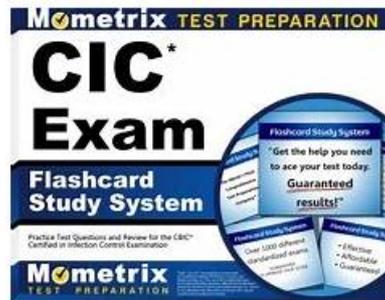


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CBIC Certified Infection Control Exam Sample Questions (Q16-Q21):

NEW QUESTION # 16

At a facility with 10,000 employees, 5,000 are at risk for bloodborne pathogen exposure. Over the past five years, 100 of the 250 needlestick injuries involved exposure to bloodborne pathogens, and 2% of exposed employees seroconverted. How many employees became infected?

- A. 0
- B. 1
- C. 2
- D. 3

Answer: D

Explanation:

To determine the number of employees who seroconverted (became infected) after a needlestick exposure, we use the given data:

* Total Needlestick Injuries: 250

* Needlestick Injuries Involving Bloodborne Pathogens: 100

* Seroconversion Rate: 2%

Calculation:

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$$\text{Infected Employees} = 100 \times \frac{2}{100} = 2$$

Why Other Options Are Incorrect:

* A. 1: Incorrect calculation; 2% of 100 is 2, not 1.

* C. 5: Overestimates the actual number of infections.

* D. 10: Exceeds the calculated value based on given data.

CBIC Infection Control References:

* APIC Text, "Occupational Exposure and Seroconversion Risks".

* APIC Text, "Bloodborne Pathogens and Needlestick Injury Prevention"

NEW QUESTION # 17

Which of the following is the correct collection technique to obtain a laboratory specimen for suspected pertussis?

- A. Nares culture
- **B. Nasopharyngeal culture**
- C. Cough plate
- D. Sputum culture

Answer: B

NEW QUESTION # 18

A patient with pertussis can be removed from Droplet Precautions after

- A. the patient has been given pertussis vaccine.
- B. direct fluorescent antibody and/or culture are negative.
- **C. five days of appropriate antibiotic therapy.**
- D. the paroxysmal stage has ended.

Answer: C

Explanation:

A patient with pertussis (whooping cough) should remain on Droplet Precautions to prevent transmission.

According to APIC guidelines, patients with pertussis can be removed from Droplet Precautions after completing at least five days of appropriate antimicrobial therapy and showing clinical improvement.

Why the Other Options Are Incorrect?

* A. Direct fluorescent antibody and/or culture are negative - Laboratory results may not always detect pertussis early, and false negatives can occur.

* C. The patient has been given pertussis vaccine - The vaccine prevents but does not treat pertussis, and it does not shorten the period of contagiousness.

* D. The paroxysmal stage has ended - The paroxysmal stage (severe coughing fits) can last weeks, but infectiousness decreases with antibiotics.

CBIC Infection Control Reference

According to APIC guidelines, Droplet Precautions should continue until the patient has received at least five days of antimicrobial therapy.

NEW QUESTION # 19

An infection preventionist is reviewing employee health immunization policies. What is the recommendation for tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) for a 55-year-old nurse who received all childhood vaccinations?

- A. Two doses of Tdap vaccine at least 14 days apart
- **B. One dose of Tdap vaccine**
- C. No additional vaccination is recommended
- D. Two doses of Tdap vaccine at least 28 days apart

Answer: B

Explanation:

The correct answer is A, "One dose of Tdap vaccine," as this is the recommended immunization for a 55-year-old nurse who received all childhood vaccinations. 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) and the Advisory Committee on Immunization Practices (ACIP), adults who have completed a primary series of childhood vaccinations (typically 5 doses of DTaP or DTP) should receive a single booster dose of Tdap if they have not previously received it. This is especially critical for healthcare personnel, such as a 55-year-old nurse, due to their increased risk of exposure to pertussis and the need to protect vulnerable patients (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.2 - Implement measures to prevent transmission of infectious agents). The Tdap vaccine, which protects against tetanus, diphtheria, and pertussis, is recommended once between ages 11-64, with a preference for administration in early adulthood (e.g., 19-26 years) or as soon as feasible for older adults, including this 55-year-old nurse, to ensure immunity against pertussis, which wanes over time. For individuals aged 65 and older, Tdap is still recommended if not previously received, though Tdap is preferred over Td (tetanus and diphtheria only) for healthcare workers to address pertussis risk.

Option B (two doses of Tdap vaccine at least 14 days apart) and Option C (two doses of Tdap vaccine at least 28 days apart) are not standard recommendations for adults with a complete childhood vaccination history.

Multiple doses are typically reserved for individuals with incomplete primary series or specific high-risk conditions, not for this scenario. Option D (no additional vaccination is recommended) is incorrect because, even with a complete childhood series, a Tdap booster is advised for healthcare workers to maintain protection, especially given the nurse's occupational exposure risks (CDC Immunization Schedules, 2024).

After receiving the Tdap booster, a Td booster every 10 years is recommended to maintain tetanus and diphtheria immunity, but the initial Tdap dose is the priority for this nurse.

The recommendation for one Tdap dose aligns with CBIC's emphasis on evidence-based immunization policies to prevent transmission of vaccine-preventable diseases in healthcare settings (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.1 - Collaborate with organizational leaders). This ensures the nurse is protected and contributes to herd immunity, reducing the risk of pertussis outbreaks in the healthcare environment.

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 Immunization Schedules, 2024. ACIP Recommendations for Tdap, 2011 (updated 2023).

NEW QUESTION # 20

The infection preventionist observed a caregiver entering a room without performing hand hygiene. The BEST response would be to

- A. design a unit-based education program
- B. install hand hygiene dispensers in more convenient areas.
- C. post additional signage to remind caregivers to wash before entry.
- **D. provide immediate feedback and education to the caregiver.**

Answer: D

Explanation:

Immediate feedback is a best practice in behavior correction and performance improvement. In hand hygiene non-compliance, real-time intervention allows for immediate correction, education, and reinforcement of infection prevention policies.

* The APIC/JCR Workbook recommends:

"Provide simulation training... that provides immediate feedback-for example, how to properly insert a urinary catheter or perform hand hygiene." This supports behavior change and staff learning.

* The APIC Text emphasizes that real-time, direct feedback is more effective than passive measures like signage or delayed education campaigns.

References:

APIC/JCR Infection Prevention and Control Workbook, 4th Edition, Chapter 6 - Clinical Strategies

NEW QUESTION # 21

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