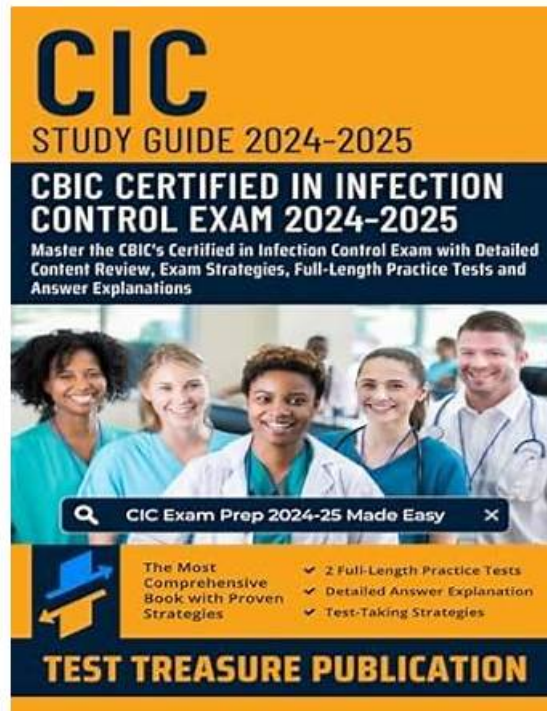


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CBIC Certified Infection Control Exam CIC Prüfungsfragen mit Lösungen (Q44-Q49):

44. Frage

A new hospital disinfectant with a 3-minute contact time has been purchased by Environmental Services. The disinfectant will be rolled out across the patient care 3-minute contact time has been purchased by Environmental Services. The disinfectant will be rolled out across the patient care areas. They are concerned about the high cost of the disinfectant. What advice can the infection preventionist provide?

- A. Use detergents on the floors in patient rooms.
- B. Use the new disinfectant for patient washrooms only.
- C. Use new disinfectant for all surfaces in the patient room.
- **D. Use detergents on smooth horizontal surfaces.**

Antwort: D

Begründung:

The scenario involves the introduction of a new hospital disinfectant with a 3-minute contact time, intended for use across patient care areas, but with concerns raised by Environmental Services about its high cost. The infection preventionist's advice must balance infection control efficacy with cost management, adhering to principles outlined by the Certification Board of Infection Control and Epidemiology (CBIC) and evidence-based practices. The goal is to optimize the disinfectant's use while ensuring a safe environment. Let's evaluate each option:

* A. Use the new disinfectant for patient washrooms only: Limiting the disinfectant to patient washrooms focuses its use on high-touch, high-risk areas where pathogens (e.g., *Clostridioides difficile*, norovirus) may be prevalent. However, this approach restricts the disinfectant's application to a specific area, potentially leaving other patient care surfaces (e.g., bed rails, tables) vulnerable to contamination. While cost-saving, it does not address the broad infection control needs across all patient care areas, making it an incomplete strategy.

* B. Use detergents on the floors in patient rooms: Detergents are cleaning agents that remove dirt and organic material but lack the antimicrobial properties of disinfectants. Floors in patient rooms can harbor pathogens, but they are generally considered lower-risk surfaces compared to high-touch areas (e.g., bed rails, doorknobs). Using detergents instead of the new disinfectant on floors could reduce costs but compromises infection control, as floors may still contribute to environmental transmission (e.g., via shoes or equipment). This option is not optimal given the availability of an effective disinfectant.

* C. Use detergents on smooth horizontal surfaces: Smooth horizontal surfaces (e.g., tables, counters, overbed tables) are common sites for pathogen accumulation and transmission in patient rooms. Using detergents to clean these surfaces removes organic material, which is a critical first step before disinfection. If the 3-minute contact time disinfectant is reserved for high-touch or high-risk surfaces (e.g., bed rails, call buttons) where disinfection is most critical, this approach maximizes the disinfectant's efficacy while reducing its overall use and cost. This strategy aligns with CBIC guidelines, which emphasize a two-step process (cleaning followed by disinfection) and targeted use of resources, making it a practical and cost-effective recommendation.

* D. Use new disinfectant for all surfaces in the patient room: Using the disinfectant on all surfaces ensures comprehensive pathogen reduction but increases consumption and cost, which is a concern for Environmental Services. While the 3-minute contact time suggests efficiency, overusing the disinfectant on low-risk surfaces (e.g., floors, walls) may not provide proportional infection control benefits and could strain the budget. This approach does not address the cost concern and is less strategic than targeting high-risk areas.

