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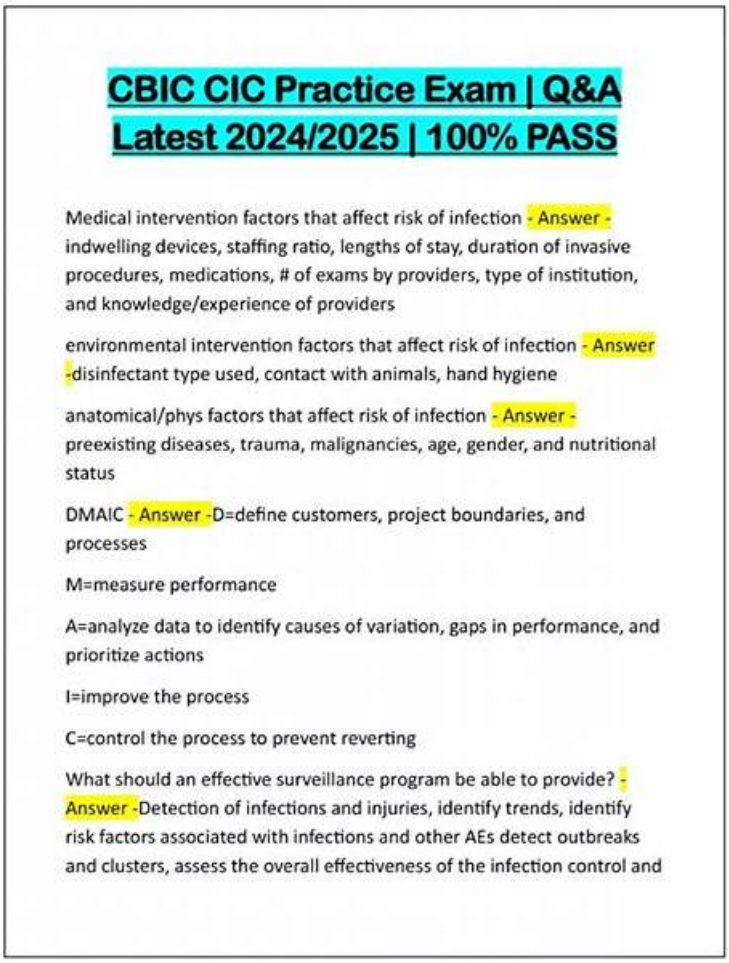

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Medical intervention factors that affect risk of infection - Answer - indwelling devices, staffing ratio, lengths of stay, duration of invasive procedures, medications, # of exams by providers, type of institution, and knowledge/experience of providers

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 (Q33-Q38):

NEW QUESTION # 33
The expectation to call out or speak up when an infection prevention lapse is observed is an example of

- A. a safety culture with reciprocal accountability.
- B. honest disclosure of a safety event.
- C. implementation of human factors.
- D. a blaming and shaming safety culture.

Answer: A

Explanation:
A safety culture withreciprocal accountabilityemphasizes mutual responsibility for maintaining safe practices, encouraging staff at all levels to "speak up" or "stop the line" when they observe risky practices.
This concept reflects a learning organization and a just culture that supports open communication and proactive risk mitigation.
* According to theAPIC Text, a strong safety culture is described as one where:
"The leadership can expect staff members to call out or stop the line when they see risk, and staff can expect leadership to listen and act." This dynamic reflects reciprocal accountability.
* Other options are less accurate:
* A. Human factorsrefer to system design, not behavioral accountability.
* B. Honest disclosure of a safety eventis about post-event transparency, not real-time intervention.
* C. A blaming and shaming cultureis antithetical to safety culture principles.
References:
APIC Text, 4th Edition, Chapter 18 - Patient Safety

NEW QUESTION # 34
A hospital experiencing an increase in catheter-associated urinary tract infections (CAUTI) implements a quality improvement initiative. Which of the following interventions is MOST effective in reducing CAUTI rates?

- A. Implementing nurse-driven protocols for early catheter removal.
- B. Replacing indwelling urinary catheters with condom catheters for all male patients.
- C. Using antibiotic-coated catheters in all ICU patients.
- D. Routine urine cultures for all catheterized patients every 48 hours.

Answer: A

Explanation:
* Nurse-driven catheter removal protocols have been shown to significantly reduce CAUTI rates by minimizing unnecessary catheter use.
* Routine urine cultures (A) lead to overtreatment of asymptomatic bacteriuria.
* Condom catheters (C) are helpful in certain cases but are not universally effective.
* Antibiotic-coated catheters (D) have mixed evidence regarding their effectiveness.
CBIC Infection Control References:
* APIC Text, "CAUTI Prevention Strategies," Chapter 10.

NEW QUESTION # 35
What method of evaluation will BEST identify a staff member's competency with reprocessing medical devices?

- A. Demonstrate the appropriate sterilization procedure.
- B. Obtain a score of 100% on a post-test following a reprocessing course.
- C. Describe the facility's sterilization policies and procedures.
- D. Verbalize the importance of reprocessing.

