

ASSOCIATE – INFECTION PREVENTION AND CONTROL (A-IPC) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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- 1. Which serologic marker indicates acute Hepatitis A infection?**
 - A. Anti-HAV IgG
 - B. Anti-HAV IgM
 - C. Anti-HBs
 - D. HBsAg

- 2. The most appropriate epidemiology study design to use to find the source of an outbreak after it has been controlled is:**
 - A. Cross-sectional
 - B. Retrospective cohort study
 - C. Case-control study
 - D. Prospective cohort study

- 3. Which feature defines a negative-pressure isolation room?**
 - A. Positive pressure relative to adjacent spaces
 - B. Use of HEPA filtration only
 - C. Negative pressure relative to surrounding areas and at least 6 air exchanges per hour
 - D. Ventilation with recirculated air

- 4. Which term describes an event that could have caused harm but did not?**
 - A. Error
 - B. Adverse Event
 - C. Near Miss
 - D. Sentinel Event

- 5. Following a wound culture that is positive for *Mycobacterium marinum* with an AFB stain, what is the correct follow-up?**
 - A. No further follow-up is needed
 - B. Place the patient on airborne isolation
 - C. Contact the local health department to report the infection
 - D. Place the patient on Contact Precautions

- 6. In a dataset with extreme values, which statistic is most robust?**
- A. Proportions with population in numerator and denominator
 - B. Proportions with denominator in denominator and numerator in numerator
 - C. Arithmetic mean
 - D. Median
- 7. Which of the following is an example of surveillance on a process indicator?**
- A. The rate of hand hygiene compliance in the Bone Marrow Transplant Unit
 - B. The incidence rate of Clostridium difficile in the Bone Marrow Transplant Unit
 - C. The number of sharp object injuries in the month of May in the Bone Marrow Transplant Unit
 - D. The prevalence of vancomycin-resistant enterococci (VRE) in the Bone Marrow Transplant Unit
- 8. If chance is a likely explanation for the difference between a sample statistic and the corresponding null hypothesis population value, then:**
- A. The difference is not statistically significant
 - B. The sample results are not compatible with the null hypothesis
 - C. The difference is statistically significant
 - D. The null hypothesis can be rejected
- 9. An IP investigated an increase in postdischarge SSIs; which action should be taken?**
- A. Monitor the cleaning of the surgical suites
 - B. Ensure the effectiveness of the ventilation system
 - C. Revise the facility's surveillance plan
 - D. Ensure that patient care equipment is adequately cleaned
- 10. If a blood culture specimen arrives 3 hours after collection, which statement is correct about transport time policies?**
- A. It is within the acceptable limit
 - B. It is outside the acceptable limit
 - C. It depends on refrigeration
 - D. It depends on ice packing

Answers

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1. B
2. C
3. C
4. C
5. A
6. D
7. A
8. A
9. C
10. B

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Explanations

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1. Which serologic marker indicates acute Hepatitis A infection?

- A. Anti-HAV IgG
- B. Anti-HAV IgM**
- C. Anti-HBs
- D. HBsAg

Identifying acute Hepatitis A relies on detecting anti-HAV IgM. This antibody appears early in the course of infection and indicates a recent or active HAV infection, typically appearing with symptoms and then waning over weeks to a few months. In contrast, anti-HAV IgG indicates past exposure or immunity and does not signal active disease. Antibodies to the hepatitis B surface antigen (anti-HBs) reflect immunity to Hepatitis B, usually from vaccination or prior infection, not HAV. The hepatitis B surface antigen (HBsAg) marks current Hepatitis B infection. So, the presence of anti-HAV IgM is the best indicator of an acute Hepatitis A infection.

