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Medical intervention factors that affect risk of infection - Answer -
indwelling devices, staffing ratio, lengths of stay, duration of invasive procedures, medications, # of exams by providers, type of institution, and knowledge/experience of providers

environmental intervention factors that affect risk of infection - Answer -
disinfectant type used, contact with animals, hand hygiene

anatomical/phys factors that affect risk of infection - Answer -
preexisting diseases, trauma, malignancies, age, gender, and nutritional status

DMAIC - Answer - D=define customers, project boundaries, and processes

M=measure performance

A=analyze data to identify causes of variation, gaps in performance, and prioritize actions

I=improve the process

C=control the process to prevent reverting

What should an effective surveillance program be able to provide? - Answer -
Detection of infections and injuries, identify trends, identify risk factors associated with infections and other AEs detect outbreaks and clusters, assess the overall effectiveness of the infection control and

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CBIC Certified Infection Control Exam Sample Questions (Q132-Q137):

NEW QUESTION # 132

Which of the following strategies is MOST effective in reducing surgical site infections (SSI) in orthopedic procedures?

- **A. Perioperative normothermia maintenance.**
- B. Administration of prophylactic antibiotics postoperatively for 48 hours.
- C. Routine intraoperative wound irrigation with povidone-iodine.
- D. Use of sterile adhesive wound dressings for 10 days postoperatively.

Answer: A

Explanation:

- * Perioperative normothermia maintenance reduces SSI rates by improving immune function and tissue perfusion.
- * Routine wound irrigation (B) has no strong evidence supporting SSI prevention.
- * Prolonged antibiotic use (C) increases antibiotic resistance without added benefit.
- * Extended use of wound dressings (D) does not reduce SSI rates.

CBIC Infection Control References:

- * APIC Text, "SSI Prevention in Surgery," Chapter 12.

NEW QUESTION # 133

A patient with a non-crusted rash has been diagnosed with *Sarcoptes scabiei*. The patient is treated with 5% permethrin and precautions are started. The precautions can be stopped

- A. when the treatment cream is applied
- B. when the bed linen is changed
- **C. 24 hours after effective treatment**
- D. 24 hours after the second treatment

Answer: C

Explanation:

For *Sarcoptes scabiei* (scabies), Contact Precautions should remain in place until 24 hours after effective treatment has been completed. The first-line treatment is 5% permethrin cream, which is applied to the entire body and left on for 8-14 hours before being washed off.

Why the Other Options Are Incorrect?

- * A. When the treatment cream is applied- The mite is still present and infectious until treatment has fully taken effect.
- * B. When the bed linen is changed- While changing linens is necessary, it does not indicate that the infestation has cleared.
- * D. 24 hours after the second treatment- Most cases require only one treatment with permethrin, though severe cases may need a second dose after a week.

CBIC Infection Control Reference

According to APIC guidelines, Contact Precautions can be discontinued 24 hours after effective treatment has been administered.

NEW QUESTION # 134

Following an outbreak of Hepatitis A, the water supply is sampled. A high count of which of the following isolates would indicate that the water was a potential source?

- **A. Coliforms**
- B. *Acinetobacter*
- C. *Legionella*
- D. *Pseudomonads*

Answer: A

Explanation:

Coliform bacteria are indicators of fecal contamination in water, making them a critical measure of water safety. Hepatitis A is a virus primarily transmitted via the fecal-oral route, often through contaminated food or water.

Step-by-Step Justification:

- * Fecal Contamination and Hepatitis A:

- * Hepatitis A virus (HAV) spreads through ingestion of water contaminated with fecal matter. High coliform counts indicate fecal contamination and increase the risk of HAV outbreaks.

- * Use of Coliforms as Indicators:

- * Public health agencies use total coliforms and *Escherichia coli* (*E. coli*) as primary indicators of water safety because they signal fecal pollution.

- * Waterborne Transmission of Hepatitis A:

- * Hepatitis A outbreaks have been traced to contaminated drinking water, ice, and improperly treated wastewater. Coliform detection signals a need for immediate action.

Why Other Options Are Incorrect:

- * B. *Pseudomonads*:

- * *Pseudomonads* (e.g., *Pseudomonas aeruginosa*) are environmental bacteria but are not indicators of fecal contamination.

- * C. *Legionella*:

- * *Legionella* species cause Legionnaires' disease through inhalation of contaminated aerosols, not through fecal-oral transmission.

- * D. *Acinetobacter*:

- * *Acinetobacter* species are opportunistic pathogens in healthcare settings but are not indicators of waterborne fecal contamination.

CBIC Infection Control References:

- * APIC Text, "Water Systems and Infection Control Measures".

- * APIC Text, "Hepatitis A Transmission and Waterborne Outbreaks".

NEW QUESTION # 135

Catheter associated urinary tract infection (CAUTI) improvement team is working to decrease CAUTIs in the hospital. Which of the following would be a process measure that would help to reduce CAUTI?

- A. Standardized Infection Ratio per unit
- B. CAUTI rate per 1000 catheter days
- C. Rate of bloodstream infections secondary to CAUTI
- D. Staff compliance to proper insertion technique

Answer: D

Explanation:

A process measure assesses how well healthcare personnel follow specific procedures known to prevent infection. In the case of CAUTI (Catheter-Associated Urinary Tract Infection), monitoring staff compliance with proper insertion technique is a direct process measure.

