

CRCST Practice Set: 25 Questions

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Instructions: Read each question and choose the best answer before checking the key at the end. Aim for at least 18 of 25 correct (70 percent). Review every explanation, even for questions you got right, and note any topic you missed more than once: that is your highest-value study target for the week.

Question 1 [Point-of-use prep and transport - easy]

During turnover of an orthopedic case, instruments sit open on a back table for twenty minutes before transport. Which point-of-use action best supports later cleaning in Central Service?

- A. Remove visible soil and keep instruments moist with an approved enzymatic gel or moist towel
- B. Rinse instruments under hot tap water in the OR scrub sink, then leave them uncovered to air dry completely
- C. Spray instruments with bleach solution and stack them tightly in an open basin for later pickup
- D. Wipe instruments with alcohol pads and place them loosely in a sterile peel pouch for hallway transport

Question 2 [complex-instruments-lumens - easy]

During inspection after cleaning, a technician finds residual soil inside a suction lumen that was brushed once. What should happen next?

- A. Send it to packaging because facility policy allows only one brushing attempt
- B. Coat the lumen with instrument milk to seal remaining soil before sterilization
- C. Accept the residual soil if the washer printout showed a passing cleaning verification reading
- D. Return the device to decontamination for additional brushing and flushing until clean

Question 3 [prion-awareness - medium]

A circulating nurse asks whether instruments from a confirmed bloodstream MRSA case need a special sterilizer cycle beyond normal cleaning and sterilization. What is the evidence-based answer for CRCST practice?

- A. Yes, automatically double steam exposure whenever any resistant organism is documented
- B. No; standard cleaning and sterilization are adequate for MRSA-contaminated instruments
- C. Yes, soak overnight in bleach before any cleaning or mechanical washing begins
- D. No cleaning is required if a prevacuum steam cycle is chosen for that load

Question 4 [enzyme detergents and pH - easy]

Why are neutral or near-neutral enzymatic detergents often preferred for delicate instruments such as flexible endoscopes?

- A. They sterilize endoscope channels completely during the labeled soak phase
- B. They raise pH high enough to dissolve aluminum oxide layers on soft metals
- C. They are generally material-compatible while enzymes help break down organic soil
- D. They replace the need for thorough rinsing after cleaning according to device IFUs

Question 5 [brushes, lumens, adapters - easy]

A cannulated instrument has a narrow lumen, and three brush sizes are on the decontamination shelf. Which brush should be used?

- A. The thinnest brush on hand, since it slides through with the least drag
- B. A brush far wider than the lumen, forced through to scrub much harder
- C. The size listed in the device IFU, so the bristles touch the lumen walls
- D. No brush at all, since flushing alone is said to clear lumens of any diameter

Question 6 [loaner-cleaning-verification - medium]

A vendor delivers loaner instruments tagged "facility cleaned." Prep staff still find bone debris in a cannulation. What is required?

- A. Package as received because the vendor tag alone proves cleaning already met standards
- B. Return the set to decontamination for full cleaning and verification before packaging
- C. Blow the debris out with canned air on the clean side, then wrap for sterilization
- D. Wipe the cannulation with sterile saline and proceed directly to the sterilizer cart

Question 7 [assembly-stringers-protectors - easy]

Hinged ring-handled instruments are being prepared for steam sterilization. Why are approved stringers commonly used during assembly?

- A. They hold instruments open in a position that supports sterilant contact at joints
- B. They replace chemical indicators so no strip is needed inside the tray basket yet.
- C. They lock every ratchet shut so steam cannot enter box locks during the cycle yet
- D. They allow instruments to stay fully soiled while still meeting packaging rules

Question 8 [event-vs-time-sterility - medium]

A facility uses event-related sterility for in-house wrapped trays. A tray sterilized 11 months ago has intact wrap, a dry exterior, and a legible label. Which decision is correct?