2. The most appropriate epidemiology study design to use to find the source of an outbreak after it has been controlled is:

- A. Cross-sectional
- B. Retrospective cohort study
- C. Case-control study**
- D. Prospective cohort study

Identifying the source after an outbreak has been controlled relies on rapidly comparing past exposures between those who became ill and those who did not within the same population. A case-control study is the best fit because you can start with known cases (ill individuals) and select controls from the same source population who did not become ill, then look backward to see which exposures differ between the two groups. This approach efficiently points to the exposure most strongly associated with illness, often yielding an odds ratio that highlights the likely source. Cross-sectional designs provide a single snapshot and cannot establish that the exposure came before illness, making them less useful for source identification. A prospective cohort requires following a defined group over time from exposure to outcome, which is impractical after the outbreak has been controlled and when the source is unknown. A retrospective cohort can be used if a well-defined exposed/unexposed group is readily identifiable, but it's less flexible and may miss the true source if the population is not easily delineated. The case-control approach is more adaptable and efficient for pinpointing the source in this scenario.

3. Which feature defines a negative-pressure isolation room?

- A. Positive pressure relative to adjacent spaces
- B. Use of HEPA filtration only
- C. Negative pressure relative to surrounding areas and at least 6 air exchanges per hour**
- D. Ventilation with recirculated air

Airflow direction driven by pressure differential is what defines a negative pressure isolation room. By keeping the room at lower pressure than surrounding areas, air tends to flow into the room when doors are opened, which prevents contaminated air from escaping to other spaces. The room must have this negative pressure relative to adjacent areas and a minimum rate of air changes per hour (typically at least six) to dilute and remove airborne contaminants effectively. The exhaust should remove air to the outside or pass it through appropriate filtration; simply recirculating air would risk spreading pathogens. In contrast, positive pressure would push air out into adjacent rooms, increasing the chance of spreading infection, and relying on filtration alone without negative pressure does not ensure containment.

4. Which term describes an event that could have caused harm but did not?

- A. Error
- B. Adverse Event
- C. Near Miss**
- D. Sentinel Event

Near misses describe events where something could have caused harm but, due to luck, timing, or a safeguard kicking in, no actual harm occurred. The emphasis is on potential harm that was averted, not on harm that happened. In infection prevention, recognizing near misses helps identify weaknesses in systems or processes so they can be fixed before any patient is harmed. This differs from an adverse event, where harm did occur from the care provided, and from a sentinel event, which is a serious, unexpected incident that requires urgent investigation. It also distinguishes from an error, which is a mistake in planning or execution; a near miss is about a mistake or hazard that could have caused harm but didn't reach the patient.

5. Following a wound culture that is positive for *Mycobacterium marinum* with an AFB stain, what is the correct follow-up?

- A. No further follow-up is needed**
- B. Place the patient on airborne isolation
- C. Contact the local health department to report the infection
- D. Place the patient on Contact Precautions

*The key point is that *Mycobacterium marinum* causes a localized skin infection acquired from aquatic environments and is not spread from person to person. Because of this, standard infection prevention measures apply to the wound itself, but there is no need for isolation precautions aimed at preventing transmission to others, such as airborne or contact precautions, and no routine public health reporting or contact tracing is required in typical cases. A positive culture with acid-fast bacilli confirms the presence of a mycobacterial infection, but it does not change the fact that *M. marinum* is not considered contagious between people. Therefore, after confirming the diagnosis, the follow-up is focused on appropriate wound care and management of the infection rather than implementing isolation or reporting steps. If the patient develops disseminated disease, has extensive infection, or is immunocompromised, different actions may be needed, but in standard wound infections from aquatic exposure, no further infection-control follow-up is usually necessary.*

6. In a dataset with extreme values, which statistic is most robust?

- A. Proportions with population in numerator and denominator
- B. Proportions with denominator in denominator and numerator in numerator
- C. Arithmetic mean
- D. Median**

When a dataset contains extreme values, you want a measure of center that isn't dragged around by those outliers. The median fits this need because it is determined by the middle value when the data are ordered, so the magnitude of any outliers doesn't affect it much. In contrast, the arithmetic mean uses every data point, so an extreme value pulls the mean toward itself and can give a distorted picture of the data's center. Proportions aren't measures of central tendency, and their robustness to outliers isn't about representing the center of a distribution the way the median does. Therefore, the median is the most robust choice in this situation.

