Advancing Infection Control Capacity & Education (ACE):
COACHING TO CERTIFICATION

Session 10: Preventing and Controlling the Transmission of Infectious Agents – Part 2

Presented on March 7, 2023, by: Pam Bruhn, RN, BSN, MAN, ANP

Oregon Health Authority

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Q1: When coordinating an active surveillance culture (ASC) plan, the IP should incorporate all the following recommendations from the CDC except:

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a. Provide additional personnel to obtain cultures and additional laboratory personnel to process the cultures
b. Monitor adherence to Standard Precautions
c. Provide a mechanism for communicating results to health care providers
d. Measure outcomes to evaluate the effectiveness of the ASC program and contact precautions

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Q2: Which of the following patient care units would be the best choice for conducting surveillance on wound infections with drug-resistant Gram-negative rod bacteria to prevent outbreaks?

a. The Burn Unit
b. The Orthopedic Medical-Surgical Unit
c. The CICU
d. The General Medical/Surgical Unit

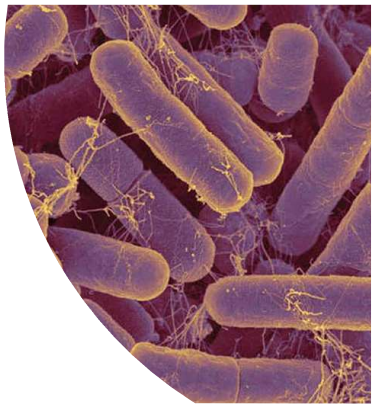

Photo Credit: NOAA

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Q3: Which of the following would be an appropriate method to evaluate the quality of an infection prevention program?

a. The total number of areas where surveillance was carried out in the past year
b. The average amount of time that elapsed between receiving reports from the lab about patients with multi-drug-resistant infections and placing those patients on appropriate isolation precautions
c. The number of IPs in the program per the number of beds
d. The average amount of money spent on isolation gowns this year as compared to last year

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Q4: The manufacturer of a wound dressing product has notified the hospital's Purchasing Department of possible contamination of one lot of dressings. The dressings were recently approved by the Product Standardization Committee and are used in all patient care areas. Which of the following action should the IP take?

a. Instruct the Purchasing Department to remove all the manufacturer's dressings and like products from the hospital

b. Notify discharged patients who were using the product while in the hospital to be alert for signs of infection and notify their physician and the Infection Prevention and Control Department

c. Identify where the dressings are in the hospital, check the lot numbers and return the manufacturer, and assess the patients who used the product for signs of infection

d. Notify the Health Department of the recall and provide the names of the patients who use the product.

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Q5: Which of the following is an example of infectious waste?

a. An unused syringe and needle that were discarded after accidently being dropped on the floor

b. A gauze pad with a small amount of blood on it

c. Gloves that were worn to administer a Hepatitis B vaccine

d. Agar plates used for testing sputum samples in the microbiology lab

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Q6: Which federal agencies in the United States have published regulations pertaining to infection and medical or regulated waste?

1. US Environmental Protection Agency (EPA)
2. US Occupational Safety and Health Administration (OSHA)
3. US Food and Drug Administration (FDA)
4. US Department of Transportation (DOT)

a. 1,2,3
b. 2,3,4
c. 1,2,4
d. 1,3,4

Photo Credit: Michael Grabell

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Q7: Exposure to contaminated healthcare waste does not necessarily result in infection. The following factors must be present for contaminated waste to be capable of causing infection:

1. Dose and host susceptibility
2. Portal of entry
3. Portal of exit
4. Presence and virulence of a pathogen

a. 1,3,4
b. 1,2,4
c. 2,3,4
d. 1,2,3

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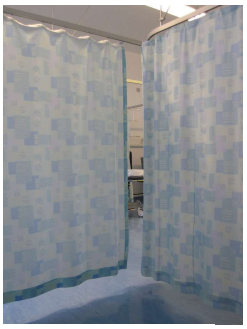
Q8: Privacy curtains are high-touch items that should be changed and cleaned:

1. On a routine schedule and when soiled
2. During construction
3. According to manufacturer's instructions
4. After a patient on contact isolation is discharged or transferred

a. 1,2
b. 2,3
c. 3,4
d. 1,4



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Q9: Antimicrobial Stewardship promotes the judicious use of antimicrobials to:

a. Increase antimicrobial selective pressure
b. Ensure that the right therapy is given to the right patient with the right dose and duration
c. Support the development of new antimicrobials
d. Contain healthcare costs

https://www.cdc.gov/drugresistance/pdf/USAAW-2022-toolkit-508.pdf

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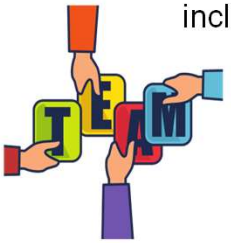
Q10: The Infection Preventionist (IP) on the Antimicrobial Stewardship Team is thinking on ways that he can support efforts and add to the success of the team in decreasing antimicrobial resistance. Some of the activities that he can do to help with the mission of the team includes:



1. Calculate multidrug resistant organisms' infection rates
2. Detect asymptomatic carriers using active surveillance cultures
3. Use molecular typing of investigation outbreaks
4. Collect environmental cultures of isolation rooms

a. 2,3,4
b. 1,3,4
c. 1,2,4
d. 1,2,3

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Q11: The IP has been asked to join the Antimicrobial Stewardship Team at his facility. The IP reviews current recommendations and understand that effective strategies to curb antimicrobial resistance include all the following **except**:

a. Formulary restriction
b. Administer antibiotics with overlapping activity
c. Automatic stop orders
d. Antimicrobial cycling

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Q12: An “antibiotic timeout” occurs:

a. Daily
b. Weekly
c. Within 24 to 48 hours of culture results being available
d. Within 96 hours of culture results being available

Q13: Most healthcare-associated pathogens are transmitted from patient to patient via:

a. Improper isolation practices
b. Inadequate sterilization of medical instruments
c. Hands of healthcare personnel
d. Ineffective disinfection of medical devices

Q14: Which of the following situations present the greatest risk of the transmission of pathogens via healthcare personnel hands?

1. Unit secretary with artificial nails
2. Environmental services worker with unchipped nail polish
3. Nurse Practitioner with artificial nails
4. Registered Nurse (RN) with chipped nail polish

a. 1,2
b. 2,3
c. 3,4
d. 1,4

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Q15: All of the following methods for measuring hand hygiene adherence are acceptable except:

a. Using electronic systems that allow continuous monitoring over time and automatic data download and analysis
b. Monitoring the volume of gloves used per 1,000 patient days
c. Monitoring adherence to artificial fingernail policies
d. Periodically conducting an observational study to determine the rate of adherence (number of hand hygiene episodes performed/number of hand hygiene opportunities by ward or service

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Q16: The CDC and World Health Organization (WHO) guidelines for hand hygiene recommend the use of an alcohol-based hand rub in all the following situations except:

a. After direct patient contact
b. Before donning sterile gloves
c. When hand are visible soiled
d. When moving from a contaminated body site to a clean body site during patient care

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Q17: Respiratory Hygiene/Cough Etiquette includes all but the following:

a. Covering the mouth and nose with the hands when coughing and sneezing
b. Offering a surgical mask to a coughing patient
c. Discarding used masks and tissues appropriately and performing hand hygiene
d. Post signs in public areas in languages appropriate to the population served and educating healthcare staff, patients and visitors.

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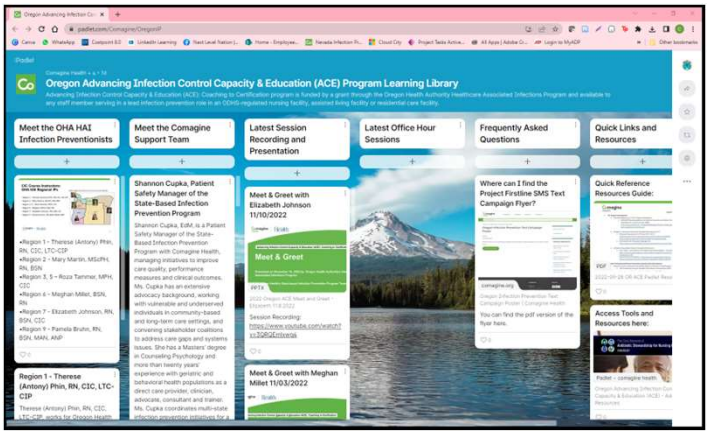
Resources Library



Padlet Link:
OR ACE Program Padlet

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Contact Us

For more information on the ACE Program in Oregon, please contact:

Oregon Health Authority

- Pam Bruhn: pam.s.bruhn@oha.oregon.gov
- Work Cell: 971-337-4876

Comagine Health

- Christina Dionisio-Martinez: cdionisio@comagine.org
- Infectionpreventionadvisor@comagine.org
- https://comagine.org/program/oregon-infection-prevention

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