- A. Discard it because event-related practice caps shelf life at 6 months
- B. Issue it once integrity inspection confirms the barrier
- C. Resterilize it on a fixed annual schedule before any further issue
- D. Issue it only for noncritical procedures since sterility has faded

Question 9 [packaging-storage-before-use - medium]

Peel pouch stock was stored beside a frequently used handwash sink and feels damp. Packaging action?

- A. Blow-dry pouches with compressed air from the decontamination gun and package
- B. Use damp pouches only for immediate-use steam sterilization cycles that day
- C. Iron pouches flat with a clothing iron to drive humidity out before sealing
- D. Do not use moisture-compromised pouches; obtain dry stock stored per IFU

Question 10 [sterilizer-load-config - medium]

How should instrument trays generally be placed on sterilizer racks?

- A. Standing vertically on edge without clearance from the chamber wall surface
- B. Nested solid-on-solid in towers so one shelf holds the entire day of trays
- C. Balanced across the door frame gasket to prove the door seal during exposure
- D. Flat and evenly spaced, arranging solid trays so condensate can drain away

Question 11 [implant-load-quarantine - medium]

An implant load finished with a correct printout and a passing Type 5 CI in the PCD. The BI is still incubating, and there is no emergency. What should happen?

- A. Send the implants, since a Type 5 CI equals a BI result
- B. Deliver them to the OR but ask staff to wait before opening the tray
- C. Release half of the implants and hold the rest
- D. Quarantine the implants until the BI result is known to be negative

Question 12 [sterilization-load-documentation - medium]

Why must physical monitor printouts or electronic cycle records be reviewed and retained with the load?

- A. They decorate scrapbooks and have no role in load release decisions
- B. They verify critical cycle parameters were met for that specific run
- C. They replace cleaning verification for washer-disinfectors automatically
- D. They prove implants may skip biological indicators forever after one printout

Question 13 [sterilizer-abort-handling - medium]

A prevacuum steam cycle aborts partway through the exposure phase, and the sterilizer later releases the door. The packs look dry. How should the load be handled?

- A. Release the packs because dry wrappers show the exposure was adequate
- B. Release only the packs whose external indicator tape changed fully
- C. Store the load and let the next scheduled BI test decide its status
- D. Treat the load as unsterile and reprocess it after the cause is found

Question 14 [workflow-zones-traffic - medium]

Which airflow arrangement fits AAMI ST79 and CDC 2008 guidance for SPD work areas?

- A. Decontamination positive so its air pushes soil out toward prep areas
- B. All SPD areas held neutral so doors can stay open between the zones
- C. Decontamination negative to adjacent areas; clean areas positive
- D. Sterile storage negative so outside air is drawn across sterile packs

Question 15 [tracking-systems - medium]

An electronic instrument-tracking system scans a tray barcode at assembly and again at sterilization. What is the main departmental benefit?

- A. Elimination of all cleaning steps once the barcode prints correctly
- B. Permission to release implants before any BI result is known to staff
- C. Clearer location history when a tray must be recalled or located
- D. Automatic waiver of manufacturer IFU soaking and brushing time limits

Question 16 [chain-of-infection - medium]

An SPD technician completes the hepatitis B vaccine series. In chain-of-infection terms, which link does this strengthen?

- A. The portal of exit, by sealing off the source patient
- B. The reservoir, by removing the virus from instruments
- C. The mode of transmission, by blocking blood splashes
- D. The susceptible host, by building specific immunity

Question 17 [inventory-par-levels - medium]

A pouched instrument averages 12 uses per day. Its shelf is restocked every 2 days, and the department adds a safety stock of 6. Using usage plus safety stock, what par level fits?

- A. 18 units
- B. 24 units
- C. 30 units
- D. 36 units

Question 18 [case-cart-systems - medium]

A case is canceled after its clean case cart reaches the OR. The sterile packs on the cart were never opened. What should happen to them?

