worker (55 µg/dL, creatinine 1.1 mg/dL) refuses reassignment citing financial hardship. The nurse navigates this under MTUS guidelines.

A. Enforce MRP with no exceptions
B. Offer modified duty in low-lead area with interim pay supplement
C. Allow continued exposure pending union grievance
D. Defer chelation until symptoms

Answer: B

Explanation: OSHA mandates MRP to protect renal/heme systems at elevated levels, but MTUS allows modified low-exposure duties with wage protection up to 18 months to balance health and economics; refusal risks progression (e.g., nephropathy), so incentives promote compliance without coercion.

Question: 1340

An employee working with formaldehyde has a positive reactive airway challenge test but normal chest X-ray. What is the most appropriate diagnosis?

A. Chronic bronchitis
B. Occupational asthma
C. Interstitial lung disease
D. Upper airway cough syndrome

Answer: B

Explanation: Positive airway challenge and exposure to irritants like formaldehyde support occupational asthma diagnosis. Chronic bronchitis shows symptoms and radiographic changes. Interstitial lung disease

usually shows abnormalities on imaging. Upper airway cough syndrome is unlikely with positive challenge.

Question: 1341

Which interdisciplinary committee would an occupational health nurse collaborate with to address workplace ergonomic injury prevention?

A. Finance and budget committee
B. Marketing and sales committee
C. Safety and health committee
D. Quality assurance committee only

Answer: C

Explanation: The safety and health committee focuses on injury prevention including ergonomics, making it key for interprofessional collaboration. Marketing, finance, or quality assurance committees usually have less direct focus on ergonomics unless related to process quality.

Question: 1342

In a multinational manufacturing facility employing workers from diverse cultural backgrounds, including recent immigrants from Southeast Asia and Latin America, an occupational health nurse (OHN) conducts a needs assessment revealing that 40% of the workforce has literacy levels below 8th grade, with elevated HbA1c levels averaging 7.2% in diabetic employees due to inconsistent adherence to blood glucose monitoring protocols amid shift work. The OHN identifies gaps in current training on diabetes self-management integrated with ergonomic practices for assembly line tasks, where repetitive strain injuries correlate with poor glycemic control (r=0.65 from internal data). To assess education and training needs, the OHN administers a culturally adapted survey incorporating pictorial aids and translated into five languages, supplemented by focus groups using Kolb's experiential learning cycle to map workers' prior experiences with chronic disease management in home countries. What is the most appropriate next step for the OHN to prioritize interventions based on this assessment?

A. Collaborate with HR to implement mandatory annual literacy testing for all non-native speakers to ensure comprehension of written safety protocols
B. Recommend immediate termination of employees with HbA1c >7.0% to mitigate liability risks from potential on-the-job complications
C. Outsource training to an external vendor specializing in high-tech virtual reality simulations of assembly line hazards, regardless of workers' digital literacy
D. Develop a blended learning module using adult learning principles, starting with workers' real-life stories of managing diabetes during cultural festivals, progressing to hands-on simulations of safe lifting techniques adjusted for hypoglycemic episodes

Answer: D

Explanation: The assessment highlights literacy barriers, cultural influences on health behaviors, and the

interplay between chronic conditions and occupational hazards, necessitating an approach aligned with adult learning principles such as Knowles' andragogy, which emphasizes self-directed, experience-based learning relevant to learners' immediate needs. Incorporating workers' cultural contexts, like festival-related management challenges, fosters relevance and engagement, while hands-on simulations address skill gaps in a practical manner. This strategy promotes equity in training delivery, reduces injury risks by integrating disease management with ergonomics, and supports long-term adherence, as evidenced by studies showing experiential methods improve outcomes in diverse, low-literacy populations by 25-30% compared to didactic approaches. Options like mandatory testing could alienate groups and exacerbate disparities, outsourcing ignores assessed digital barriers, and termination violates ethical standards and legal protections under the Americans with Disabilities Act.

Question: 1343

An industrial painter is evaluated for chronic cough and weight loss. Chest imaging shows pulmonary fibrosis. What occupational exposure is the most likely cause?

A. High workplace temperatures only
B. Prolonged exposure to UV light during work
C. Exposure to isocyanates in paint products
D. Noise exposure from spraying equipment

Answer: C

Explanation: Isocyanates are well-known causes of occupational lung disease including pulmonary fibrosis. UV light, heat, or noise are not causative for this respiratory pathology.

