

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

Session 12: Preventing and Controlling the Transmission of Infectious Agents – Part 4

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Preventing and Controlling the Transmission of Infectious Agents Part 4 Multi-Drug Organisms (MDROs) & Healthcare Associated Infections (HAIs)

Multi-Drug Resistant Organisms (MDROs)



Healthcare Associated Infections (HAIs)

- Catheter Associated Urinary Tract Infections (**CAUTIs**)
- Central Line Associated Bloodstream Infections (**CLABSIs**)
- Ventilator Associated Pneumonias (**VAPs**)
- Surgical Site Infections (**SSIs**)
- **Bundles of Care** – grouping of best practices when applied together may decrease risk of HAIs

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Q1: The infection preventionist (IP) receives a call from a nurse who is scheduling a patient for surgery at her ambulatory surgery center. The nurse tells the IP that the patient is colonized with Methicillin-Resistant *Staphylococcus aureus* (MRSA). Which of the following best describes colonization?

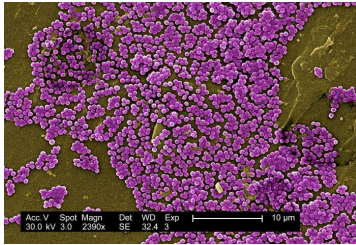


Photo Credit: [Janice Haney Carr](#)

- The presentation of clinical signs of illness or inflammation
- The acute bacterial disease caused by an obligate anaerobic, non-spore-forming rod
- The permanent presence of bacteria that is part of the normal flora
- The presence of microorganisms without the sign/symptoms of an infection

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Q2: A healthcare facility is experiencing its first case of carbapenem-resistant Enterobacteriaceae (CRE) infection. The IP plans to intensify the facility's Multi-Drug Resistant Organisms (MDRO) control efforts and is implementing an active surveillance culture (ASC) program for CRE. Which of the following strategies should the IP implement?

- Screen all patients for CRE on admission
- Place all colonized or infected CRE patients on Contact precautions
- Minimize invasive devices
- Communicate results to healthcare providers

- 1,2,3
- 2,3,4
- 1,3,4
- 1,2,4



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Q3: The CDC lists 18 drug-resistant threats to the United States. These threats are categorized based on level of concern: urgent, serious, and concerning. Which of the following belong to the "Urgent" threat category?

1. Neisseria gonorrhea
2. Vancomycin-resistant Staphylococcus aureus
3. Drug-resistant Tuberculosis
4. *Clostridium difficile*

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



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Q4: The IP is teaching a group of ICU nurses about the risk factors for healthcare-associated infection (HAI) during patient care. Which of the following are factors that may influence the infectious rate?

1. Type of patient care activity
2. Mode of transmission of an infectious agent
3. Patient's host defenses
4. Patient's past surgical history

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



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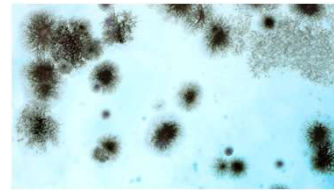
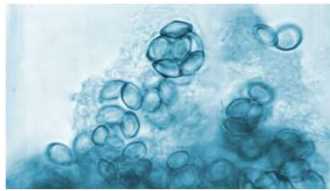
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Q5: Which of the following patients is not at high risk for a healthcare-associated fungal infection?

- a. Burn patient
- b. Premature baby in the Neonatal Intensive Care Unit (NICU)
- c. Bone Marrow Transplant Patient
- d. Patient who underwent joint replacement surgery



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Q6: According to the Center for Disease Control and Prevention (CDC), central venous catheters (CVCs) should be replaced:

- a. Every 72 to 96 hours
- b. Every 7 days
- c. After 1 month
- d. If malfunctioning

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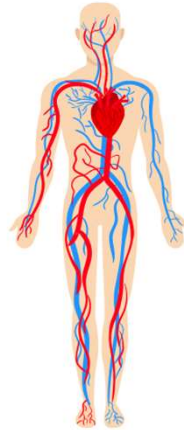
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Q7: Which of the following veins, when used for catheter insertion, has been associated with a lower incidence of central line-associated bloodstream infections (CLABSI)?

- a. Brachial
- b. Femoral
- c. Internal jugular
- d. Subclavian



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Q8: Maximal barrier precautions for central line insertion include:

- 1. Sterile surgical gown and gloves
- 2. Closing the door to the room
- 3. Nonsterile gown and gloves
- 4. Mask, cap, sterile drape (head to toe)



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

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Q9: Based on current CDC guidelines, which of the following modes of transmission is most responsible for contamination of a central venous catheter?

- a. Airborne
- b. Direct Contact
- c. Indirect contact
- d. Droplet contact

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Q10: Elements of a ventilator-associated pneumonia (VAP) prevention bundle that have been suggested by the Institute for Healthcare Improvement (IHI) include all the following practices **except**:

- a. Elevation of the head of the bed
- b. Weekly “sedation vacations” and assessment of readiness to extubate
- c. Peptic ulcer disease prophylaxis
- d. Deep venous thrombosis prophylaxis

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Q11: When an SSI occurs, the initial action should be to:

- a. Begin antimicrobials
- b. Obtain blood cultures
- c. Open and drain the wound
- d. Apply hot compresses

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Q12: The IP has worked with the Preoperative Services manager to plan and implement practices to help decrease the bioburden of microorganisms on patient's skin prior to planned surgeries. Which of the following might be included in their plan?

- 1. Active surveillance culturing for epidemiologically significant organisms
- 2. Preoperative showering using antimicrobial soap
- 3. Preoperative antibiotics given prior to the "cut time"
- 4. Treatment of remote site infections prior to surgery

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

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Q13: When seeking aggregated healthcare-associated infections (HAIs) rates suitable for interhospital comparisons, the best source of data is:

- a. NIH
- b. AHRQ
- c. HHS, CMS
- d. NHSN