The best advice is C, using detergents on smooth horizontal surfaces to handle routine cleaning, while reserving the new disinfectant for high-touch or high-risk areas where its antimicrobial action is most needed.

This optimizes infection prevention, aligns with CBIC's emphasis on evidence-based environmental cleaning, and addresses the cost concern by reducing unnecessary disinfectant use. The infection preventionist should also recommend a risk assessment to identify priority surfaces for disinfectant application.

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

Environment of Care, which advocates for targeted cleaning and disinfection based on risk.

CBIC Examination Content Outline, Domain III: Prevention and Control of Infectious Diseases, which includes cost-effective use of disinfectants.

CDC Guidelines for Environmental Infection Control in Healthcare Facilities (2022), which recommend cleaning with detergents

followed by targeted disinfection.

45. Frage

An infection preventionist (IP) receives a phone call from a local health department alerting the hospital of the occurrence of a sewer main break. Contamination of the city water supply is a possibility. Which of the following actions should the IP perform FIRST?

- A. Contact the Employee Health department and ask for collaboration in case-finding.
- B. Review the emergency preparedness plan with engineering for sources of potable water.
- C. Review microbiology laboratory reports for enteric organisms in the past week.
- D. Notify the Emergency and Admissions departments to report diarrhea cases to infection control.

Antwort: C

Begründung:

The correct answer is B, "Review microbiology laboratory reports for enteric organisms in the past week," as this is the first action the infection preventionist (IP) should perform following the alert of a sewer main break and potential contamination of the city water supply. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, a rapid assessment of existing data is a critical initial step in investigating a potential waterborne outbreak. Reviewing microbiology laboratory reports for enteric organisms (e.g., *Escherichia coli*, *Salmonella*, or *Shigella*) helps the IP identify any recent spikes in infections that could indicate water supply contamination, providing an evidence-based starting point for the investigation (CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.2 - Analyze surveillance data). This step leverages available hospital data to assess the scope and urgency of the situation before initiating broader actions.

Option A (notify the Emergency and Admissions departments to report diarrhea cases to infection control) is an important subsequent step to enhance surveillance, but it relies on proactive reporting and does not provide immediate evidence of an ongoing issue. Option C (contact the Employee Health department and ask for collaboration in case-finding) is valuable for involving additional resources, but it should follow the initial data review to prioritize case-finding efforts based on identified trends. Option D (review the emergency preparedness plan with engineering for sources of potable water) is a critical preparedness action, but it is more relevant once contamination is confirmed or as a preventive measure, not as the first step in assessing the current situation. The focus on reviewing laboratory reports aligns with CBIC's emphasis on using surveillance data to guide infection prevention responses, enabling the IP to quickly determine if the sewer main break has already impacted patient health and to escalate actions accordingly (CBIC Practice Analysis, 2022, Domain II:

Surveillance and Epidemiologic Investigation, Competency 2.1 - Conduct surveillance for healthcare-associated infections and epidemiologically significant organisms). This approach is consistent with CDC guidelines for responding to waterborne outbreak alerts (CDC Environmental Public Health Guidelines, 2020).

References: CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competencies 2.1 - Conduct surveillance for healthcare-associated infections and epidemiologically significant organisms, 2.2 - Analyze surveillance data. CDC Environmental Public Health Guidelines, 2020.

46. Frage

The Environmental Services department is purchasing a new disinfectant that is an approved hospital disinfectant with no tuberculocidal claim. This product is appropriate for cleaning which of the following items?

- A. Ultrasound probe
- B. Respiratory therapy equipment
- C. Laryngoscope blades
- D. Blood pressure cuff

Antwort: D

47. Frage

A 36-year-old female presents to the Emergency Department with a petechial rash, meningitis, and cardiac arrest. During the resuscitation, a phlebotomist sustained a needlestick injury. The next day, blood cultures reveal *Neisseria meningitidis*. The exposure management for the phlebotomist is:

- A. Work furlough from day ten to day 21 after exposure.
- B. Prophylactic rifampin plus isoniazid.
- C. A tuberculin skin test now and in ten weeks.

- D. A review of the phlebotomist's hepatitis B vaccine status.

