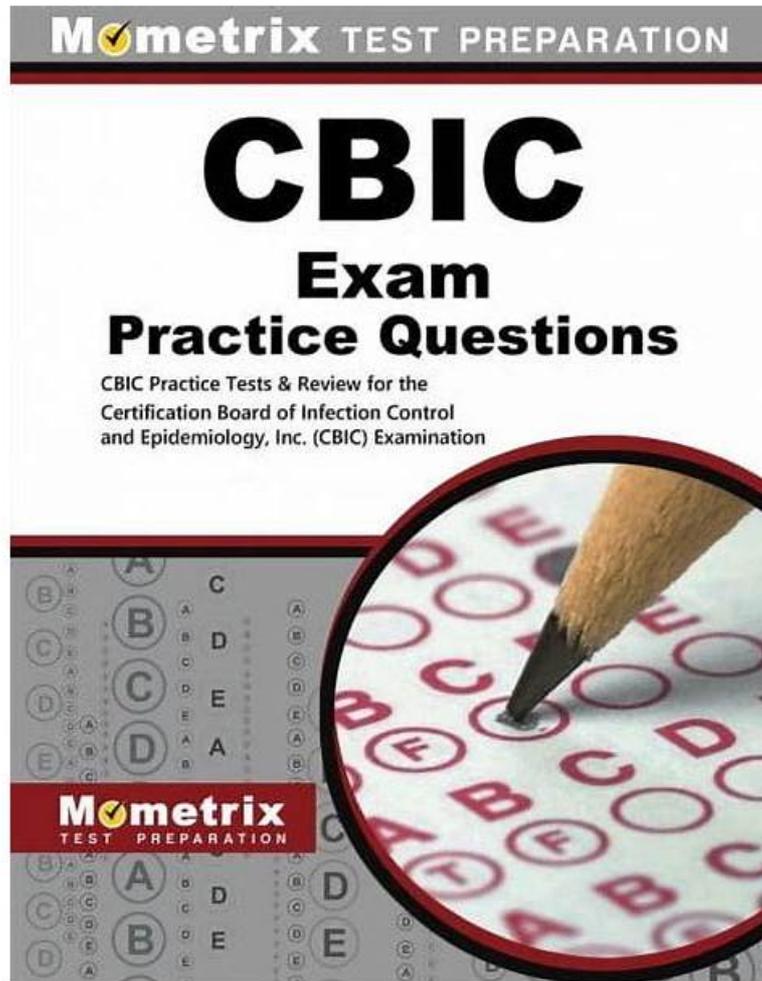


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## CBIC Certified Infection Control Exam Sample Questions (Q40-Q45):

### NEW QUESTION # 40

Which of the following factors should be considered when evaluating countertop surface materials?

- A. Accessibility
- **B. Durability**
- C. Sink design
- D. Faucet placement

**Answer: B**

Explanation:

The correct answer is A, "Durability," as it is a critical factor to consider when evaluating countertop surface materials. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, the selection of materials in healthcare settings, including countertop surfaces, must prioritize infection prevention and control. Durability ensures that the surface can withstand frequent cleaning, disinfection, and physical wear without degrading, which is essential to maintain a hygienic environment and prevent the harboring of pathogens (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.4 - Implement environmental cleaning and disinfection protocols). Durable materials, such as solid surface composites or stainless steel, resist scratches, cracks, and moisture damage, reducing the risk of microbial growth and cross-contamination, which are significant concerns in healthcare facilities.

Option B (sink design) relates more to the plumbing and fixture layout rather than the inherent properties of the countertop material itself. While sink placement and design are important for workflow and hygiene, they are secondary to the material's characteristics. Option C (accessibility) is a consideration for user convenience and compliance with the Americans with Disabilities Act (ADA), but it pertains more to the installation and layout rather than the material's suitability for infection control. Option D (faucet placement) affects usability and water management but is not a direct attribute of the countertop material.

The emphasis on durability aligns with CBIC's focus on creating environments that support effective cleaning and disinfection practices, which are vital for preventing healthcare-associated infections (HAIs). Selecting durable materials helps ensure long-term infection prevention efficacy, making it a primary factor in the evaluation process (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.5 - Evaluate the environment for infection risks).

References: CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competencies 3.4 - Implement environmental cleaning and disinfection protocols, 3.5 - Evaluate the environment for infection risks.

### NEW QUESTION # 41

The degree of infectiousness of a patient with tuberculosis correlates with

- A. a presence of acid-fast bacilli in the blood.
- B. a tuberculin skin test result that is greater than 20 mm
- C. the hand-hygiene habits of the patient.
- **D. the number of organisms expelled into the air**

**Answer: D**

Explanation:

The infectiousness of tuberculosis (TB) is directly related to the number of Mycobacterium tuberculosis organisms expelled into the air by an infected patient.

Step-by-Step Justification:

\* TB Transmission Mechanism:

\* TB spreads through airborne droplet nuclei, which remain suspended for long periods.

\* Factors Affecting Infectiousness:

\* High bacterial load in sputum: Smear-positive patients are much more infectious.

\* Coughing and sneezing frequency: More expelled droplets increase exposure risk.

\* Environmental factors: Poor ventilation increases transmission.

Why Other Options Are Incorrect:

\* A. Hand hygiene habits: TB is airborne, not transmitted via hands.

\* B. Presence of acid-fast bacilli (AFB) in blood: TB is not typically hematogenous, and blood AFB does not correlate with infectiousness.

\* C. Tuberculin skin test (TST) >20 mm: TST indicates prior exposure, not infectiousness.

CBIC Infection Control References:

\* APIC Text, "Tuberculosis Transmission and Control Measures".