- A. Return them to SPD for an integrity check before they go back into stock
- B. Leave them on the cart in the OR hallway for the next case that needs them
- C. Send every pack to decontamination for full reprocessing, opened or not
- D. Put them straight back on the OR shelf, since unopened packs need no check

Question 19 [dust-covers - medium]

When should a sterility maintenance (dust) cover be applied to a freshly sterilized pack?

- A. Right after unloading, while the pack is warm, so the heat is sealed in
- B. After the pack cools fully, so condensation stays out of the cover
- C. Before sterilization, so the cover is sterilized along with the wrapped pack
- D. At the point of use, just before the circulator opens the wrapped pack

Question 20 [cart-bin-cleaning - medium]

A cart used only to move sterile supplies from breakout to sterile storage never leaves SPD. When should it be cleaned?

- A. After a survey tracer finds dust on a cart rail or handle
- B. Skip cleaning, because carts that carry sterile goods stay clean
- C. Whenever soiled, and at set intervals on a cleaning schedule
- D. Once a year, when the sterile storage shelving is cleaned

Question 21 [refrigerated-sterile-storage - hard]

The daily log for a refrigerator holding an IFU-required 2 to 8 C sterile product shows an overnight reading of 14 C. The packaging looks normal. What should SPD do?

- A. Use the product, since its sterile packaging looks intact and has not been opened
- B. Move it into the freezer for a day to offset the hours it spent above the range
- C. Reset the thermometer and record the overnight reading as within the normal range
- D. Quarantine the product, report the excursion, and follow the maker's guidance

Question 22 [quality-improvement-participation - medium]

After a process change aimed at fewer missing instruments, what is a technician's useful QI role?

- A. Log only the errors that reach the OR, not the ones caught during tray assembly
- B. Share impressions at the next huddle instead of logging the counts each shift
- C. Declare success after one good shift without looking at multi-day trend data
- D. Log accurate count-sheet defect data so the team sees whether the change worked

Question 23 [competency-documentation - medium]

Which record best shows that a technician is competent to run a new low-temperature sterilizer?

- A. A vendor in-service attendance certificate for that particular model of sterilizer
- B. A dated competency checklist signed after supervised, successful task performance
- C. The technician's CRCST wallet card, with no device-specific skill verification on file
- D. A self-assessment form on which the technician rates their own confidence level

Question 24 [appearance-professionalism - medium]

Why are facility dress code and jewelry restrictions in decontamination a professional duty, not only a style preference?

- A. They exist only so managers can enforce fashion conformity without safety reasons
- B. They cut contamination risk and protect staff under PPE and infection rules
- C. They apply solely to visitors and never to certified technicians working on the clock
- D. They may be ignored on night shift because fewer surveyors walk through the unit then

Question 25 [clean-dirty-flow - hard]

Two techs share one sink: one rinses grossly soiled SCD tubing sleeves while the other does final wipe-down of cleaned pump housings. What redesign best reduces cross-contamination?

- A. Keep both tasks at one sink so water temperature stays perfectly matched
- B. Move dirty rinse work to a separate decontamination sink or zone
- C. Finish clean wipe-down first, then rinse soiled sleeves in the same basin
- D. Disable sink use and shake dry soil from sleeves onto cleaned pump housings

Answer Key

Correct answers with explanations. Cover the answers while you work through the questions above.

Question 1: A

Okay, this one is straightforward but it matters a lot: right after the case, wipe off the visible gross stuff and keep the instruments moist with an approved enzymatic gel or a damp towel. AAMI ST79's point-of-use section (Section 6) is built on exactly this idea, because moist soil wipes away and dried soil turns into concrete that brushes can barely touch. Notice none of the wrong options do the actual job: alcohol and bleach are not pretreatments, hot rinses and air drying bake soil on, and peel pouches are for sterilization, not transport.

Memory hook: Moist instruments are happy instruments. Dry blood is basically superglue.

Question 2: D

Seeing soil after cleaning has exactly one correct answer: re-clean. The CDC's 2008 Guideline, recommendation 2.b, says organic residue must be removed by cleaning before disinfection or sterilization, and AAMI ST79's cleaning guidance likewise says dirty devices go back for more cleaning. Sterilization cannot reliably overcome residual soil in a lumen. So the suction lumen goes back to decontamination for more brushing and flushing until it is clean.

