

Free CRCST Exam Prep Sample Questions

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1. 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

Answer: 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.

2. A transporter is asked to move a full case cart of soiled laparoscopic sets from the OR suite to decontamination. Which transport practice meets OSHA and AAMI expectations?

- A.** Push an uncovered wire rack down the public corridor during peak visitor hours for speed
- B.** Use a closed, leak-proof, puncture-resistant cart or container labeled as a biohazard
- C.** Carry loose trays by hand so staff can see which sets need priority cleaning first
- D.** Place soiled trays beside sterile packs on the same open delivery cart to save trips

Answer: B. Picture yourself as the person pushing that cart past visitors: you want everything hidden, contained, and clearly marked. OSHA 1910.1030 requires contaminated items to ride in closable, leak-proof, puncture-resistant containers that are labeled or color-coded as biohazard, and AAMI ST79 Section 6.5 agrees: covered transport, and soiled never mixes with clean or sterile. Speed never outranks containment.

3. Instruments used in a short procedure have only light soil, and the circulating nurse asks whether unused ring forceps from the same open tray can skip decontamination. What is the correct response?

- A.** Unused instruments may go straight to packaging if they never touched the patient directly
- B.** Unused instruments only need a wipe with a disinfectant wipe before sterilization begins
- C.** All instruments from an opened set are treated as contaminated and must be reprocessed
- D.** Unused instruments may be returned to the sterile storage shelf after a brief visual check

Answer: C. This one fools a lot of good techs, so remember the golden rule: open means dirty. AAMI ST79 Section 6.3 says once a set is opened in the procedure environment, airborne exposure,

handling, and splatter all count as contamination, even for the forceps nobody used. There are no shortcuts here: those instruments get the full reprocessing path, cleaning, inspection, packaging, and sterilization, just like everything else in the tray.

4. After a vascular case, hinged instruments are locked closed and placed dry into a transport bin. Why does this practice undermine decontamination?

- A.** Locked hinges protect box locks from enzyme contact and therefore improve later cleaning results
- B.** Dry transport is preferred because moisture promotes rust during any wait for cart pickup
- C.** Closing instruments reduces sharps injury risk and replaces the need for a biohazard label
- D.** Soil trapped in closed box locks dries and is harder for detergents and brushes to reach

Answer: D. Box locks are the dirtiest hiding spots on a hinged instrument, and locking them closed seals the soil in. AAMI ST79 Sections 6.3 and 7.5 want instruments kept moist, with hinges opened or devices disassembled, so cleaning agents and brushes can actually reach into those joints and crevices. Closed and dry is the opposite: the soil dries into the lock and becomes a nightmare to remove later.

5. Point-of-use staff spray an enzymatic pretreatment on soiled instruments, then leave the case cart in a warm hallway for several hours. Which concern is most important for Central Service?

- A.** Enzymatic sprays sterilize instruments on contact, so delayed pickup has no cleaning impact at all
- B.** Delayed transport can allow soil to dry despite pretreatment and may exceed wet-time guidance
- C.** Warm hallways always activate enzymes better, so longer hallway dwell improves cleaning outcomes
- D.** Pretreated instruments may skip manual cleaning entirely if the spray film remains undisturbed

Answer: B. Here is the truth about pretreatment spray: it is a helper, not a hero. It keeps soil wet and starts breaking it down, but AAMI ST79 Section 6 still stresses prompt containment and transport, and every product's IFU defines a wet time that the spray only works within. Leave a cart baking in a warm hallway for hours and the spray dries out, the soil dries with it, and you are right back to the cement problem.

6. A facility uses a dedicated soiled lift for contaminated case carts. A coworker suggests sending sterile packs down the same lift to save time. What should guide the decision?

- A.** Soiled and sterile items must travel separately; soiled routes should not carry clean loads
- B.** Sterile packs may share the soiled lift if they are double-wrapped and stacked above the cart
- C.** Any elevator is acceptable if both loads are labeled clearly and moved only during off-peak hours
- D.** Sharing the soiled lift is allowed when the sterile packs will be sterilized again before use anyway

Answer: A. Clean and dirty live in different lanes, full stop. AAMI ST79 Section 6.5 requires segregation of clean and sterile items from contaminated transport, and that is why facilities keep a dedicated soiled lift or route: so clean inventory is never exposed to contamination in transit. Double-wrapping, labeling, and off-peak hours are nice habits, but none of them make sharing a soiled route acceptable.