Antwort: A

Begründung:

The scenario involves a needlestick injury sustained by a phlebotomist during the resuscitation of a patient diagnosed with *Neisseria meningitidis* infection, characterized by a petechial rash, meningitis, and cardiac arrest. *Neisseria meningitidis* is a gram-negative diplococcus that can cause meningococcal disease, including meningitis and septicemia, and is transmitted through direct contact with respiratory secretions or, in rare cases, blood exposure. The exposure management for the phlebotomist must align with infection control guidelines, such as those from the Certification Board of Infection Control and Epidemiology (CBIC) and the CDC, to prevent potential infection. Let's evaluate each option:

* A. Prophylactic rifampin plus isoniazid: Prophylactic antibiotics are recommended for close contacts of individuals with meningococcal disease to prevent secondary cases. Rifampin is a standard prophylactic agent for *Neisseria meningitidis* exposure, typically administered as a 2-day course (e.g., 600 mg every 12 hours for adults). Isoniazid, however, is used for tuberculosis (TB) prophylaxis and is not indicated for meningococcal disease. Combining rifampin with isoniazid is incorrect, as it reflects a confusion with TB management rather than meningococcal exposure. This option is not appropriate.

* B. A tuberculin skin test now and in ten weeks: A tuberculin skin test (TST) or interferon-gamma release assay (IGRA) is used to screen for latent tuberculosis infection, with a follow-up test at 8-10 weeks to detect conversion after potential TB exposure. *Neisseria meningitidis* is not related to TB, and a needlestick injury from a meningococcal patient does not warrant TB testing. This option is irrelevant to the scenario and not the correct exposure management.

* C. Work furlough from day ten to day 21 after exposure: *Neisseria meningitidis* has an incubation period of 2-10 days, with a maximum of about 14 days in rare cases. The CDC and WHO recommend that healthcare workers exposed to meningococcal disease via needlestick or mucosal exposure be monitored for signs of infection (e.g., fever, rash) and, if symptomatic, isolated and treated.

Additionally, a work restriction or furlough from day 10 to day 21 after exposure is advised to cover the potential incubation period, especially if prophylaxis is declined or contraindicated. This allows time to observe for symptoms and prevents transmission to vulnerable patients. This is a standard infection control measure and the most appropriate initial management step pending prophylaxis decision.

* D. A review of the phlebotomist's hepatitis B vaccine status: Reviewing hepatitis B vaccine status is a critical step following a needlestick injury, as hepatitis B can be transmitted through blood exposure.

However, this applies to bloodborne pathogens (e.g., HBV, HCV, HIV) and is not specific to *Neisseria meningitidis*, which is primarily a respiratory or mucosal pathogen. While hepatitis B management (e.g., post-exposure prophylaxis with hepatitis B immunoglobulin or vaccine booster) should be addressed as part of a comprehensive needlestick protocol, it is not the first or most relevant priority for meningococcal exposure.

The best answer is C, as the work furlough from day 10 to day 21 after exposure addresses the specific risk of meningococcal disease following a needlestick injury. This aligns with CBIC's focus on timely intervention and work restriction to prevent transmission in healthcare settings. Prophylactic antibiotics (e.g., rifampin) should also be considered, but the question asks for the exposure management, and furlough is a primary control measure. Hepatitis B and TB considerations are secondary and managed separately.

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

Prevention and Control of Infectious Diseases, which includes protocols for managing exposure to communicable diseases like meningococcal infection.

CBIC Examination Content Outline, Domain IV: Environment of Care, which addresses work restrictions and exposure management.

CDC Guidelines for Meningococcal Disease Prevention and Control (2023), which recommend work furlough and monitoring for exposed healthcare workers.

48. Frage

Therapeutic antimicrobial agents should be used when

- A. the infecting agent is unknown
- B. the patient's illness warrants treatment prior to culture results
- C. the patient symptoms suggest likely pathogens.
- **D. Following identification of the pathogen and sensitivities.**

Antwort: D

Begründung:

Therapeutic antimicrobial agents should ideally be pathogen-directed to minimize resistance, side effects, and treatment failure. Once the causative pathogen and its antimicrobial susceptibilities are known, the most narrow-spectrum, effective agent should be used.

Why the Other Options Are Incorrect?

* A. The infecting agent is unknown - Empiric therapy may be necessary initially, but definitive therapy should be based on pathogen identification.

* B. The patient's illness warrants treatment prior to culture results - This applies to empiric therapy, but not to definitive antimicrobial selection.

* C. The patient's symptoms suggest likely pathogens - Clinical presentation guides empiric treatment, but definitive therapy should follow culture and susceptibility testing.

CBIC Infection Control Reference

APIC emphasizes the importance of selecting antimicrobials based on pathogen identification and susceptibility testing to prevent antimicrobial resistance.

49. Frage

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