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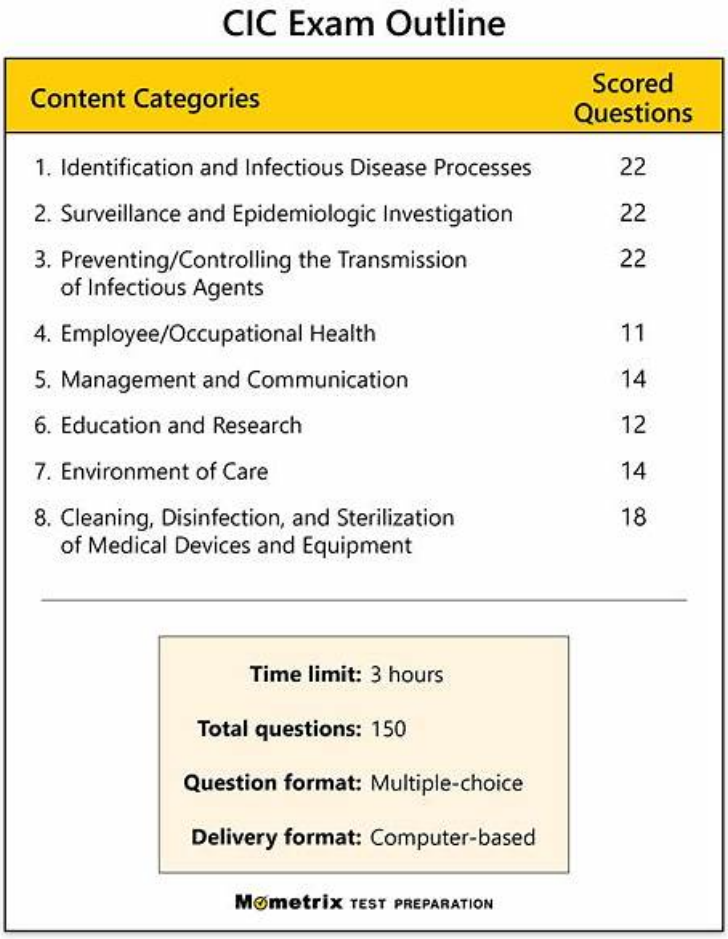

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CBIC Certified Infection Control Exam Sample Questions (Q134-Q139):

NEW QUESTION # 134
The infection preventionist (IP) is working with the Product Evaluation Committee to select a sporicidal disinfectant for

Clostridioides difficile. An effective disinfectant for the IP to recommend is

- A. phenolic.
- B. sodium hypochlorite.
- C. quaternary ammonium compound.
- D. isopropyl alcohol.

Answer: B

Explanation:
The correct answer is D, "sodium hypochlorite," as it is an effective sporicidal disinfectant for Clostridioides difficile that the infection preventionist (IP) should recommend. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, Clostridioides difficile (C. difficile) is a spore- forming bacterium responsible for significant healthcare-associated infections (HAIs), and its spores are highly resistant to many common disinfectants. Sodium hypochlorite (bleach) is recognized by the Centers for Disease Control and Prevention (CDC) and the Environmental Protection Agency (EPA) as a sporicidal agent capable of inactivating C. difficile spores when used at appropriate concentrations (e.g., 1:10 dilution of household bleach) and with the recommended contact time (CBIC Practice Analysis, 2022, Domain III:
Infection Prevention and Control, Competency 3.4 - Implement environmental cleaning and disinfection protocols). This makes it a preferred choice for environmental disinfection in outbreak settings or areas with known C. difficile contamination.
Option A (quaternary ammonium compound) is effective against many bacteria and viruses but lacks sufficient sporicidal activity against C. difficile spores, rendering it inadequate for this purpose. Option B (phenolic) has broad-spectrum antimicrobial properties but is not reliably sporicidal and is less effective against C. difficile spores compared to sodium hypochlorite. Option C (isopropyl alcohol) is useful for disinfecting surfaces and killing some pathogens, but it is not sporicidal and evaporates quickly, making it ineffective against C. difficile spores.
The IP's recommendation of sodium hypochlorite aligns with CBIC's emphasis on selecting disinfectants based on their efficacy against specific pathogens and adherence to evidence-based guidelines (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.5 - Evaluate the environment for infection risks). Proper use, including correct dilution and contact time, is critical to ensure effectiveness, and the IP should collaborate with the Product Evaluation Committee to ensure implementation aligns with safety and regulatory standards (CDC Guidelines for Environmental Infection Control in Healthcare Facilities, 2019).
References: CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competencies 3.4 - Implement environmental cleaning and disinfection protocols, 3.5 - Evaluate the environment for infection risks. CDC Guidelines for Environmental Infection Control in Healthcare Facilities, 2019.

NEW QUESTION # 135
The Sterile Processing Deportment alerts an infection preventionist that a load of surgical Instruments sterilized with high temperature steam:moist heat needs to be recalled. Which of the following Is the MOST likely reason for the recall?

