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CIC STUDYING 2024: CIC PRACTICE EXAM QUESTIONS AND ANSWERS WITH COMPLETE SOLUTION

Recipients of allogeneic hematopoietic stem transplantation (HSCT) should be placed in rooms with how many air exchanges per hour?

- 3
- 5
- 10

12 Ans- 12. A greater number of air exchanges per hour prevent opportunistic infections among stem cell transplant recipients

Because of the increased risk of infection with parenteral nutrition, the maximum infusion time for a parenteral lipid bag to run is?

- 6 hours
- 12 hours
- 18 hours

24 hours Ans- Maximum 12 hours. Lipid emulsions pose greatest risk of contamination w/ bacteria or fungi

The single most effective method of controlling hospital-acquired infections (HAI) is:

- Screening patients
- Isolating infected patients
- Handwashing

Immunizing staff members Ans- Handwashing

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CBIC Certified Infection Control Exam Sample Questions (Q31-Q36):

NEW QUESTION # 31

In the current year, cases of tuberculosis (TB) among foreign-born persons accounted for the majority of new TB cases in the United States. The number of states with greater than 50% of cases among foreign-born persons increased from four cases ten years ago to 22 cases in the current year. This information can BEST be used to

- * heighten awareness among Emergency Department staff.
- * inform staff who are foreign-born.
- * educate patients and visitors.
- * review the TB exposure control plan.

- A. 1 and 4 only.
- B. 2 and 3 only.
- C. 1 and 2 only.
- D. 3 and 4 only.

Answer: A

Explanation:

The correct answer is B, "1 and 4 only," indicating that the information can best be used to heighten awareness among Emergency Department (ED) staff and review the TB exposure control plan. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, tuberculosis (TB) remains a significant public health concern, particularly with the increasing proportion of cases among foreign-born persons in the United States. The data showing a rise from four to 22 states with over 50% of TB cases among foreign-born individuals highlights an evolving epidemiological trend that warrants targeted infection prevention strategies (CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.1 - Conduct surveillance for healthcare-associated infections and epidemiologically significant organisms).

Heightening awareness among ED staff (option 1) is critical because the ED is often the first point of contact for patients with undiagnosed or active TB, especially those from high-prevalence regions. Increased awareness can improve early identification, isolation, and reporting of potential cases. Reviewing the TB exposure control plan (option 4) is equally important, as it allows the infection preventionist to assess and update protocols-such as ventilation, personal protective equipment (PPE) use, and screening processes-to address the heightened risk posed by the growing number of cases among foreign-born individuals (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.2 - Implement measures to prevent transmission of infectious agents).

Option 2 (inform staff who are foreign-born) is not the best use of this data, as the information pertains to patient demographics rather than staff risk, and targeting staff based on their origin could be inappropriate without specific exposure evidence. Option 3 (educate patients and visitors) is a general education strategy but less directly actionable with this specific epidemiological data, which is more relevant to healthcare worker preparedness and facility protocols. Combining options 1 and 4 aligns with CBIC's emphasis on using surveillance data to guide prevention and control measures, ensuring a proactive response to the increased TB burden (CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.5 - Use data to guide infection prevention and control strategies).

References: CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competencies 2.1 - Conduct surveillance for healthcare-associated infections and epidemiologically significant organisms, 2.5 - Use data to guide infection prevention and control strategies; Domain III:

Infection Prevention and Control, Competency 3.2 - Implement measures to prevent transmission of infectious agents.

NEW QUESTION # 32

When implementing a multimodal strategy (or bundle) for improving hand hygiene, the infection preventionist should focus on

Calculator

- A. signage for hand hygiene reminders.
- B. cost effectiveness of hand hygiene products.
- C. institutional assessment of significant barriers.
- D. availability of gloves in the patient care area

Answer: C

Explanation:

When implementing a multimodal strategy (or bundle) for hand hygiene, the infection preventionist should first assess barriers to compliance before implementing solutions.

Step-by-Step Justification:

* Understanding Barriers First:

* Identifying barriers (e.g., lack of access to sinks, high workload, or poor compliance culture) is critical for effective intervention.

* APIC Guidelines on Hand Hygiene Improvement:

* Strategies must be tailored based on the institution's specific challenges.

* Why Other Options Are Incorrect:

* A. Signage for hand hygiene reminders:

* Signage alone is insufficient without addressing systemic barriers.

