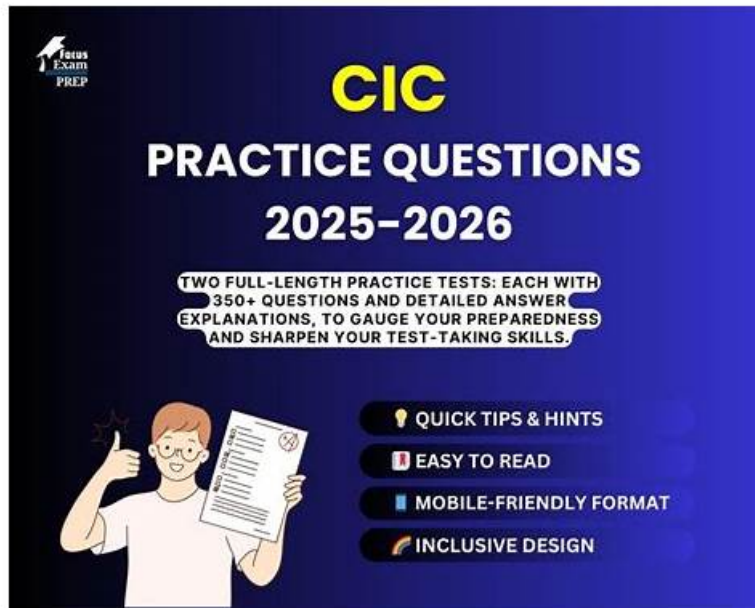


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CBIC Certified Infection Control Exam Sample Questions (Q191-Q196):

NEW QUESTION # 191

An infection preventionist is evaluating a new catheter that may decrease the rate of catheter-associated urinary tract infections. Which of the following provides the BEST information to support the selection of this catheter?

- A. Product materials and vendor information
- B. Cost benefit analysis and safety considerations
- C. Value analysis and information provided by the manufacturer
- D. Staff member preference and product availability

Answer: C

Explanation:

The correct answer is D, "Cost benefit analysis and safety considerations," as this provides the best information to support the selection of a new catheter aimed at decreasing the rate of catheter-associated urinary tract infections (CAUTIs). According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, selecting medical devices like catheters for infection prevention involves a comprehensive evaluation that balances efficacy, safety, and economic impact. A cost-benefit analysis assesses the financial implications (e.g., reduced infection rates leading to lower treatment costs) against the cost of the new catheter, while safety considerations ensure the device minimizes patient risk, such as reducing biofilm formation or irritation that contributes to CAUTIs (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment). This dual focus provides evidence-based data to justify the catheter's adoption, aligning with the goal of improving patient outcomes and reducing healthcare-associated infections (HAIs).

Option A (staff member preference and product availability) is subjective and logistical rather than evidence-based, making it insufficient for a decision that impacts infection rates. Option B (product materials and vendor information) offers technical details but lacks the broader context of efficacy and cost-effectiveness needed for a comprehensive evaluation. Option C (value analysis and information provided by the manufacturer) includes a structured assessment of value, but it may be biased toward the manufacturer's claims and lacks the independent safety and cost-benefit perspective critical for infection prevention decisions.

The emphasis on cost-benefit analysis and safety considerations reflects CBIC's priority on using data-driven and patient-centered approaches to select interventions that enhance infection control (CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.5 - Use data to guide infection prevention and control strategies). This approach ensures the catheter's selection is supported by robust evidence, optimizing both clinical and economic outcomes in the prevention of CAUTIs.

References: CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.5 - Use data to guide infection prevention and control strategies; Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment.

NEW QUESTION # 192

An infection preventionist (IP) is reviewing blood cultures and notices several results with Arcanobacterium, coagulase-negative Staphylococcus, and Corynebacterium. What action is needed from the IP?

- A. Call the Medical Staff Officer and declare there is an outbreak.
- B. Disregard the results.
- C. Collaborate with the lab manager to determine if there are trends or changes in practice.
- D. Work up each case as a healthcare-acquired bloodstream infection.

Answer: C

Explanation:

The CBIC Certified Infection Control Exam Study Guide (6th edition) emphasizes that certain organisms commonly recovered from blood cultures—such as Arcanobacterium, coagulase-negative Staphylococcus, and Corynebacterium—are frequently associated with skin contamination rather than true bloodstream infection. When multiple blood cultures yield these organisms, the infection preventionist must assess whether the findings represent contamination related to collection practices rather than immediately assuming infection or outbreak.

The most appropriate action is to collaborate with the laboratory manager and clinical teams to evaluate potential trends, specimen collection techniques, and changes in practice. This includes reviewing blood culture contamination rates, assessing skin antisepsis procedures, evaluating staff competency, and determining whether there has been an increase associated with a specific unit, shift, or collection method.

Surveillance data and laboratory quality indicators are essential tools in this evaluation.

Option A is incorrect because results should never be disregarded without assessment. Option B is premature, as the organisms listed are not typical outbreak pathogens and require further analysis before escalation.

Option C is inappropriate because these organisms do not automatically meet criteria for healthcare-associated bloodstream infection without supporting clinical evidence.

This scenario reflects a core CIC exam concept: infection preventionists must apply epidemiologic principles, collaborate with laboratory services, and use data-driven analysis to differentiate contamination from infection and to guide quality improvement efforts.

NEW QUESTION # 193

A construction project is completed at a healthcare facility and the construction barriers will be removed. Prior to using the space for patient care, an infection preventionist should recommend:

- A. Stocking supply rooms as soon as the rooms are available.
- **B. Inspecting and cleaning ducts if needed and balancing the ventilation system.**
- C. Sampling for airborne contaminants after construction.
- D. Testing the water for Legionella and other waterborne pathogens.

