



Certification Study Guide, 6th edition

Errata

Please note the following corrections:

Corrections as of 9/16/19:

Practice Exam 2, Question 100 (pg. 334):

The question and rationale remain the same. The **revised answer** (pg. 375) now reads:

Answer: C. All staff, volunteers, and visitors who may have been exposed to a patient with crusted scabies.

Corrections as of 4/25/18

Practice Exam 1, Question 2 (pg. 221):

The question and rationale remain the same. The **revised answer** (pg. 261) now reads (change in **bold**):

Answer: A. In a study of the association between antibiotic exposure and development of *C. difficile* infection, the odds ratio was **2.3**

Practice Exam 2, Question 106 (pg. 336):

The question and answer remain the same. The **revised rationale** (pg. 377) now reads:

Rationale: Performing 3 consecutive AFB smears confirms pulmonary TB with a sensitivity of approximately 70% when culture-confirmed TB disease is the reference standard. The reason for performing 3 AFB smears is that each specimen increases sensitivity. One of the specimens must be an early morning sample. The sensitivity of a first morning specimen is 12% greater than a single spot specimen. In this example, there was no early morning sample collected so we are unable to rule out pulmonary TB.

The **revised reference** (pg. 377) now reads:

Reference: Lewinsohn DM, Leonard MK, LoBue PA et al. Official American Thoracic Society/Infectious Diseases Society of America/Centers for Disease Control and Prevention Clinical Practice Guidelines: Diagnosis of Tuberculosis in Adults and Children, *Clinical Infectious Diseases*, Volume 64, Issue 2, 15 January 2017, Pages 111–115, <https://doi.org/10.1093/cid/ciw778>

Practice Exam 3, Question 71 (pg. 410):

The revised question now reads:

There has been a major bioterrorism event in the area, as is evidenced by a large number of patients being admitted to local healthcare facilities with fever $>101.1^{\circ}\text{F}$, a vesicular rash, and respiratory symptoms that are progressing rapidly. Health officials are currently unaware of the causative organism. What type of Isolation Precautions are warranted in this situation?

- a. Standard Precautions
- b. Droplet Precautions
- c. Airborne Precautions
- d. Contact and Airborne Precautions

The **revised answer** (pg. 455) now reads:

Answer: D. Contact and Airborne Precautions

The **revised rationale** (pg. 455) now reads:

Rationale: During the beginning of an infectious disease disaster when the agent may not have been identified or when there is not enough evidence regarding the disease transmission route, IPs need to base infection prevention decisions on syndromes and symptomatology. This is referred to as syndrome-based isolation/control measures. This will be especially important during an infectious disease disaster involving a newly emerging infection because there may be limited or no information available on the causative agent. If the patient is severely ill with rapidly progressing respiratory symptoms and an airborne spread disease is suspected, Airborne Precautions should be considered. The presence of a vesicular rash would warrant Airborne and Contact precautions.

Practice Exam 3, Question 103 (pg. 419):

The question and answer remain the same. The **revised rationale** (pg. 464) now reads:

Rationale: Measles virus is sensitive to heat and infectivity decreases markedly when samples are not kept cold. It is important to transport samples with cold packs as soon as possible following sample collection. Avoid repeat freeze-thaw cycles or freezing at -20°C (standard freezer temp) because formation of ice crystals decreases infectivity. If -40°C or -70°C freezers are not available, it is recommended to keep the sample in the refrigerator (4°C). The patient must continue to be placed in airborne isolation as the initial culture was not performed properly.

Corrections as of 2/5/18

Practice Exam 1, Question 107 (pg. 252):

The **revised question** now reads:

The Standardized Infection Ratio (SIR) for CLABSIs in the ICU is 0.8. Which of the following is correct?

- a. There were more CLABSIs in the ICU than expected
- b. There were fewer CLABSIs in the ICU than expected
- c. There were about the same number of CLABSIs in the ICU as the national baseline
- d. There was a 20% increase in CLABSI rates from the baseline period.

The **revised answer** (pg. 292) now reads:

Answer: B. There were fewer CLABSIs in the ICU than expected

The rationale remains the same.

Corrections as of 1/10/18

Practice Exam 1, Question 127 (pg. 258):

The **revised question** now reads:

You are presenting an in-service to the Environmental Services group in your facility. Which of the following recommendations should you make related to mopping of patient rooms?

1. Standard mop heads should be disinfected with a disinfectant weekly
 2. Floors should be mopped using the "S" stroke
 3. Mop water should be changed after two hours of use.
 4. The mops should never be redipped into the mopping solution.
- a. 1, 2
 - b. 2, 3
 - c. 3, 4
 - d. 2, 4

The **revised answer** (pg. 297) now reads:

Answer: D. 2, 4

The **revised rationale** now reads:

Rationale: Cleaning of floors and carpets should start at the back of the room and move toward the door. Floors should be mopped using the "S" stroke, catching dirt and debris on the leading edge of the mop. Cleaning items, (e.g., detergent and/or disinfectant solutions, water buckets, cleaning cloths, dusters, toilet brushes, and mops) must be changed routinely and after they are used to clean blood spills or highly contaminated areas such as isolation rooms or operating rooms. Using contaminated cloths and mops will result in cross-contamination of surfaces, equipment, and hands. CDC recommends changing floor mopping solutions every three rooms and at least every 60 minutes. Used mops and cleaning cloths should never be returned to containers of cleaning solution. They should be laundered or discarded after use.