7. Which of the following is an example of surveillance on a process indicator?

- A. The rate of hand hygiene compliance in the Bone Marrow Transplant Unit**
- B. The incidence rate of *Clostridium difficile* in the Bone Marrow Transplant Unit
- C. The number of sharp object injuries in the month of May in the Bone Marrow Transplant Unit
- D. The prevalence of vancomycin-resistant enterococci (VRE) in the Bone Marrow Transplant Unit

*Process indicators track the actions taken to prevent infections, such as whether hand hygiene is performed consistently. Surveillance of a process indicator means collecting data on that practice to verify it's being carried out, not just looking at outcomes. The rate of hand hygiene compliance in the Bone Marrow Transplant Unit directly measures whether a core preventive action is performed, making it a clear example of surveillance on a process indicator. In contrast, measuring the incidence of *Clostridium difficile* reflects the outcome of care (infection occurrence), the number of sharp object injuries pertains to safety events, and the prevalence of vancomycin-resistant enterococci shows how widespread a resistant organism is—each of these tracks outcomes or conditions rather than the preventive actions themselves.*

8. If chance is a likely explanation for the difference between a sample statistic and the corresponding null hypothesis population value, then:

- A. The difference is not statistically significant**
- B. The sample results are not compatible with the null hypothesis
- C. The difference is statistically significant
- D. The null hypothesis can be rejected

When the difference between the sample statistic and the null hypothesis value can be attributed to random sampling variability, there isn't enough evidence to conclude a true effect. In hypothesis testing this means the result is not statistically significant: the observed difference is plausible under the null, the p-value is larger than the chosen significance level, and we do not reject the null hypothesis. This contrasts with claims of significance, which would require the difference to be unlikely under the null and to fall outside the expected sampling variation.

9. An IP investigated an increase in postdischarge SSIs; which action should be taken?

- A. Monitor the cleaning of the surgical suites
- B. Ensure the effectiveness of the ventilation system
- C. Revise the facility's surveillance plan**
- D. Ensure that patient care equipment is adequately cleaned

When postdischarge SSIs rise, the immediate concern is how these infections are detected and tracked. If the surveillance plan doesn't capture infections that occur after discharge—for example, it uses a short window, relies only on in-hospital reporting, or misses data from follow-up with surgeons, primary care, or readmissions—the apparent increase might reflect gaps in data collection rather than a true change in infection risk. Revising the facility's surveillance plan directly addresses this by ensuring you have clear definitions, an appropriate postdischarge time frame, and multiple data sources (outpatient clinics, readmissions, patient follow-up, lab results) to identify and confirm SSIs after discharge. This creates accurate, timely data to guide targeted prevention efforts. Incorporating postdischarge follow-up methods, standardizing SSI definitions, and aligning data collection across departments and partner facilities transforms surveillance into a reliable signal for action. Once you have a solid picture of what's happening, you can tailor prevention strategies—such as antibiotic prophylaxis timing, wound care instructions, or targeted process changes—based on solid evidence from the data. While maintaining clean environments, proper ventilation, and clean patient-care equipment are essential for preventing SSIs, they address care and environmental factors rather than ensuring the postdischarge infection data are complete and accurate.

10. If a blood culture specimen arrives 3 hours after collection, which statement is correct about transport time policies?

- A. It is within the acceptable limit
- B. It is outside the acceptable limit**
- C. It depends on refrigeration
- D. It depends on ice packing

Timely transport to the microbiology lab is essential for accurate blood culture results. Delays after collection can allow changes in the sample that hinder detection or lead to misinterpretation. In many standard policies, the acceptable window is within about 2 hours of collection. Arriving at 3 hours exceeds that window, so the specimen is considered outside the acceptable limit. Options about refrigeration or ice packing imply you can extend the window, but the policy in this scenario does not provide an extension; therefore, even with cooling, 3 hours is not acceptable under this rule. If such a delay occurs, follow the lab's procedure for reporting and documentation, and recollection may be required per policy.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

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We wish you the very best on your exam journey. You've got this!

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