Answer: B

Explanation:

The Certification Study Guide (6th edition) emphasizes that restoration of a safe environment of care following construction or renovation is essential before patient occupancy. A primary concern after construction is the potential contamination and disruption of the heating, ventilation, and air conditioning (HVAC) system, which plays a critical role in infection prevention by controlling airflow, pressure relationships, and filtration.

Inspecting and cleaning air ducts as needed-and ensuring that the ventilation system is properly balanced- helps confirm that airflow is functioning as designed, including appropriate air exchanges, pressure differentials, and filtration efficiency. The study guide highlights that construction activities can introduce dust, debris, and microorganisms (including fungal spores) into ductwork, which may subsequently be disseminated into patient care areas if not addressed. Proper HVAC verification is a key component of post-construction clearance following an Infection Control Risk Assessment (ICRA).

The other options are not recommended as routine first steps. Air sampling is not advised because results are difficult to interpret and do not reliably predict infection risk. Stocking supplies before environmental clearance risks contamination of clean items. Routine water testing is not required unless water system disruption or stagnation occurred and is guided by a facility's water management program rather than construction completion alone.

CIC exam questions frequently test post-construction readiness activities, reinforcing that HVAC inspection, cleaning, and balancing are critical prerequisites for safely reopening patient care spaces.

Reference: Certification Study Guide (CBIC/CIC Exam Study Guide), 6th edition, Chapter 9: Environment of Care.

NEW QUESTION # 194

The Sterile Processing Department alerts an infection preventionist that a load of surgical Instruments sterilized with high temperature steam/moist heat needs to be recalled. Which of the following is the MOST likely reason for the recall?

- A. Incorrect placement of the instruments in the tray
- B. Failure of the biological Indicator *Bacillus subtilis*
- **C. Failure of the biological Indicator *Geobacillus stearothermophilus***
- D. Placement of the biological Indicator on the bottom shelf over the drain

Answer: C

Explanation:

The most likely reason for the recall of a steam-sterilized load is the failure of the biological indicator (BI), specifically *Geobacillus stearothermophilus*, which is used to monitor high-temperature steam (moist heat) sterilization processes. This organism is the biological indicator of choice because it has high resistance to moist heat and thus serves as a reliable marker for sterilization efficacy. The APIC Text and AAMI ST79 guidelines confirm that *Geobacillus stearothermophilus* is used for steam sterilization and that a failed BI indicates a failure in the sterilization process, which requires immediate action, including recalling all items sterilized since the last negative BI and reprocessing them. This is a crucial aspect of ensuring patient safety and preventing the use of potentially non-sterile surgical instruments.

* According to the APIC Text:

"BIs are the only process indicators that directly monitor the lethality of a given sterilization process. [...] *Geobacillus stearothermophilus* spores are used to monitor steam sterilization..."

* The CIC Study Guide (6th ed.) also specifies that:

"Evidence of sterilization failures (e.g., positive biological indicators) is the most common reason for a recall."

* Additionally, it is noted:

"With steam sterilization, the instrument load does not need to be recalled for a single positive biological indicator test, with the exception of implantable objects." However, multiple positive BIs or BI failure confirmation does require a recall.

* The incorrect options explained:

* A. *Bacillus subtilis*- This is not used in steam sterilization but rather in dry heat or EO processes.

* C. Placement of the biological indicator on the bottom shelf over the drain- While incorrect placement can lead to test failure, the recall is prompted by BI failure, not just placement.

* D. Incorrect placement of instruments- This can cause sterilization failure but is not the direct trigger for a recall unless it leads to a

failed BI.

References:

CIC Study Guide, 6th Edition, Chapter 10 - Cleaning, Sterilization, Disinfection, Asepsis, Pages 211, 236 APIC Text, 4th Edition, Chapter 106 - Sterile Processing ANSI/AAMI ST79:2017, cited throughout APIC Text and APIC 4 for sterilization monitoring protocols.

NEW QUESTION # 195

A patient has an oral temperature of 101° F (38.33 C). Erythema and tenderness are noted at the central line site. Blood samples are submitted for culture and intravenous vancomycin is ordered. This is an example of which of the following forms of antibiotic treatment?

- A. Prophylactic
- **B. Empiric**
- C. Broad spectrum
- D. Experimental

Answer: B

Explanation:

Empiric antibiotic therapy is the immediate initiation of antibiotics based on clinical judgment before laboratory confirmation of an infection. In this case, the presence of fever, erythema, and tenderness at the central line site suggests a possible bloodstream infection, prompting empiric treatment with vancomycin.

Step-by-Step Justification:

* Initiation Before Lab Confirmation:

* Empiric therapy starts treatment based on symptoms while awaiting culture results.

* Prevents Complications:

* Delayed treatment in central line-associated bloodstream infections (CLABSI) can lead to sepsis.

* Common in High-Risk Situations:

* Empiric treatment is used in cases where waiting for lab results could worsen the patient's condition.

Why Other Options Are Incorrect:

* B. Prophylactic:

* Prophylactic antibiotics are given to prevent infection, not to treat an existing one.

* C. Experimental:

* Experimental treatment refers to clinical trials or unproven therapies, which does not apply here.

* D. Broad spectrum:

* Broad-spectrum antibiotics cover multiple bacteria, but empiric therapy may be narrow- spectrum based on suspected pathogens.

CBIC Infection Control References:

* APIC Text, Chapter on Antimicrobial Stewardship and Empiric Therapy.

NEW QUESTION # 196

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