Infection Control Risk Assessment (ICRA) Practice Exam (Sample)

Study Guide

BY EXAMZIFY

Everything you need from our exam experts!

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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

1. How are spaces classified in ICRA, and what criteria determine classification?

A. Spaces are classified by size only.

B. Spaces are classified by color of walls.

C. Infection risk classification: spaces are categorized as low, medium, or high based on patient vulnerability, expected activity, and potential contaminant generation; higher-risk areas require more stringent containment.

D. Spaces are classified by staff preference.

2. What is a typical ICRA deliverable?

A. A daily construction schedule

B. A marketing brief

C. An ICRA plan or Infection Control Risk Assessment report detailing risks, controls, responsibilities, and the monitoring plan

D. Budget report

3. How do you address water safety and Legionella risk during construction in healthcare facilities?

A. Do nothing with water systems.

B. Assess water systems, maintain water temperatures, flush and monitor lines where appropriate, implement temporary measures to minimize stagnation, and follow guidelines to reduce Legionella risk.

C. Only close off water to area.

D. Only treat with chlorine.

4. Which term means moved by or through air?

A. Airborne

B. Airborne pathogens

C. Ambulatory care facility

D. Anteroom

5. What is the process of removing hazardous material in a safe and controlled manner?

A. Remediation

B. Decontamination

C. Removal

D. Extraction

6. How is risk ranking quantified in ICRA?

A. Impact only

B. Probability only

C. Probability multiplied by impact

D. Cost of controls

7. How should patient relocation be managed under ICRA?

A. Relocate patients away from construction zones to appropriate rooms (often single-patient or isolation rooms) with coordination from clinical teams, infection prevention, and patient safety considerations.

B. Move patients to the nearest cafeteria.

C. Relocate only after construction ends.

D. Relocation is not necessary if construction is far.

8. Why are infection control considerations higher for immunocompromised patients or those undergoing invasive procedures?

A. They have greater susceptibility to infection

B. They are less important

C. They have robust immunity

D. They require no PPE

9. What term denotes clothing worn outside of a contained area to prevent transmitting contaminants from workers to patients?

A. Personal Protective Equipment (PPE)

B. Gown

C. Coverall

D. Patient Protective Apparel (PPA)

10. What is the term for the air supplied to maintain negative pressure in a containment area?

A. Exhaust air

B. Makeup air

C. Return air

D. Fresh air

Answers

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

Explanations

1. How are spaces classified in ICRA, and what criteria determine classification?

A. Spaces are classified by size only.

B. Spaces are classified by color of walls.

C. Infection risk classification: spaces are categorized as low, medium, or high based on patient vulnerability, expected activity, and potential contaminant generation; higher-risk areas require more stringent containment.

D. Spaces are classified by staff preference.

In ICRA, spaces are classified based on infection risk, using three levels: low, medium, and high. The criteria that determine where a space fits are patient vulnerability, the expected activity in that space, and the potential for contaminant generation. Patient vulnerability means how susceptible the people in that space are to infection—immunocompromised or severely ill patients raise the risk. Expected activity covers what will happen there, such as procedures or high patient turnover that can expose staff or other patients. Potential contaminant generation looks at what could be produced—airborne, droplet, or contact hazards from the procedures or materials used in that space. Higher-risk areas require more stringent containment measures tailored to those risks, while lower-risk areas need less; this is not driven by the size of the space, wall color, or staff preference.