Memory hook: Soil plus steam equals cement. Every time you send a dirty lumen forward, the sterilizer bakes it on harder. Re-clean it now or fight it forever.

Question 3: B

This one surprises a lot of people, but the CDC is clear. Recommendation 9.a states that standard sterilization and disinfection procedures are adequate for equipment contaminated with bloodborne pathogens and antibiotic-resistant bacteria such as MRSA. No changes are needed, with prions as the single exception. What stays essential is thorough cleaning before sterilization, because no cycle works through soil. So the evidence-based answer is refreshingly simple: clean it right, run the normal cycle, done.

Memory hook: Maya's take: 'MRSA is tough against drugs, not against steam.' She says an autoclave doesn't care about your antibiotic chart; it cares about clean steel and validated parameters.

Question 4: C

Here is why the neutral stuff wins for delicate instruments. CDC cleaning guidance notes that neutral pH enzymatic detergents play nicely with the metals and materials in flexible endoscopes, and the enzymes help break down proteinaceous soil. Just remember they are cleaners, not sterilants, and they have to be rinsed off per the IFU.

Memory hook: Enzymes eat the protein while you eat your lunch. Neutral pH keeps the metal happy too.

Question 5: C

A lumen gets clean when bristles physically touch every bit of its wall. The CDC Guideline for Disinfection and Sterilization in Healthcare Facilities (2008), recommendation 7.e, calls for cleaning brushes sized to the channel so the bristles contact the surfaces, and recommendation 7.d calls for flushing and brushing all accessible channels. AAMI ST79 section 7.5.3 directs you to follow the device IFU for cleaning tools and methods, which is where the correct brush size lives.

Memory hook: The IFU is not a suggestion. Right brush, right size, or do not bother.

Question 6: B

Remember who is on the hook here: your facility. AAMI ST79 loaner and cleaning expectations require the user facility to ensure devices are clean before packaging and sterilization, regardless of vendor claims. Visible soil means the item failed cleaning verification, so it goes back to decontamination for full cleaning and verification. The CDC Guideline for Disinfection and Sterilization in Healthcare Facilities (2008), recommendation 2.b, is the foundation: cleaning must precede sterilization, and no tag replaces your inspection.

Memory hook: Trust, but verify. Especially with loaners. That tag was printed in somebody's office. Your eyes are in the department.

Question 7: A

Good news, this one is all about giving steam room to work. AAMI ST79 preparation and packaging guidance expects hinged instruments to be assembled in the open or unlocked position so sterilant can contact box locks and mating surfaces. Stringers are simply positioning aids that keep instruments open and organized. They do not replace internal chemical indicators (ST79 section 13.5.2) and must not force instruments closed.

Memory hook: A stringer is a traffic cop for your forceps, not a chemical indicator and not a padlock. Open and organized, every time.

Question 8: B

Strong answer. CDC 2008 Recommendation 18d states that under event-related storage, packaged sterile items may be used indefinitely unless packaging is compromised, and Recommendation 18e calls for evaluating package integrity before use. AAMI ST79 Section 11.1 (sterile storage) follows the same approach. Issue after integrity inspection is correct; calendar age alone does not expire an intact in-house tray.

Memory hook: Maya says time-based dating is a milk carton; event-related is a sealed can. Different clocks.

Question 9: D

Exactly right, and this one tests discipline. Packaging materials must be dry and stored away from sinks and humidity sources per manufacturer instructions and AAMI ST79 packaging handling practice. Damp pouches may not seal or sterilize reliably, and improvised drying methods are not validated recovery steps. So you do not use them, you pull dry stock stored per IFU.

Memory hook: Wet pouch, dead pouch. Think of it like a wet diaper, nobody is going to fix it with a hair dryer, you just grab a fresh one.