7. At the end of a procedure, multi-part instruments are still assembled when placed in the transport container. Which practice best prepares them for cleaning?

- A. Leave all parts assembled so Central Service can identify complete sets without counting later
- B. Soak assembled devices overnight in undiluted sterilant before any attempt at disassembly
- C. Disassemble devices per the IFU at point of use when safe so solutions contact all surfaces
- D. Tape moving parts closed tightly to prevent loss of small components during cart transport

Answer: C. Soil loves to hide where brushes cannot go, which is exactly what happens between the mating surfaces of an assembled device. AAMI ST79 Sections 6.3 and 7.5 call for disassembly as directed by the manufacturer's IFU, right there at point of use when it is safe, so cleaning solutions contact every surface. Tape, assembly, and chemicals cannot fix a joint that detergent can never reach.

8. A soiled transport container returned from interventional radiology has no biohazard marking, though it held bloody instruments. What requirement was missed?

- A. Containers must be fully transparent so corridor staff can inventory contents without opening them
- B. Biohazard labels are optional whenever the cart travels only within the same hospital building
- C. Only red bags need labeling; hard-sided carts are exempt from OSHA marking requirements
- D. Contaminated transport containers must be labeled or color-coded as biohazard per OSHA 1910.1030

Answer: D. Imagine that unlabeled cart sitting in a hallway where a visitor bumps into it: nobody knows what is inside. That is exactly what OSHA 29 CFR 1910.1030 prevents. Any container used to store, transport, or ship blood or other potentially infectious materials has to be labeled with the biohazard symbol or color-coded, usually red, and AAMI ST79 Section 6.5 lines up with the same containment and labeling expectation. Inside the building does not earn you a free pass.

9. A new technician enters decontamination wearing gloves and a gown but no face or eye protection while manually brushing instruments under the water line. Which OSHA requirement applies?

- A. Masks with eye protection, or a chin-length face shield, when splash of blood or OPIM is anticipated
- B. Eye protection is required only when handling known hepatitis B positive cases identified on the schedule
- C. A surgical mask alone is sufficient protection if the sink already has a plastic splash guard installed
- D. Face protection may be omitted for short brushing tasks that are expected to last under five minutes

Answer: A. Manual brushing under water still kicks up splash, so put yourself in that new tech's shoes: gloves and gown are great, but the face is wide open. OSHA 29 CFR 1910.1030(d)(3)(x) is clear that when splashes, spray, spatter, or droplets of blood or OPIM may be generated, you wear a mask combined with eye protection, or a chin-length face shield. It does not depend on the patient's diagnosis, the splash guard, or how short the task is.

10. During orientation, a trainee asks who pays for fluid-resistant gowns and heavy-duty gloves used in decontamination. What is correct under OSHA?

- A.** Employees must purchase reusable gowns themselves; the employer supplies only disposable gloves
- B.** PPE cost may be deducted from final wages if the employee resigns within the first ninety days
- C.** When occupational exposure is anticipated, the employer must provide appropriate PPE at no cost
- D.** Only N95 respirators must be employer-funded; gloves and gowns remain optional employee purchases

Answer: C. Here is the rule in plain language: if the job anticipates blood or OPIM exposure, the employer buys the PPE, all of it, at zero cost to you. That is OSHA 29 CFR 1910.1030(d)(3)(i), and it covers gowns, heavy-duty gloves, masks, eye protection, the works. It is not a partial deal, it cannot be deducted from wages, and it applies to trainees on day one just the same.