2. What is a typical ICRA deliverable?

A. A daily construction schedule

B. A marketing brief

C. An ICRA plan or Infection Control Risk Assessment report detailing risks, controls, responsibilities, and the monitoring plan

D. Budget report

The key idea is that ICRA work product is a document that shows how infection risks will be identified and controlled during construction or renovation, with clear who-what-when details. The typical deliverable is an ICRA plan or Infection Control Risk Assessment report that lays out the risks identified, the controls chosen to mitigate those risks (such as containment, air handling changes, cleaning protocols, and restricted access), who is responsible for implementing and verifying each control, and the monitoring plan that specifies how and when those controls will be checked and documented. This kind of document is essential because it communicates the infection control approach to the construction team, facilities staff, and clinicians, and it provides a roadmap for maintaining patient and staff safety while the work progresses. Other options miss the core purpose of ICRA. A daily construction schedule focuses on timelines rather than infection risk management. A marketing brief is about promotion, not safety or risk. A budget report deals with financials, not infection control measures or monitoring. In practice, this ICRA deliverable guides all involved parties, helps ensure compliance with infection control standards, and supports ongoing verification and adjustments as the project evolves.

3. How do you address water safety and Legionella risk during construction in healthcare facilities?

A. Do nothing with water systems.

B. Assess water systems, maintain water temperatures, flush and monitor lines where appropriate, implement temporary measures to minimize stagnation, and follow guidelines to reduce Legionella risk.

C. Only close off water to area.

D. Only treat with chlorine.

The main idea here is that keeping water safe and limiting Legionella risk during construction requires a proactive, system-wide plan rather than isolated actions. This approach starts with assessing the entire water system to identify where stagnation, dead legs, or low usage may occur. It continues with maintaining appropriate hot and cold-water conditions to suppress Legionella growth, ensuring flushing is performed to refresh water and distribute disinfectant residuals, and monitoring lines to verify effectiveness. Importantly, temporary measures are used to minimize stagnation during construction, such as adjusting flows, flushing procedures, and interim controls, all aligned with recognized guidelines. This combination is why it's the best choice: it addresses multiple risk factors—stagnation, temperature, disinfection, and ongoing verification—throughout the duration of the project, providing a safer environment for patients and staff. In contrast, doing nothing fails to manage risk; closing off water to an area can eliminate exposure there but doesn't reduce risk elsewhere or fix the underlying system; treating only with chlorine ignores the need for flushing, monitoring, and temperature control that are essential for preventing Legionella and maintaining overall water safety.

4. Which term means moved by or through air?

A. Airborne

B. Airborne pathogens

C. Ambulatory care facility

D. Anteroom

Movement through air is described by the term airborne. In infection control, something that is carried by air—like particles or pathogens that can travel through the air—is labeled as airborne. This term directly answers the idea of being moved by or through air, which is why it fits best. The phrase airborne pathogens is related but narrower, naming a type of agent that can spread through the air rather than describing the general mode of movement itself. The other options describe settings or spaces (an ambulatory care facility) or a room used to control contamination (anteroom), and do not address how something moves.

5. What is the process of removing hazardous material in a safe and controlled manner?

A. Remediation

B. Decontamination

C. Removal

D. Extraction

Remediation is the organized cleanup of hazardous material to restore a safe condition. It encompasses planning, containment, safe and controlled removal, treatment or neutralization of contaminants, proper waste handling and disposal, and follow-up monitoring to verify the area is safe. This matches "removing hazardous material in a safe and controlled manner" because it implies a full, risk-aware process designed to reduce or eliminate hazards in the environment, not just cleaning surfaces or people. Decontamination focuses on removing contamination from people or equipment after exposure; removal or extraction are more general terms that don't necessarily imply the full risk-management and verification steps involved in a proper cleanup.

6. How is risk ranking quantified in ICRA?

A. Impact only

B. Probability only

C. Probability multiplied by impact

D. Cost of controls

In ICRA, risk ranking is determined by combining how likely an event is with how severe the consequences would be if it occurred. By multiplying probability by impact, you get a single risk score that reflects both dimensions and allows you to compare and prioritize different risks. A scenario with high likelihood and high impact yields a high risk score, while a rare but severe event can still vary in risk depending on its probability. This approach ensures you don't ignore either the chance of occurrence or the severity of outcomes. Using impact alone misses how often something could happen, while using probability alone misses how bad the consequence would be. Costs of controls relate to mitigation planning, not the magnitude of risk itself.

