- 1. Human with common cold & flu. In relation to the Chain of Infection this represents the link at: * a. Infectious Agent
- b. Host
- c. Reservoir
- d. Portal of Exit
- 2. Influenza, (Flu) is a virus. This represents the Chain of Infection at what link?
- a. Infectious Agent
- b. Reservoir
- c. Susceptible Host
- d. Mode of Transmission
- 3. We contract most colds through the nose or mouth when someone coughs, sneezes, or we come in direct contact with contaminated fluids. In relation to the chain of infection, what link is this?
- a. Reservoir
- b. Mode of Transmission
- c. Portal of Entry
- d. Portal of Exit
- 4. Sequence for donning Personal Protective Equipment based on CDC Recommendations:
- a. Gloves, Gown, Goggles, Mask
- b. Goggles, Gown, Mask, Gloves
- c. Mask, Gown, Gloves, Goggles
- d. Gown, Mask, Goggles, Gloves
- 5. Proper order for removal of PPE:
- a. Gown, Mask, Goggles, Gloves
- b. Gloves, Goggles, Gown, Mask
- c. Mask, Gown, Goggles, Gloves
- d. None of the Above
- 6. Washing your hands after leaving a patients room breaks the chain of infection.
- a. Method of Transmission
- b. Portal of Exit
- c. Portal of Entry
- d. Infectious Agent
- 7. A nurse autoclaves infected surgical instruments. This breaks the chain of infection
- a. Susceptible Host
- b. Infectious Agent
- c. Portal of Exit
- d. Mode of Transmission
- 8. Is an immune response that does not involve antibodies, but rather involves the activation of phagocytes, antigen-specific cytotoxic T-lymphocytes, and the release of various cytokines in response to an antigen.
- a. Cell-mediated immunity
- b. Endotoxin
- c. Exotoxin
- d. Humoral immunity or humoural immunity

- 9. It is the recommended method of hand hygiene in any healthcare setting when hands are not visibly soiled.
- a. Alcohol-based hand rub
- b. Soap and Water
- c. Surgical Hand Washing
- d. All of the above
- 10. Expanded Precautions includes:
- a. Airborne precautions ,Standard Precaution ,Droplet Precaution
- b. Contact precautions, Airborne Precaution, Droplet Precaution
- c. Airborne Precaution , Droplet Precaution
- d. Contact precautions, Airborne Precaution
- e. Contact precautions, Droplet Precaution
- 11. It occurs when germs (usually bacteria) enter the urinary tract through the urinary catheter and cause infection.
- a. CLABSI
- b. CAUTI
- c. SSI
- d. VAP
- 12. It is a primary blood stream infection in a patient who had a central line or umbilical catheter in place at the time of or within 48 hours before onset of blood stream infection
- a. CLABSI
- b. CAUTI
- c. SSI
- d. VAP
- 13. It is one of the classification of SSI that involves only skin and subcutaneous tissue of the incision
- a. Deep SSI
- b. Superficial Incisional SSI
- c. Deep Incisional SSI
- d. Organ/Space
- 14. It is one of the classification of SSI that involves fascial and muscle layers of the incision
- a. Deep SSI
- b. Superficial Incisional SSI
- c. Deep Incisional SSI
- d. Organ/Space
- 15. It is one of the classification of SSI that involves any part of the body, excluding the skin incision. Fascia or muscle layers, that is opened or manipulated during the operating procedure
- a. Deep SSI
- b. Superficial Incisional SSI
- c. Deep Incisional SSI
- d. Organ/Space

16. It is the most common and fatal infection in ICU, occurring in a patient within 48 hours or more after intubation with an Endotracheal tube or tracheostomy tube and which was not present before

a. CLABSI

b. CAUTI

c. SSI

d. VAP

17. The Urinary Catheter must be secured at all times to decrease the risk of CAUTI

a. TRUE

b. FALSE

18. An order for Foley Catheter Insertion is not required for insertion

a. TRUE

b. FALSE

19. What are the 5 moments of hand hygiene?

- a. Before touching the patient, Before clean/aseptic procedure, After body fluid exposure, After touching a patient, Before touching a patient surroundings.
- b. Before touching the patient, Before clean/aseptic procedure, After body fluid exposure, After touching a patient surroundings.
- c. Before touching the patient, After clean/aseptic procedure, After body fluid exposure, After touching a patient, After touching a patient surroundings.
- d. Before touching the patient, Before clean/aseptic procedure, Before body fluid exposure, After touching a patient, After touching a patient surroundings