The **revised reference** now reads:

Reference: APIC Text, 4th edition, Chapter 107 – Environmental Services

Chapter 5, Question 1 (pg. 104):

The **revised question** now reads:

A woman in active labor with confirmed influenza has been admitted to an acute care facility. Recommendations for preventing influenza transmission between hospitalized infected mothers and their infants include:

1. Keep the isolette at least 3 feet away from the mother when she is not interacting with the baby
2. Temporarily separate the mother from her baby following delivery during the hospital stay
3. All feedings should be provided by a healthy caregiver if possible
4. The baby should receive formula during the 5-day period following the mother's symptom onset

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

The **revised answer** (pg. 118) now reads:

Answer: B. 2, 3

The **revised rationale** now reads:

Rationale: Pregnant women and infants are at increased risk of hospitalization from influenza complications. Although it is well-recognized that the ideal setting for care of a healthy-term newborn while in the hospital is within the mother's room, newborns that become infected with influenza are at increased risk for severe complications. To reduce the risk of influenza in the newborn, CDC recommends that facilities consider temporarily separating the mother who is ill with suspected or confirmed influenza from her baby following delivery during the hospital stay. Throughout the course of temporary separation, all feedings should be provided by a healthy caregiver if possible. Mothers who intend to breastfeed should be encouraged to express their milk.

The **revised references** now read:

References:

APIC Text, 4th edition, Chapter 82 – Influenza

Centers for Disease Control. Guidance for the Prevention and Control of Influenza in the Peri- and Postpartum Settings. Available at: <https://www.cdc.gov/flu/professionals/infectioncontrol/peri-post-settings.htm>. Accessed January 10, 2018.

Corrections as of 10/25/17

Chapter 3, Question 7:

The **reworded question** now reads:

When are IgM antibodies to Hepatitis A virus (HAV) detectable in the blood?

- a. Within 24 hours of exposure
- b. Within 3 weeks of exposure
- c. 30 days after exposure

- d. 8 to 12 weeks after exposure

The correct answer is still B. The rationale is unchanged.

Corrections as of 4/17/17

Practice Exam 1:

1. **Page 228, question 23:** *Reworded choice* – Option D for question 23 should read “Hepatitis C Antibody (Anti-HCV).”
2. **Page 234, question 43:** *Duplicate question/Revised rationale* – Due to a production error, this question appeared in both Practice Exam 1 (question 43) and Practice Exam 3 (question 1).

Revised Rationale – Correct answer is **B, 2, 4**. Rationale should read “An antibiogram provides the percentage of samples for a given organism that were sensitive to certain antibiotics and can be unit-specific or reflect hospital-wide isolates. There should be at least 30 diagnostic isolates included in an antibiogram, with only the first isolate from each patient included. The greater the number of isolates, the more accurate the sensitivity results for the given organism. Therefore the antibiogram might not accurately reflect all resistant microbes isolated in the facility.”

3. **Page 268, question 23:** *Corrected table heading* – In the fourth column in the rationale for question 23, the heading should be “Anti-HBs.”

Corrections as of 3/14/17

Practice Exam 3:

1. **Page 392, question 9:** *Reworded question* – The question should read “Which of the following is the correct order for disinfecting endoscopes?”
Note: “order for cleaning endoscopes” is an inaccurate wording.

Corrections as of 3/14/16

Chapter 9: Environment of Care

1. **Page 191, Question 10:** *Choice corrections* – all choices for question 10 should read **Fahrenheit (F)**, not Celsius (C).
2. **Page 198, Question 10:** *Reworded answer* – The correct answer should read “A. Hot water at 124°F and above and cold water at 68°F”
Note: the rationale indicated is correct.

Corrections as of 8/5/15

Practice Exam 1:

1. **Page 279, question 66:** *Answer correction* – Correct answer to question 66 is **B**.
Note: the rationale indicated is correct.

Practice Exam 2:

1. **Page 356, question 33: Answer correction** – Correct answer to question 33 is **B**.

Note: the rationale indicated is correct.

Practice Exam 3:

1. **Page 429, question 1: Revised Rationale** – Correct answer to question 1 is **B, 2, 4**. Rationale should read “An antibiogram provides the percentage of samples for a given organism that were sensitive to certain antibiotics and can be unit-specific or reflect hospital-wide isolates. There should be at least 30 diagnostic isolates included in an antibiogram, with only the first isolate from each patient included. The greater the number of isolates, the more accurate the sensitivity results for the given organism. Therefore the antibiogram might not accurately reflect all resistant microbes isolated in the facility.”

If you have any questions, please contact products@apic.org