7. How should patient relocation be managed under ICRA?

A. Relocate patients away from construction zones to appropriate rooms (often single-patient or isolation rooms) with coordination from clinical teams, infection prevention, and patient safety considerations.

B. Move patients to the nearest cafeteria.

C. Relocate only after construction ends.

D. Relocation is not necessary if construction is far.

Under ICRA, protecting patients during construction means planning relocations so exposure to dust, spores, or other contaminants is minimized. The safest approach is to move patients away from the construction area to appropriate clinical spaces—typically single-patient rooms or isolation rooms—where infection control measures, airflow, and patient safety can be properly managed. This relocation is best coordinated by the clinical teams, infection prevention professionals, and patient safety staff so that care plans, isolation needs, and bed management are all considered together. Relocating to suitable rooms ensures that patients receive continuous medical care in spaces designed for infection control, with appropriate ventilation and containment if needed. It also helps prevent cross-contamination and protects vulnerable populations during the work. In contrast, moving patients to a nonclinical area like a cafeteria would not provide the necessary infection control standards or monitoring. Waiting until construction ends or assuming distance alone negates risk can leave patients exposed to ongoing dust or contaminants that travel beyond the immediate work zone. Planning relocations as part of the ICRA process keeps care consistent and safer for everyone involved.

8. Why are infection control considerations higher for immunocompromised patients or those undergoing invasive procedures?

A. They have greater susceptibility to infection

B. They are less important

C. They have robust immunity

D. They require no PPE

Infection control must be stricter because these patients are much more susceptible to infections and invasive procedures breach the body's natural barriers. When someone's immune system is compromised, they have a reduced ability to fight off germs, so even common pathogens can lead to serious infections. Invasive procedures, such as insertion of lines, catheters, or surgeries, disrupt the skin or mucous membranes, creating direct pathways for any contaminating organism to enter the body. That combination—weaker defenses and exposed entry points—drives the need for heightened precautions: meticulous hand hygiene, appropriate PPE for staff, sterile technique during procedures, dedicated or thoroughly cleaned equipment, and vigilant environmental controls. It's not that these precautions are less important; they're more critical because the consequences of infection are greater in this population.

9. What term denotes clothing worn outside of a contained area to prevent transmitting contaminants from workers to patients?

A. Personal Protective Equipment (PPE)

B. Gown

C. Coverall

D. Patient Protective Apparel (PPA)

When the clothing is meant to stop contaminants from moving from staff into patients, the focus is on protecting patients, not on protecting the workers. This is described as patient protective apparel, a term that emphasizes a barrier used outside a controlled area to prevent transmission to patients. Personal protective equipment is a broader category intended to shield workers from hazards, and items like gowns or coveralls are examples of PPE, but they describe the protective equipment rather than the specific patient-focused purpose. So the term that best conveys the intent of preventing staff-to-patient transmission is patient protective apparel, since it clearly defines the barrier's target as protecting patients from contamination.

10. What is the term for the air supplied to maintain negative pressure in a containment area?

A. Exhaust air

B. Makeup air

C. Return air

D. Fresh air

Maintaining negative pressure in a containment area relies on makeup air that replenishes air exhausted by the ventilation system. In negative-pressure spaces, air flows from surrounding areas into the containment while the exhaust removes air from inside. To keep the pressure differential, you must continuously supply air to replace what's being exhausted, and this supply is called makeup air. It's typically conditioned and filtered before entering to avoid carrying contaminants with it. Because makeup air is the specific source added to compensate for exhaust, it best describes the air used to sustain the negative pressure. Exhaust air is the air leaving the space; return air is air returned to the HVAC system; fresh air is general outside air and does not inherently capture the controlled supply used to balance negative pressure in a containment area.

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:

https://icra.examzify.com

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