20. Which of the following is the correct order when performing hand hygiene?

- a. Wet hands; Apply soap; Rub vigorously; Rinse hands
- b. Apply soap; Wet hands; Rub vigorously; Rinse hands
- c. Apply soap; Rub vigorously; Rinse hands; turn off faucet
- d. Wet hands; Apply alcohol based hand rub; Rub vigorously; turn off faucet

The formal and state of the fo

21. It is the methods for handling, transporting, and disposing infectious waste to ensure cost reduction and the safety of healthcare workers (HCWs), sanitation workers, and the general public

- a. Waste Management
- b. Infectious Waste Management
- c. Medical Waste Management
- d. Sharp Waste Management

22. Human Tissues, organs or fluids; body parts; foetuses and unused blood products are the examples of:

- e. Pharmaceutical Waste
- f. Chemical Waste
- g. Pathological Waste
- h. Radioactive Waste

23. It is used to dispose of infectious waste

- c. Yellow bags
- d. Black bags
- e. Red bags
- f. Double Yellow bags
- 24. It is usually best to start with the highest surface (often the mirror) and leave the toilet for last. Clean and disinfect all hard, nonporous surfaces:
- a. TRUE
- b. FALSE
- 25. A complete elimination or destruction of all forms of microbial life accomplished in healthcare facilities by either physical or chemical processes.
- a. Disinfection
- b. Sterilization
- c. Cleaning
- d. All of the above

- Sterilization rendering an object free from microorganisms; shown by a 99.9999% reduction of microorganisms
- High-level disinfection destruction of all microorganisms except for large numbers of bacterial spores.
- Intermediate disinfection inactivation of Mycobacterium tuberculosis, vegetative bacteria, most viruses and fungi, but not bacterial spores
 Low-level disinfection – destruction of most bacteria,
- Low-level disinfection destruction of most bacteria, some viruses and fungi, but no resistant microorganisms such as tubercle bacilli or bacterial spores
- 26. Destroy vegetative bacteria, mycobacteria, fungi, enveloped (lipid) and nonenveloped (non lipid) viruses and bacterial spores but not necessarily all bacterial spores.
- a. Intermediate level disinfectants
- b. High level disinfectants
- c. Low level disinfectants
- d. Disinfection
- 27. Kill most vegetative bacteria and some fungi as well as enveloped (lipid) viruses (e.g., hepatitis B, C, hantavirus, and HIV). This disinfectants do not kill mycobacteria or bacterial spores.
- a. Intermediate level disinfectants
- b. High level disinfectants
- c. Low level disinfectants
- d. Disinfection
- 28. The following are the members of Employee Health Program except:
- a. Experienced occupational health physician
- b. Safety Officer
- c. Infection Control Director
- d. Medical Doctor
- e. Director of Site Medical Program
- 29. The following are the clinic staffing except:
- b. Physician, preferably with experience or certification in occupational or public health or family medicine.
- c. Nurse, preferably with experience or certification in occupational or public health.
- d. Clerk.
- e. Information technologist (IT).

- 30. One of the functions of pre-employment screening is the:
- a. Determination of an individual's fitness for duty, including the ability to work while wearing protective equipment.
- b. Provision of baseline data for comparison with past medical data
- c. Determination of an individual's fitness for duty, excluding the ability to work while wearing protective equipment.
- d. Provision of baseline data for comparison with present medical data
- 31. It is one of the test required as pre- employment test for all new hires and volunteers in which HCWs should receive baseline screening upon hire, using two step TST or IGRA.
- a. Serology
- b. Blood Function
- c. Urinalysis
- d. TB Screening
- 32. An essential part of infection prevention and control for HCW. Optimal use recommended helps maintain immunity and safeguard HCW from infection, thereby helping protect patients from becoming infected.
- a. Pre-employment screening
- b. Vaccination
- c. Training
- d. All of the above
- 33. A kind of infectious disease that if a healthcare worker is exposed to or infected he/she is restricted from care of infants, neonates and immunocompromised patients and their environment until symptoms resolve.
- a. Diptheria
- b. Hepatitis A
- c. Enteroviral Infections
- d. Conjunctivitis
- 34. For patients with contact precautions _____ isolation card is used
- a. Orange
- b. Green
- c. Blue
- d. Red
- 35. For patients with droplet precautions _____ isolation card is used
- a. Green
- b. Orange
- c. Blue
- d. Red
- 36. For patients with airborne precautions isolation card is used.
- a. Green
- b. Blue
- c. Orange
- d. Red