Question 10: D

Loading is all about airflow and drainage. AAMI ST79 and CDC 2008 loading principles call for arrangements that let steam circulate and condensate drain away, with space between packages. Flat, evenly spaced placement with solid trays arranged so condensate can drain does that. Stacking solid trays in towers or pressing packs against the chamber wall blocks flow and drying, and nothing may interfere with the door gasket seal.

Memory hook: Flat, spaced, drainable. Never stack solid trays or crowd the walls.

Question 11: D

A passing Type 5 CI is great news, it responds to all critical cycle variables, but it is not a biological indicator. AAMI ST79 section 13.6.3 calls for quarantining implants until the BI result is available, reserving early release on the Type 5 CI for defined emergencies. CDC 2008 Recommendation 16g also

advises quarantining implantable items, whenever possible, until the BI is negative. And note the trap: carrying the tray to the OR with verbal instructions to wait is still a release. Quarantine means the implants stay put until that BI reads negative.

Memory hook: The integrator says the cycle behaved, the BI says it actually worked. Implants wait for the BI's verdict, no hand-carrying exceptions.

Question 12: B

Physical monitors, the sterilizer's own temperature, pressure, and time readouts, prove that the specific cycle actually delivered its critical parameters. Reviewing them is part of releasing every load, and keeping them with the load record gives you proof of that run if questions or recalls come later. Per AAMI ST79 physical monitoring guidance, they are one leg of monitoring, not a substitute for cleaning verification in the washer-disinfector, which is a separate process, and they never excuse skipping biological indicators on implant loads.

Memory hook: Think of the printout as the flight data recorder for that load, if the cycle ever crashes, that tape tells the story.

Question 13: D

Great call. CDC 2008 Recommendation 16c says processed items must not be used when mechanical indicators (time, temperature, pressure) suggest inadequate processing, and an aborted exposure is exactly that. AAMI ST79 Section 13 (process monitoring, testing, and quality control) treats the load as not sterilized; it is reprocessed once the cause is identified. Dry wrappers and changed process indicators do not show that exposure was achieved.

Memory hook: Maya says an aborted cycle is a cake pulled out halfway: raw inside, start over.

Question 14: C

Exactly right. CDC 2008 (physical facilities) recommends negative pressure in the decontamination area so contaminants stay contained and do not flow to clean areas. AAMI ST79 Section 3.3 (utilities and facility design requirements) specifies negative pressure for decontamination and positive pressure for preparation and sterile storage areas, and doors are kept closed to maintain these relationships.

Memory hook: Workflow zones are airport security: one direction, no backtracking.

Question 15: C

Great call. Tracking systems support AAMI ST79 Section 13.3 traceability goals by recording where a tray was assembled, sterilized, stored, and issued. They improve recall retrieval and inventory location; they do not eliminate cleaning, override implant quarantine guidance in ST79 Section 13.6.3, or waive IFUs.

Memory hook: Maya says tracking is a GPS for trays: every scan a breadcrumb.

Question 16: D

Well done. CDC Principles of Epidemiology, Lesson 1, Section 10 explains that host susceptibility depends partly on specific immunity and that vaccinations increase host defenses. OSHA 29 CFR 1910.1030(f)(2) requires the employer to make hepatitis B vaccination available to employees with occupational exposure. Vaccination does not clean instruments or stop splashes; decontamination practices and PPE address those links.

Memory hook: Maya says break one link and the whole chain drops. Hand hygiene is the bolt cutter.

Question 17: C

You nailed it. Par equals average daily use times the days between replenishments, plus safety stock: $(12 \times 2) + 6 = 30$. Leaving out safety stock gives 24, using a single day gives 18, and counting an extra day

gives 36. The 2011 multisociety position statement on immediate-use steam sterilization (AAMI, AORN, APIC, and others) states that inventories should be sufficient to meet anticipated surgical volume, which accurate par setting supports.

Memory hook: Par levels are the gas gauge. Refill before the light comes on.