- * According to the APIC/JCR Workbook, effective CAUTI prevention involves evaluating compliance with proper catheter insertion and maintenance practices. Monitoring this behavior is a process measure that directly affects outcomes like infection rate reduction.

- * The CBIC Study Guide also emphasizes using compliance with evidence-based insertion techniques as a strategy to measure and improve CAUTI prevention efforts.

- * APIC Text notes that "a process measure focuses on a process or the steps in a process that leads to a specific outcome." This includes monitoring healthcare staff performance related to proper catheter insertion and care.

- * Incorrect answer rationale:

- * A. CAUTI rate per 1000 catheter days- This is an outcome measure, not a process measure.

- * B. Standardized Infection Ratio per unit- Also an outcome/benchmarking metric.

- * C. Rate of bloodstream infections secondary to CAUTI- This is an outcome, not a process.

References:

APIC/JCR Infection Prevention and Control Workbook, 4th Edition, Chapter 12 - CAUTI Assessment APIC Text, 4th Edition, Chapter 17 - Performance Measures CBIC Study Guide, 6th Edition, Core Competency: Surveillance and Epidemiologic Investigation

NEW QUESTION # 136

Which of the following statements characterizes the proper use of chemical disinfectants?

- A. A chemical indicator must be used with items undergoing high-level disinfection.
- B. The label on the solution being used must indicate that it kills all viable micro-organisms.

- C. The solution should be adaptable for use as an antiseptic.
- **D. All items to be processed must be cleaned prior to being submerged in solution.**

Answer: D

Explanation:

The proper use of chemical disinfectants is a critical aspect of infection control, as outlined by the Certification Board of Infection Control and Epidemiology (CBIC). Chemical disinfectants are used to eliminate or reduce pathogenic microorganisms on inanimate objects, and their effective application requires adherence to specific protocols to ensure safety and efficacy. Let's evaluate each option based on infection control standards:

* A. All items to be processed must be cleaned prior to being submerged in solution.: This statement is a fundamental principle of disinfectant use. Cleaning (e.g., removing organic material such as blood, tissue, or dirt) is a prerequisite before disinfection because organic matter can inactivate or reduce the effectiveness of chemical disinfectants. The CBIC emphasizes that proper cleaning is the first step in the disinfection process to ensure that disinfectants can reach and kill microorganisms. This step is universally required for all levels of disinfection (low, intermediate, and high), making it a characterizing feature of proper use.

* B. The label on the solution being used must indicate that it kills all viable micro-organisms.: This statement is misleading. No disinfectant can be guaranteed to kill 100% of all viable microorganisms under all conditions, as efficacy depends on factors like contact time, concentration, and the presence of organic material. Disinfectant labels typically indicate the types of microorganisms (e.g., bacteria, viruses, fungi) and the level of disinfection (e.g., high-level, intermediate-level) they are effective against, based on standardized tests (e.g., EPA or FDA guidelines). Claiming that a solution kills all viable microorganisms is unrealistic and not a requirement for proper use; instead, the label must specify the intended use and efficacy, which varies by product.

* C. The solution should be adaptable for use as an antiseptic.: An antiseptic is a chemical agent used on living tissue (e.g., skin) to reduce microbial load, whereas a disinfectant is used on inanimate surfaces.

While some chemicals (e.g., alcohol) can serve both purposes, this is not a requirement for proper disinfectant use. The adaptability of a solution for antiseptic use is irrelevant to its classification or application as a disinfectant, which focuses on environmental or equipment decontamination. This statement does not characterize proper disinfectant use.

* D. A chemical indicator must be used with items undergoing high-level disinfection.: Chemical indicators (e.g., test strips or tapes) are used to verify that the disinfection process has met certain parameters (e.g., concentration or exposure time), particularly in sterilization or high-level disinfection (HLD). While this is a recommended practice for quality assurance in HLD (e.g., with glutaraldehyde or hydrogen peroxide), it is not a universal requirement for all chemical disinfectant use. HLD applies specifically to semi-critical items (e.g., endoscopes), and the need for indicators depends on the protocol and facility standards. This statement is too narrow and specific to characterize the proper use of chemical disinfectants broadly.

The correct answer is A, as cleaning prior to disinfection is a foundational and universally applicable step in the proper use of chemical disinfectants. This aligns with CBIC guidelines, which stress the importance of a clean surface to maximize disinfectant efficacy and prevent infection transmission in healthcare settings.

References:

* CBIC Infection Prevention and Control (IPC) Core Competency Model (updated 2023), Domain IV:

Environment of Care, which mandates cleaning as a prerequisite for effective disinfection.

* CBIC Examination Content Outline, Domain III: Prevention and Control of Infectious Diseases, which includes protocols for the proper use of disinfectants, emphasizing pre-cleaning.

* CDC Guidelines for Disinfection and Sterilization in Healthcare Facilities (2021), which reinforce that cleaning must precede disinfection to ensure efficacy.

NEW QUESTION # 137

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