11. A decontamination glove tears while a technician is scrubbing a bone rongeur. What is the immediate correct action?

- A.** Finish scrubbing the current tray first, then change gloves at the end of that sink load
- B.** Remove the damaged gloves, wash hands, and don intact gloves before continuing work
- C.** Cover the tear with waterproof tape and continue if no blood is visible on the skin yet
- D.** Switch to a single thin exam glove so dexterity is restored for the remaining instruments

Answer: B. This one is really about protecting you, not slowing you down. OSHA 29 CFR 1910.1030 is blunt here: when PPE gets compromised, you remove it right away, wash your hands after taking the gloves off, and put on fresh ones before touching anything else. A torn glove is an open door for bloodborne pathogens, and no workaround keeps that door closed.

12. Staff debate whether street shoes alone are acceptable in the decontamination area when floor splash is common. Which practice best aligns with exposure control?

- A.** Street shoes are acceptable if they are wiped carefully with alcohol at the end of every shift
- B.** Shoe covers or dedicated footwear are unnecessary because OSHA lists only gloves and gowns as required PPE for decontamination
- C.** Open-toed clinic shoes improve comfort in wet decontamination areas and are preferred for long shifts even when splash is likely
- D.** Wear liquid-resistant shoe covers or protective boots when contamination or soaking of footwear can reasonably be anticipated.

Answer: D. The rule here is simpler than it sounds: whatever normally gets contaminated during the task has to be covered. OSHA 29 CFR 1910.1030 says PPE must prevent blood or OPIM from reaching skin or personal clothing under normal conditions of use, and AAMI ST79 backs that up for decontamination practice. If you can reasonably expect your footwear to get contaminated or soaked, shoe covers or protective boots go on. It is task-based, not fashion-based.

13. A technician removes a fluid-resistant gown that is heavily soiled after a busy decontamination shift. Where should contaminated PPE be placed?

- A.** In a designated container for contaminated PPE or laundry, kept out of clean areas and home
- B.** In the technician's locker bag so the gown is not sent to department laundry before reuse

- C. On a clean prep table until housekeeping collects trash at the scheduled shift-change pickup
- D. In an unmarked paper bag beside the handwash sink so it can be reused on the next shift

Answer: A. Think of the rule as a one-way trip: PPE comes off before you leave the work area, and soiled gear goes straight into its designated container, not your locker, not the prep table, not your car. OSHA 29 CFR 1910.1030 is strict about this because contaminated PPE traveling into clean areas or homes is exactly how exposures spread beyond the department.

14. While unloading a washer rack, a coworker argues that universal precautions are optional if the OR marked the case as noninfectious. What is the correct principle?

- A. PPE level may match the surgeon's verbal report of patient status written on each tray card
- B. Noninfectious labeling means gloves alone are enough for any manual cleaning task that day
- C. Treat all blood and OPIM as potentially infectious; base PPE on task risk, not one case label
- D. Universal precautions apply only to sharps injuries, not to instrument cleaning sinks or washers

Answer: C. This is the bedrock principle: you treat all blood and OPIM as potentially infectious, every time, no exceptions for what someone told you about one patient. That is the whole point of universal precautions under OSHA 29 CFR 1910.1030. Your PPE level comes from the task's exposure risk, not from a label on a tray card, because a wrong label costs you and the label was never your protection plan.

15. A decontamination sink task generates aerosolized droplets while staff flush lumens with a syringe. Besides gloves and gown, which PPE combination meets OSHA splash rules?

- A. A cloth fashion mask without any eye coverage or side shields during the flushing task
- B. A surgical mask plus goggles or glasses with solid side shields, or a chin-length face shield
- C. Hearing protection only, because lumen flushing is mainly considered a noise hazard at the sink
- D. Bare face if the worker stands more than one arm's length away from the sink edge while flushing

Answer: B. When facial splash or spray is reasonably anticipated, OSHA gets specific, and that is good news because it means you do not have to guess. Under 29 CFR 1910.1030(d)(3)(x), you need a mask plus eye protection with solid side shields, or a chin-length face shield. Lumen flushing practically guarantees droplets, so this combo is the call. Solid side shields matter because splashes come from angles, not just straight on.

16. Manual cleaning of stainless instruments is planned with an enzymatic detergent. Which water temperature practice is most consistent with common IFU and AAMI cleaning guidance?