#### NEW QUESTION # 42

A healthcare personnel has an acute group A streptococcal throat infection. What is the earliest recommended time that this person may return to work after receiving appropriate antibiotic therapy?

- A. 72 hours
- B. 8 hours
- C. 24 hours
- D. 48 hours

**Answer: C**

Explanation:

The correct answer is B, "24 hours," as this is the earliest recommended time that a healthcare personnel with an acute group A streptococcal throat infection may return to work after receiving appropriate antibiotic therapy. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, which align with recommendations from the Centers for Disease Control and Prevention (CDC), healthcare workers with group A Streptococcus (GAS) infections, such as streptococcal pharyngitis, should be treated with antibiotics (e.g., penicillin or a suitable alternative) to eradicate the infection and reduce transmission risk. The CDC and Occupational Safety and Health Administration (OSHA) guidelines specify that healthcare personnel can return to work after at least 24 hours of effective antibiotic therapy, provided they are afebrile and symptoms are improving, as this period is sufficient to significantly reduce the bacterial load and contagiousness (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency

3.2 - Implement measures to prevent transmission of infectious agents).

Option A (8 hours) is too short a duration to ensure the infection is adequately controlled and the individual is no longer contagious.

Option C (48 hours) and Option D (72 hours) are longer periods that may apply in some cases (e.g., if symptoms persist or in outbreak settings), but they exceed the minimum recommended time based on current evidence. The 24-hour threshold is supported by studies showing that GAS shedding decreases substantially within this timeframe with appropriate antibiotic treatment, minimizing the risk to patients and colleagues (CDC Guidelines for Infection Control in Healthcare Personnel, 2019).

The infection preventionist's role includes enforcing return-to-work policies to prevent healthcare-associated infections (HAIs), aligning with CBIC's emphasis on timely and evidence-based interventions to control infectious disease transmission in healthcare settings (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.1 - Collaborate with organizational leaders). Compliance with this recommendation also supports occupational health protocols to balance staff safety and patient care.

References: CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competencies 3.1 - Collaborate with organizational leaders, 3.2 - Implement measures to prevent transmission of infectious agents. CDC Guidelines for Infection Control in Healthcare Personnel, 2019.

#### NEW QUESTION # 43

Which of the following infectious diseases is associated with environmental fungi?

- A. Listeriosis
- B. Campylobacter
- C. Hantavirus
- D. Mucormycosis

**Answer: D**

Explanation:

The correct answer is C, "Mucormycosis," as it is the infectious disease associated with environmental fungi.

According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, mucormycosis is caused by fungi belonging to the order Mucorales, which are commonly found in the environment, including soil, decaying organic matter, and contaminated water. These fungi can become opportunistic pathogens, particularly in immunocompromised individuals, leading to severe infections such as rhinocerebral, pulmonary, or cutaneous mucormycosis (CBIC Practice Analysis, 2022, Domain I: Identification of Infectious Disease Processes, Competency 1.1 - Identify infectious disease processes).

Environmental exposure, such as inhalation of fungal spores or contact with contaminated materials, is a primary mode of transmission, making it directly linked to environmental fungi.

Option A (Listeriosis) is caused by the bacterium *Listeria monocytogenes*, typically associated with contaminated food products (e.g., unpasteurized dairy or deli meats) rather than environmental fungi. Option B (Hantavirus) is a viral infection transmitted through contact with rodent excreta, not fungi, and is linked to environmental reservoirs like rodent-infested areas. Option D (Campylobacter) is a bacterial infection caused by *Campylobacter* species, often associated with undercooked poultry or contaminated water, and is not related to fungi.

The association of mucormycosis with environmental fungi underscores the importance of infection prevention strategies, such as controlling environmental contamination and protecting vulnerable patients, which aligns with CBIC's focus on identifying and mitigating risks from infectious agents in healthcare settings (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.2 - Implement measures to prevent transmission of infectious agents). This knowledge is critical for infection preventionists to guide environmental cleaning and patient care protocols.

References: CBIC Practice Analysis, 2022, Domain I: Identification of Infectious Disease Processes, Competency 1.1 - Identify infectious disease processes; Domain III: Infection Prevention and Control, Competency 3.2 - Implement measures to prevent transmission of infectious agents.

#### NEW QUESTION # 44

A 21-year-old college student was admitted with a high fever. The Emergency Department physician began immediate treatment with intravenous vancomycin and ceftriaxone while awaiting blood, urine, and cerebrospinal fluid cultures. The following day, the cultures of both the blood and the cerebrospinal fluid were reported to be growing meningococci. The patient was placed on precautions on admission. Which of the following is correct?

- A. Droplet precautions must continue
- B. Airborne precautions must continue.
- C. Droplet precautions may be discontinued after 24 hours of therapy.
- D. Airborne precautions may be discontinued after 24 hours of therapy.

**Answer: C**

Explanation:

Meningococcal infections, such as *Neisseria meningitidis*, are transmitted via respiratory droplets.

According to APIC and CDC guidelines, patients with meningococcal disease should be placed on Droplet Precautions upon admission. These precautions can be discontinued after 24 hours of effective antibiotic therapy.

Why the Other Options Are Incorrect?

\* B. Droplet precautions must continue - Droplet Precautions are not needed beyond 24 hours of appropriate therapy because treatment rapidly reduces infectiousness.

\* C. Airborne precautions may be discontinued after 24 hours of therapy - Meningococcal infection is not airborne, so Airborne Precautions are never required.

\* D. Airborne precautions must continue - Incorrect because meningococci do not transmit via airborne particles.

CBIC Infection Control Reference

According to APIC guidelines, Droplet Precautions should be maintained for at least 24 hours after effective antibiotic therapy initiation.

#### NEW QUESTION # 45

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