* B. Cost-effectiveness of hand hygiene products:

* While important, cost analysis comes after identifying compliance barriers.

* C. Availability of gloves in the patient care area:

* Gloves do not replace hand hygiene and may lead to lower compliance.

CBIC Infection Control References:

* APIC/JCR Workbook, "Hand Hygiene Compliance and Institutional Barriers".

* APIC Text, "Hand Hygiene Improvement Strategies".

NEW QUESTION # 33

As part of their antimicrobial stewardship initiative, Hospital A is using a qualitative study to assess their program. What type of data will be collected using this approach?

- A. Numeric
- **B. Subjective**
- C. Reproducible
- D. Reliable

Answer: B

Explanation:

Qualitative studies focus on collecting subjective data, including personal narratives, observations, and experiences. These data are not numeric, and instead aim to explore themes and meaning from contextual, non-quantifiable information.

* From the APIC Text:

"Qualitative methods... Measures or data: Subjective, Unique, Differs over time, sample, and context." References:

APIC Text, 4th Edition, Chapter 19 - Qualitative Research Methods

NEW QUESTION # 34

The infection preventionist (IP) is working with Environmental Services to evaluate a new disinfectant for purchase by the facility. With which of the following should the IP be MOST concerned?

- A. Vendor knowledge of product
- B. Vendor proximity to the facility
- C. Staff preference
- **D. Safety of the product**

Answer: D

Explanation:

When evaluating a new disinfectant, the infection preventionist's primary concern must be the safety and effectiveness of the product. This includes ensuring the product is EPA-registered, effective against targeted pathogens, safe for both the environment and users, and compliant with regulatory guidelines.

* From the APIC/JCR Workbook, key considerations include:

"Organizations should evaluate each product to ensure that it can be used safely and include a review of dilutions, storage, shelf life, PPE needed, and disposal and ventilation requirements to ensure that OSHA, EPA, or local requirements are met".

* The CBIC Study Guide reinforces that:

"Safety and efficacy are critical factors in evaluating new products, with particular emphasis on infection prevention and user safety".

* The other options, while relevant, are not the most critical factors in determining product adoption from an infection control standpoint.

References:

APIC/JCR Workbook, 4th Edition, Chapter 8 - Disinfection and Sterilization
CBIC Study Guide, 6th Edition, Product Evaluation Section

NEW QUESTION # 35

Based on the compiled results of learner needs assessments, the staff has an interest in hepatitis B, wound care, and continuing education credits. What should be the infection preventionist's next step?

- A. Offer a lecture on hepatitis B and wound care
- B. Directly observe behavioral changes
- C. Conduct personal interviews with the staff
- **D. Write program goals and objectives**

Answer: D

Explanation:

The infection preventionist's (IP) next step, based on the compiled results of learner needs assessments indicating staff interest in hepatitis B, wound care, and continuing education credits, should be to write program goals and objectives. This step is critical in the educational planning process, as outlined by the Certification Board of Infection Control and Epidemiology (CBIC) guidelines. According to CBIC, effective infection prevention education programs begin with a structured approach that includes defining clear goals and objectives tailored to the identified needs of the learners (CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competency 4.1 - Develop and implement educational programs). Writing program goals and objectives ensures that the educational content aligns with the staff's interests and professional development needs, such as understanding hepatitis B prevention, wound care techniques, and earning continuing education credits. This step provides a foundation for designing relevant and measurable outcomes, which can later guide the development of lectures, training materials, or other interventions.

Option A (conduct personal interviews with the staff) is less appropriate as the next step because the needs assessment has already been completed, providing sufficient data on staff interests. Additional interviews might be useful for refining details but are not the immediate priority. Option B (offer a lecture on hepatitis B and wound care) is a subsequent action that follows the establishment of goals and objectives, as delivering content without a structured plan may lack focus or fail to meet educational standards. Option D (directly observe behavioral changes) is an evaluation step that occurs after the education program has been implemented and is not the initial action required.

By starting with program goals and objectives, the IP ensures a systematic approach that adheres to CBIC's emphasis on evidence-based education and continuous improvement in infection prevention practices. This process also facilitates collaboration with stakeholders to meet accreditation or certification requirements, such as those for continuing education credits.

References: CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competency 4.1 - Develop and implement educational programs.

NEW QUESTION # 36

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