- A. Use boiling water first to kill microbes on contact before any enzyme detergent is added to the sink
- B. Use ice water so enzymes remain fully dormant until instruments reach the washer cycle
- C. Ignore temperature entirely because enzyme activity stays the same at any sink setting
- D. Use lukewarm water in the detergent IFU range; excess heat can denature enzymes and coagulate soil

Answer: D. Here is the part that surprises people: hotter is not always cleaner. AAMI ST79 Section 7.6 points you to the detergent IFU for the real number, and most enzymatic detergents want lukewarm

water. Why? Because excess heat denatures the enzymes so they stop working, and it coagulates blood proteins, basically gluing soil to the instrument. Stay in the IFU range and let the chemistry do its job.

17. A technician selects a stiff wire brush from a utility drawer to scrub the inside of a delicate instrument lumen. What is the safer practice?

- A.** Use the brush size and style recommended in the device IFU so walls are contacted without damage
- B.** Any metal brush is acceptable whenever it removes soil faster than a soft nylon brush would
- C.** Skip brushing entirely when the enzymatic soak time already exceeds ten minutes in the sink
- D.** Use a personal toothbrush from the lounge if dedicated lumen brushes are temporarily unavailable

Answer: A. Lumens are unforgiving, so the tool has to be right. AAMI ST79 Section 7.6.2 and the device IFU both say it: use the brush size and style the IFU recommends, one that actually contacts the lumen walls without gouging them. Oversized brushes skip spots, undersized ones leave soil, and abrasive or improvised brushes damage surfaces. When in doubt, check the IFU, not the utility drawer.

18. The decontamination sink solution looks cloudy after cleaning several heavily soiled trays. What should the technician do next?

- A.** Add extra enzyme concentrate to the same cloudy water and continue with the next trays
- B.** Heat the existing solution on a hot plate until it looks clear enough to use again
- C.** Drain and replace the solution per policy and IFU when soiled or outside temperature range
- D.** Filter the cloudy solution through gauze and reuse the same bath for the rest of the shift

Answer: C. Cloudy solution is the bath waving a white flag: it is loaded with soil and cannot clean anymore, and it can actually redeposit soil onto the next tray. AAMI ST79 Section 7.6.4.2 says to change manual cleaning solutions after each defined use and to watch the temperature per the detergent IFU. Drain it, refill per policy and the IFU, and your instruments get a fresh start.

19. Hard water with high mineral content is supplied to the manual cleaning sinks. Why does water quality matter for instrument cleaning?

- A.** Hard water always improves detergent foaming action and reliably shortens required soak times
- B.** Minerals can reduce detergent performance and leave deposits that interfere with later processing
- C.** Water quality affects only textile processing workflows and never affects stainless steel instruments
- D.** Mineral content is irrelevant whenever a disinfectant wipe is used on instruments after rinsing

Answer: B. Water is a cleaning ingredient, not just a carrier. AAMI ST79 treats water quality as a real factor because hard-water minerals do two nasty things: they reduce how well detergents work, and they leave deposits on instruments that can interfere with later processing steps. That is why facilities follow the detergent IFUs and water-quality guidance instead of pretending minerals are harmless.

20. A lumen device was soaked in enzymatic detergent but not flushed. After rinsing, dried debris is still visible at the distal tip. What principle was missed?

- A.** Soaking alone sterilizes instrument lumens, so flushing is optional for relatively short devices

- B.** Only the exterior needs cleaning because sterilizer steam later reaches every internal lumen
- C.** Rinsing once with alcohol replaces any need to brush and flush the internal channels thoroughly
- D.** Lumens require brushing and flushing so detergent and rinse water contact interior surfaces

Answer: D. Lumens hide everything, which is why AAMI ST79 Section 7.6.2 is so insistent: you have to brush and flush so detergent and rinse water actually contact the interior surfaces. Soaking only wets the outside, and sterilizer steam cannot reliably overcome leftover soil in a narrow channel. If you can still see debris after rinsing, the cleaning step was never finished, so go back and brush it out.

