

Certified Infection Prevention Specialist

CIPS — Official Study Material & Handbook

American Institute for Medical Sciences and Management (AIMSM)

A foundational, specialist-level program aligned with infection prevention and control standards used by CBAHI and JCI.

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How to Use This Handbook

This handbook is your operational study resource for the Certified Infection Prevention Specialist (CIPS) examination and, above all, for doing the daily work of infection prevention and control (IPC) on your unit. It follows the eight sessions of the course and keeps the focus practical: what to do, why it matters, and how to show it during a survey.

CIPS is a foundational, specialist-level certification. It prepares you to run routine IPC tasks well and to stay survey-ready; the professional CICP certification then builds the full specialist. Throughout, remember the surveyor's three questions: what does good practice require, how do you know you are doing it, and can you show it at the point of care.

Module 1 — Leading the IPC Programme (From CBAHI to JCI)

An IPC programme is the organized set of people, policies, and activities that prevent healthcare-associated infection. It is led by an IPC team and committee, governed by national requirements (such as CBAHI expectations), and increasingly aligned with international accreditation standards such as those used by JCI. The infection-prevention specialist and the unit link nurse are the programme's eyes and hands on the floor.

The specialist's place in the programme

- The IPC committee sets direction; the specialist executes it on the unit.
- National standards set the minimum; accreditation standards raise the bar.
- Link nurses connect each unit to the central IPC team.
- Every routine task you do is part of a larger, auditable system.

Module 2 — Risk, Surveillance and Data for Leaders

Surveillance is the routine, systematic collection of IPC data so problems are seen early and action is targeted. At this level you focus on the basics: counting the right events, using a denominator so comparisons are fair (a rate, such as infections per 1,000 device-days, not just a raw count), and monitoring hand-hygiene compliance with honest feedback to the team.

Data basics

- Count clearly defined events using the official definitions.
- Use rates (with denominators), not raw counts, to compare fairly.
- Monitor hand hygiene against the WHO Five Moments.
- Turn each finding into one concrete unit-level action.

Module 3 — Pathogens, Stewardship and Outbreak Readiness

Healthcare pathogens spread by contact, droplet, or airborne routes, and some are multidrug-resistant organisms (MDROs) that are hard to treat. The specialist supports antimicrobial stewardship by reinforcing correct culturing and precautions, and must recognize the early signal of a possible outbreak — an unusual cluster of cases — and take the first containment actions while escalating to the IPC team.

First actions on a suspected cluster

- Recognize an unusual rise or cluster of similar infections early.
- Reinforce precautions and hand hygiene immediately.
- Preserve information: who, what, where, and when.
- Escalate to the IPC team without delay.

Module 4 — Stopping Transmission: Systems that Hold

Standard precautions apply to every patient, every time: hand hygiene, appropriate PPE, safe injection practice, and respiratory etiquette. Transmission-based precautions are added on top when a specific route is involved — contact, droplet, or airborne — and depend on correct PPE, isolation or cohorting, and safe patient placement. Systems hold when these are applied consistently, not occasionally.

The layers that stop spread

- Standard precautions: the baseline for every patient.
- Contact / droplet / airborne precautions added by route.
- Correct PPE: right choice, right order of donning and doffing.
- Isolation, cohorting, and safe placement when needed.

Module 5 — Reprocessing and Sterilization: the Highest-Risk Chain

Reprocessing turns a used device back into a safe one, and it is the highest-risk chain because a single failure can affect many patients. The Spaulding classification sets the required level: critical items (entering sterile tissue) must be sterilized, semi-critical items high-level disinfected, and non-critical items cleaned or low-level disinfected. The specialist supports correct cleaning first, monitored sterilization, and clear separation of single-use from reusable devices.

The reprocessing essentials

- Cleaning always comes before disinfection or sterilization.

- Spaulding: critical then sterilize, semi-critical then high-level disinfect.
- Monitor sterilization and keep the records.
- Never reuse single-use devices; track reusable ones.

Module 6 — The Environment of Care as an IPC System

The environment is part of the IPC system. Clean, well-maintained surfaces — especially high-touch points — reduce transmission, and risks from water, ventilation, construction, and waste must be managed actively. The specialist verifies that environmental cleaning is done to standard, flags water and ventilation concerns, and ensures waste is segregated and handled safely.

Environmental control points

- Clean high-touch surfaces frequently and correctly.
- Watch water and ventilation as infection risks.
- Apply construction/renovation IPC precautions.
- Segregate and handle waste safely.

Module 7 — People: Staff Health, Education and Evidence

IPC depends on people. Staff health — immunization, sharps safety, and proper management of exposures — protects both workers and patients. The specialist also educates and coaches frontline staff so good practice is understood, not just posted, and builds the evidence (logs, audits, records) that shows the practice is actually followed.

The human element

- Support staff immunization and sharps safety.
- Manage occupational exposures correctly and promptly.
- Educate and coach, don't just distribute policies.
- Keep the evidence that practice is followed.

Module 8 — Survey Readiness: Tracers, Evidence and the Roadmap

Surveyors assess IPC mostly through tracers on the floor: they follow a patient or a process and ask staff to show and explain their practice. Readiness means the unit's practice, evidence, and people are consistently aligned, not prepared only at the last minute. Mastering this role is also the first step on the roadmap toward the professional CICP certification.

Being ready every day

- Know what surveyors check in an IPC tracer.

- Keep the unit's evidence file current.
- Practice answering 'show me / tell me how you...' questions.
- Use CIPS as the foundation for progressing to CICP.

Examination & Certification

The CIPS examination tests practical IPC judgement — applying precautions, using basic data, and demonstrating readiness — rather than rote recall. The passing score is 60%. On passing, AIMSM issues a verifiable digital certificate valid for three years. Prepare by practicing the precautions and reprocessing decisions on your own unit and by rehearsing tracer questions with your team, using this handbook alongside the course workshops.