Answer: A

Explanation:
The correct answer is B, "Demonstrate the appropriate sterilization procedure," as this method of evaluation will best identify a staff member's competency with reprocessing medical devices. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, competency in reprocessing medical devices-such as cleaning, disinfection, and sterilization-requires not only theoretical knowledge but also the practical ability to perform the tasks correctly and safely. Demonstration allows the infection preventionist (IP) to directly observe the staff member's hands-on skills, adherence to protocols (e.g., AAMI ST79), and ability to handle equipment, ensuring that the reprocessing process effectively prevents healthcare- associated infections (HAIs) (CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competency 4.3 - Assess competence of healthcare personnel). This method provides tangible evidence of proficiency, as it tests the application of knowledge in a real or simulated setting, which is critical for ensuring patient safety.
Option A (verbalize the importance of reprocessing) assesses understanding and awareness, but it is a theoretical exercise that does not confirm the ability to perform the task, making it insufficient for evaluating competency. Option C (describe the facility's sterilization policies and procedures) tests knowledge of guidelines, which is a component of competence but lacks the practical demonstration needed to verify skill execution. Option D (obtain a score of 100% on a post-test following a reprocessing course) measures theoretical knowledge and retention, but a perfect score does not guarantee practical ability, as it does not assess hands-on performance or problem-solving under real conditions.
The focus on demonstration aligns with CBIC's emphasis on assessing competence through observable performance, ensuring that staff can reliably reprocess devices to maintain a sterile environment (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment). This method supports a comprehensive evaluation, aligning with best practices for training and competency assessment in healthcare settings.
References: CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment; Domain IV: Education and Research, Competency 4.3 - Assess competence of healthcare personnel. AAMI ST79:2017, Comprehensive guide to steam sterilization and sterility assurance in health care facilities.

NEW QUESTION # 36
Which performance improvement model should the infection preventionist use to aid in the evaluation of the infection control plan?

- A. Plan, Do, Study, Act
- B. Six Sigma
- C. Failure mode and effects analysis
- D. Root Cause Analysis

Answer: A

Explanation:
The Plan, Do, Study, Act (PDSA) model is a widely used performance improvement tool in infection prevention. It focuses on continuous quality improvement through planning, implementing, analyzing data, and making adjustments. This model aligns with infection control program evaluations and The Joint Commission's infection prevention and control standards.
Why the Other Options Are Incorrect?
* A. Six Sigma - A data-driven process improvement method but not as commonly used in infection control as PDSA.
* B. Failure Mode and Effects Analysis (FMEA) - Used to identify risks before implementation, rather than ongoing evaluation.
* D. Root Cause Analysis (RCA) - Used to analyze failures after they occur, rather than guiding continuous improvement.
CBIC Infection Control Reference
The PDSA cycle is a recognized model for evaluating and improving infection control plans.

NEW QUESTION # 37
An infection preventionist is asked to recommend a product for disinfection of bronchoscopes. Which of the following agents would be appropriate?

- A. Peracetic acid
- B. Alcohol
- C. Iodophor
- D. Phenolic

Answer: A

Explanation:

The correct answer is D, "Peracetic acid," as this agent is appropriate for the disinfection of bronchoscopes.
According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, bronchoscopes are semi-critical devices that require high-level disinfection (HLD) to eliminate all microorganisms except high levels of bacterial spores, as they come into contact with mucous membranes but not sterile tissues. Peracetic acid is recognized by the Centers for Disease Control and Prevention (CDC) and the Association for the Advancement of Medical Instrumentation (AAMI) as an effective high-level disinfectant for endoscopes, including bronchoscopes, due to its broad-spectrum antimicrobial activity, rapid action, and compatibility with the delicate materials (e.g., optics and channels) of these devices (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment). It is commonly used in automated endoscope reprocessors, ensuring thorough disinfection when combined with proper cleaning and rinsing protocols.
Option A (iodophor) is typically used for intermediate-level disinfection and skin antisepsis, but it is not sufficient for high-level disinfection of bronchoscopes unless specifically formulated and validated for this purpose, which is uncommon. Option B (alcohol) is effective against some pathogens but evaporates quickly, fails to penetrate organic material, and is not recommended for HLD of endoscopes due to potential damage to internal components and inadequate sporicidal activity. Option C (phenolic) is suitable for surface disinfection but lacks the efficacy required for high-level disinfection of semi-critical devices like bronchoscopes, as it does not reliably eliminate all microbial threats, including mycobacteria.
The selection of peracetic acid aligns with CBIC's emphasis on evidence-based reprocessing practices to prevent healthcare-associated infections (HAIs) associated with endoscope use (CBIC Practice Analysis,
2022, Domain III: Infection Prevention and Control, Competency 3.4 - Implement environmental cleaning and disinfection protocols). This choice ensures patient safety by adhering to manufacturer and regulatory guidelines, such as those in AAMI ST91 (AAMI ST91:2015, Flexible and semi-rigid endoscope processing in health care facilities).
References: CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competencies 3.3 - Ensure safe reprocessing of medical equipment, 3.4 - Implement environmental cleaning and disinfection protocols. AAMI ST91:2015, Flexible and semi-rigid endoscope processing in health care facilities. CDC Guidelines for Disinfection and Sterilization in Healthcare Facilities, 2019.

NEW QUESTION # 38
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