Question: 1344

A 55-year-old female farmer ingesting organophosphate pesticide (parathion) presents with SLUDGE syndrome (salivation, lacrimation, urination, defecation, GI upset, emesis) and fasciculations, with RBC cholinesterase at 20% of baseline. After 2 mg atropine IV boluses titrated to dry mucosa, pralidoxime is administered. Given the 30% reactivation goal within 24 hours, what is the ongoing infusion rate adjustment if intermediate syndrome emerges at hour 48?

A. 2 g bolus q4h for 24 hours maximum
B. 1 g bolus then 0.5 g/hour indefinitely
C. 500 mg/hour for 48 hours then taper
D. 500 mg q6h orally for 1 week

Answer: C

Explanation: Organophosphates phosphorylate acetylcholinesterase, causing cholinergic crisis; pralidoxime reactivates 30% enzyme if given <24 hours post-exposure by nucleophilic attack. For intermediate syndrome (neck weakness, respiratory failure at 24-96 hours), continuous infusion at 500 mg/hour for 48 hours optimizes reactivation, per WHO guidelines, with serial cholinesterase assays targeting >50% recovery to prevent ventilator dependence.

Question: 1345

In response to a cluster of 15 heat-related illnesses in an outdoor construction crew (wet-bulb globe temperature averaging 32°C), the occupational health nurse coordinator plans protocols incorporating WBGT monitoring and hydration stations. Core temperature readings average 39.2°C, with serum sodium at 132 mEq/L indicating hyponatremia. Crew includes Latino workers preferring traditional electrolyte drinks over plain water. What primary objective ensures protocol efficacy across physiological parameters?

A. Achieve zero heat illnesses by enforcing 15-minute breaks hourly regardless of cultural hydration preferences
B. Develop protocols targeting euhydration (urine specific gravity <1.020) through culturally adapted oral rehydration solutions and acclimatization schedules
C. Limit objectives to cooling vests only, aiming for core temps below 38.5°C without sodium monitoring
D. Set goals for full-day shifts without breaks to boost productivity, monitoring only heart rates

Answer: B

Explanation: Heat stress protocols follow NIOSH guidelines, prioritizing prevention via WBGT thresholds (>30°C warrants action) and addressing electrolyte imbalances (hyponatremia <135 mEq/L risks seizures). Incorporating Latino cultural preferences for beverages like horchata with added salts promotes voluntary compliance, integrating cultural competence to mitigate cardiovascular and neurological risks from hyperthermia. The coordinator establishes measurable objectives using urine specific gravity as a validated hydration parameter, coordinating with site supervisors for acclimatization (gradual exposure over 7-14 days), thus embodying advisor and coordinator roles in multi-system care.

Question: 1346

An occupational health nurse prepares a budget report including the cost-benefit analysis of a new ergonomic chair program. Which factor most strengthens the justification for program approval?

A. Cost comparison with existing standard chairs only
B. Employee preference for new chair aesthetics
C. Reduction in workers' compensation claims related to back injuries
D. Ease of chair cleaning and maintenance

Answer: C

Explanation: Demonstrating decreased injury-related claims directly links ergonomic investment to financial savings, strongly supporting approval. Preferences, cost comparison alone, or cleaning are secondary considerations.

Question: 1347

Which factor most limits the accuracy of self-reported occupational exposure histories during health assessments?

A. Recall bias due to poor memory of past exposures
B. Genetic predisposition to illness
C. Presence of occupational health nurse performing assessment
D. Use of standardized data collection forms

Answer: A

Explanation: Recall bias where workers may forget or misreport exposures affects accuracy. Genetics and nurse presence do not directly impair exposure history validity.

Question: 1348

For a nurse with burnout (Maslach score high emotional exhaustion 32/54, depersonalization 18/30), plan includes resilience training. How to develop?

A. Mandatory attendance without tailoring
B. Deferring to annual survey
C. Customizing with peer support groups and workload audit
D. Excluding metrics like sleep logs

Answer: C

Explanation: Individual plans tailor interventions (e.g., mindfulness apps, adjusted shifts) based on scores, coordinating EAP, HR for audits, and sleep tracking (e.g., PSQI >5 indicating deficit). ABOHN's biopsychosocial model ensures multidisciplinary involvement, addressing FMLA eligibility for exhaustion-related leave, to foster retention and compliance with OSHA psychosocial hazard emerging standards.

Question: 1349

In occupational medical surveillance, which laboratory marker is most sensitive for detecting early lead exposure before symptoms appear?

A. Urinary creatinine
B. Serum aminolevulinic acid dehydratase
C. Serum zinc protoporphyrin
D. Blood lead level

Answer: D

Explanation: Blood lead level directly measures absorbed lead and is the most sensitive and specific marker for early detection before symptoms. Zinc protoporphyrin and enzyme levels can be elevated but are less sensitive and influenced by other factors.

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