21. Staff are mixing a neutral-pH enzymatic detergent for manual cleaning. Which dosing practice is correct?

- A.** Measure detergent according to the manufacturer's IFU concentration for the water volume used
- B.** Pour detergent until strong foam appears at the surface, regardless of the labeled dilution ratio
- C.** Use half the labeled dose to reduce supply cost whenever the soil load looks relatively light
- D.** Substitute a phenolic disinfectant for the detergent to clean and disinfect instruments in one step

Answer: A. Okay, this one is simpler than it looks. The bottle label is not a suggestion. Measure to the IFU concentration for the water volume you are using, because too strong leaves residue that interferes with later steps, and too weak just pushes soil around without removing it. AAMI ST79 backs this up in Section 7.6.3: correct dilution is what makes the chemistry actually work, and a disinfectant is never a substitute for a cleaner on surgical instruments.

22. After manual cleaning, instruments are moved toward mechanical washing still coated with undiluted detergent foam. What step is missing?

- A.** Leave instruments coated overnight so detergent residue dries and becomes inert before mechanical washing
- B.** A quick wipe with a sterile towel on the clean side in place of any water rinsing step
- C.** Thorough rinsing with clean water so detergent and loosened soil are removed before next steps
- D.** Spraying household bleach onto the foam layer to neutralize leftover enzymes before loading

Answer: C. Here is the golden rule of the sink: rinse what you washed. Thorough rinsing with clean water pulls the detergent and the loosened soil right off the device so nothing sticky rides along into the washer or the sterilizer. AAMI ST79 and the detergent IFUs all say the same thing. Leftover chemistry can interfere with disinfection and sterilization, so this rinse is not optional garnish, it is part of cleaning.

23. A three-basin manual cleaning setup is used for complex instruments. What is the usual role of the final basin in a dirty-to-clean workflow?

- A.** Holding undiluted liquid sterilant for an overnight soak of every stainless instrument processed
- B.** Providing a clean water rinse after detergent washing so residual soil and chemistry are removed
- C.** Collecting contaminated sharps that are discarded during brushing of hinged instruments at the sink
- D.** Storing brushed instruments in a dry pile until the next morning washer load can be started

Answer: B. Think dirty to clean, left to right. The three-basin setup is a little assembly line: the first basin gets the wash, the middle does the scrubbing work, and the final basin gives everything a clean-water rinse that carries away residual soil and chemistry. That is the manual cleaning flow described in AAMI ST79 Section 7.6. It is not a sterilant soak, not a sharps bucket, and definitely not a parking lot.

24. An orthopedic set arrives with dried blood in crevices. The technician considers scraping with a metal scalpel blade. What is the better approach?

- A.** Scrape aggressively with any sharp blade until bare metal shows through every patch of soil
- B.** Skip cleaning steps and extend sterilizer exposure time to compensate for the dried blood
- C.** Use only alcohol-soaked gauze pads because alcohols dissolve dried blood more effectively than enzymes
- D.** Rehydrate soil with an enzymatic soak, then clean with IFU-approved brushes without damaging surfaces

Answer: D. Dried blood is stubborn, but the answer is patience, not violence. Soak in an enzymatic detergent so the enzymes rehydrate and break down the protein, then use IFU-approved brushes that clean without scratching the finish. AAMI ST79 and CDC guidance both insist that cleaning must remove soil without damaging the device. And remember the order of operations: you cannot sterilize dirty instruments, no matter how long the cycle runs.

25. Foam fills the sink so high that instruments disappear from view during manual cleaning. Why is excessive foaming a problem?

- A.** High foam hides instruments and soil, cuts visibility, and can mean wrong detergent or dosing
- B.** Foam proves the detergent is working at maximum strength and should be encouraged at every sink
- C.** Foam sterilizes the water surface on contact, so brushing time may be shortened for each tray
- D.** Foam is required by OSHA as an acceptable splash barrier substitute for face shields at the sink

Answer: A. Here is the problem with a bubble bath at the sink: if you cannot see the instruments, you cannot see the soil. Heavy foam kills visibility and often means someone dosed wrong or grabbed the wrong product, like a high-foam detergent for a job that needs low foam. AAMI ST79 and the detergent IFUs want chemistry and dosing that keep things visible. When the sink looks like a latte, something is off.