- 37. For a ventilated patient, ventilation circuits are only changed when visibly soiled or mechanically malfunctioning.
- a. TRUE
- b. FALSE
- 38. HCWs use mask during insertion a catheter or injection into spinal or epidural space.
- a. TRUE
- b. FALSE
- 39. It used to transport body parts, placenta, organs or foetuses for burial.
- a. Yellow bags
- b. Red Bags
- c. Blue bags
- d. Black bags
- 40. Used to dispose all used and unused sharps (e.g., Hypodermic, intravenous or other needles, auto-disable syringes, syringes with attached needles, scalpels, glass pipettes, knives, blades, broken glass).
- a. Amalgam Containers
- b. Sharp Containers
- c. Double yellow bags
- d. Double red bags
- 41. The CAUTI rate is calculated by dividing the number of CAUTIs by the number of catheter-days and multiplying the result by 1000.
- a. TRUE
- b. FALSE
- 42. It is the process of "comparing oneself to others performing similar activities, so as to continuously improve
- a. Surveillance reporting
- b. Benchmarking
- c. Comparing Rates
- d. Describing rates
- 43. Coordinated interventions designed to improve and measure the appropriate use of [antibiotic] agents by promoting the selection of the optimal [antibiotic] drug regimen including dosing, duration of therapy, and route of administration.
- a. Infection Control Program
- b. Antibiotic Stewardship Program
- c. Patient Safety Program
- d. Pharmacy Improvement Program
- 44. Single dose or single use vials are used for a single patient and a single procedure/injection (i.e., single dose vials are not stored for future use even on the same patient).
- a. TRUE
- b. FALSE

45 For nationts w	ith suspected or confire	ned MERS-CoV infection who are NOT CRITICA	ΙΙV
ILL,	precautions are rec		LLI
a. Standard, Conta			
b. Standard, Conta	· · · · · · · · · · · · · · · · · · ·		
c. Airborne, Contac	ct, and Droplet		
d. Standard, Airbor	ne, and Droplet		
46. For patients w	ho are CRITICALLY ILL,	precautions are recommended	due to
the high likelihood	d of requiring aerosol-ge	nerating procedures.	
a. Standard, Conta	•		
b. Standard, Conta			
c. Airborne, Contac	- · · · · · · · · · · · · · · · · · · ·		
d. Standard, Airbor	ne, and Droplet		
47. For Blood Spill	l Dilutions for Disinfectio	n	
,	•	on/5000-6000 parts per million (ppm) available Chl	,
,		n/5000-6000 parts per million (ppm) available Chlo	,
,	•	n/5000-6000 parts per million (ppm) available Chlo	,
d) 1000 ml Clorox +	+ 900 ml water = (1:10 dilu	tion/5000-6000 parts per million (ppm) available Cl	nlorine)
48. What is the rig	ht sequence in manager	nent of body fluids spills such as vomit, urine ar	nd
feces? 1. Wash an	d dry hands thoroughly.	2. After washing one can disinfect area with Clo	rox
solution (40-50 ml	of Clorox in 1 Liter water	r 2500-2700ppm available Chlorine). 3. Wear dis	posable
gloves and apron.	4. Use disposable paper	towels, to mop up spillage. 5. Dispose of pape	r towels
into clinical waste	bag. Wash area with de	tergent and water. 6. Discard protective apparel	into
clinical waste bag	J <u>-</u>		
a. 1,2,3,4,5,6			
b. 3.4.5.2.6.1			

c. 3,4,2,5,6,1

d. 1,3,4,5,2,6

49. The following are the steps to prevent the needle stick and sharp injury except:

- 1. Avoid recapping needles.
- 2. Plan for safe handling and disposal before beginning any procedure using needles.
- 3. Dispose of used needles promptly in appropriate sharps disposal container.
- 4. Follow recommended infection prevention practices, including hepatitis B vaccination.
- 5. Report all needlestick and other sharps-related injuries promptly to ensure that you receive appropriate follow up care.
- 50. If you sustain a needle stick or sharps injury: Wash the wound immediately with soap and water Flush splashes with water, Seek prompt treatment, Report the incident as soon as possible! and Discuss the risk of infection based on the circumstances of the injury.

a. TRUE

b. FALSE