Question 18: A

You got it. AAMI ST79 Section 5.3 (disposition of sterile items issued but not used) calls for returned sterile items to be inspected before they go back into inventory; packages that are intact can be restocked, while any with compromised packaging are reprocessed. CDC 2008 Recommendation 18e calls for evaluating packages for loss of integrity before use. Leaving packs in an uncontrolled hallway exposes them to events, and reprocessing every intact pack wastes resources.

Memory hook: A case cart is a lunchbox packed the night before: everything in its slot, nothing missing at noon.

Question 19: B

That's the one. AAMI ST79 Section 9.7 (sterility maintenance covers) and Section 11.1.2 describe these covers as protective packaging applied after sterilization once items have cooled. CDC 2008 likewise notes that 3-mil polyethylene overwrap is applied after sterilization to protect infrequently used items. Covering a warm pack can trap condensation, a cover applied before sterilization can block sterilant, and applying it at the point of use gives no storage protection.

Memory hook: A dust cover is a dust jacket on a library book: protection, not a second story.

Question 20: C

Well done. HSPA sterile storage guidance and AAMI ST79 Section 11.3.2 (tables and carts) expect carts that move sterile supplies to be kept clean, cleaned whenever soiled, and included on a routine cleaning schedule. Carts that return from the OR with used items are a different case: they are handled as contaminated and decontaminated after each use (AAMI ST79 Section 6 transport). Waiting for a survey finding, never cleaning, or yearly cleaning leaves dust on surfaces that touch sterile packs.

Memory hook: Maya says a dirty cart is a muddy shoebox carrying clean sneakers.

Question 21: D

Great call. A storage requirement in an IFU protects product performance, not only package sterility. A reading outside the labeled range means the product may no longer perform as labeled, so it is held from use, the excursion is reported, and the manufacturer's direction decides whether it can be used. CDC 2008 Recommendation 18a calls for protection from temperature extremes, and AAMI ST79 Section 14 (quality process improvement) supports documenting and investigating such events. Intact packaging does not address product stability, freezing is outside the IFU, and altering the log falsifies a record.

Memory hook: Maya says refrigerated storage is a fridge, not a freezer: cool, monitored, never frozen.

Question 22: D

You got it. In plan-do-check-act thinking (AAMI ST79 Section 14, quality process improvement), the check step needs complete, honest measurement. Logging every count-sheet defect, including those caught at assembly, shows whether the change reduced errors at the source. Counting only OR-visible errors undercounts the problem, impressions are not data, and one shift is too small a sample to judge a trend.

Memory hook: Quality improvement is a suggestion box with teeth. Use it.

Question 23: B

Well done. CDC 2008 Recommendation 19a calls for supervised work until competency is documented and for competency testing at hire and regularly afterward. Device-specific skills need documented verification beyond a general credential or informal notes.

Memory hook: If it isn't documented, it didn't happen. Your skills need a paper trail.

Question 24: B

Nice work. Appearance and jewelry rules in SPD support infection prevention and OSHA-aligned PPE practice. They cut contamination risk and protect staff under PPE and infection control rules. Loose jewelry and noncompliant attire can harbor soil or tear gloves. Fashion-only framing, certified exemptions, or night-shift exceptions are incorrect.

Memory hook: Maya says patients never see your scrubs, but the OR does. Dress like the tray depends on it, because it does.

Question 25: B

Great call. AAMI ST79 decontamination design separates dirty activities from clean handling. Rinsing grossly soiled sleeves belongs at a dedicated decontamination sink or zone, apart from the final wipe-down of cleaned pumps. Keeping both tasks at one sink, sequencing them through the same basin, or shaking soil near clean pumps keeps splash and soil next to cleaned devices.

Memory hook: Clean and dirty traffic is a one-way street. Wrong-way drivers cause pileups.

Sources: HSPA CRCST Certification (myhspa.org) - ANSI/AAMI ST79 - CDC Guideline for Disinfection and Sterilization - OSHA 29 CFR 1910.1030.

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