- A. Incorrect placement of the instruments In the tray
- B. Placement of the biological Indicator on the bottom shelf over the d*an
- C. Failure of the biological Indicator Bacillus subtilts
- D. Failure of the biological Indicator Geobaciltus stearothermophilus

Answer: D

Explanation:
The most likely reason for the recall of a steam-sterilized load is thefailure of the biological indicator (BI), specificallyGeobacillus stearothermophilus, which is used to monitor high-temperature steam (moist heat) sterilization processes. This organism is the biological indicator of choice because it has high resistance to moist heat and thus serves as a reliable marker for sterilization efficacy. The APIC Text and AAMI ST79 guidelines confirm thatGeobacillus stearothermophilusis used for steam sterilization and that a failed BI indicates a failure in the sterilization process, which requires immediate action, including recalling all items sterilized since the last negative BI and reprocessing them. This is a crucial aspect of ensuring patient safety and preventing the use of potentially non-sterile surgical instruments.
* According to the APIC Text:
"BIs are the only process indicators that directly monitor the lethality of a given sterilization process. [...] Geobacillus stearothermophilusspores are used to monitor steam sterilization..."
* TheCIC Study Guide (6th ed.)also specifies that:
"Evidence of sterilization failures (e.g., positive biological indicators) is the most common reason for a recall."
* Additionally, it is noted:
"With steam sterilization, the instrument load does not need to be recalled for a single positive biological indicator test, with the

exception of implantable objects." However,multiple positive BIs or BI failure confirmation does require a recall.
* The incorrect options explained:
* A. Bacillus subtilis- This is not used in steam sterilization but rather in dry heat or EO processes.
* C. Placement of the biological indicator on the bottom shelf over the drain- While incorrect placement can lead to test failure, the recall is prompted by BI failure, not just placement.
* D. Incorrect placement of instruments- This can cause sterilization failure but is not the direct trigger for a recall unless it leads to a failed BI.
References:
CIC Study Guide, 6th Edition, Chapter 10 - Cleaning, Sterilization, Disinfection, Asepsis, Pages 211, 236 APIC Text, 4th Edition, Chapter 106 - Sterile Processing ANSI/AAMI ST79:2017, cited throughout APIC Text and APIC 4 for sterilization monitoring protocols.

NEW QUESTION # 136
An infection control manager is training a new infection preventionist. In discussing surveillance strategies, which of the following types of hospital infection surveillance usually provides maximum benefit with minimum resources?

- A. Antibiotic monitoring
- B. Prevalence surveys
- C. High-risk patient focus
- D. Nursing care plan review

Answer: C

Explanation:
A high-risk patient focus maximizes benefits while minimizing resource use in infection surveillance.
Step-by-Step Justification:
* Efficiency of High-Risk Surveillance:
* Targeting ICU, immunocompromised patients, or surgical units helps detect infections where the risk is highest, leading to earlier interventions.
* Resource Allocation:
* Full hospital-wide surveillance is resource-intensive; focusing on high-risk groups is more efficient.
* Why Other Options Are Incorrect:
* B. Antibiotic monitoring:
* Important for stewardship, but not the primary focus of infection surveillance.
* C. Prevalence surveys:
* Snapshot data only; does not provide ongoing monitoring.
* D. Nursing care plan review:
* Less direct in identifying infection trends.
CBIC Infection Control References:
* APIC Text, "Surveillance Strategies for Infection Prevention".

NEW QUESTION # 137
When developing an exposure control plan, the MOST important aspect in the prevention of exposure to tuberculosis is:

- A. Placement of the patient in an airborne infection isolation room.
- B. Use of personal protective equipment.
- C. Identification of a potentially infectious patient.
- D. Prompt initiation of chemotherapeutic agents.

Answer: C

Explanation:
Tuberculosis (TB), caused by Mycobacterium tuberculosis, is an airborne disease that poses a significant risk in healthcare settings, particularly through exposure to infectious droplets. The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes the "Prevention and Control of Infectious Diseases" domain, which includes developing exposure control plans, aligning with the Centers for Disease Control and Prevention (CDC) "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Healthcare Settings" (2005). The question seeks the most important aspect of an exposure control plan to prevent TB exposure, requiring a prioritization of preventive strategies.
Option B, "Identification of a potentially infectious patient," is the most important aspect. Early identification of individuals with

suspected or confirmed TB (e.g., through symptom screening like persistent cough, fever, or weight loss, or diagnostic tests like chest X-rays and sputum smears) allows for timely isolation and treatment, preventing further transmission. The CDC guidelines stress that the first step in an exposure control plan is to recognize patients with signs or risk factors for infectious TB, as unrecognized cases are the primary source of healthcare worker and patient exposures. The Occupational Safety and Health Administration (OSHA) also mandates risk assessment and early detection as foundational to TB control plans.
Option A, "Placement of the patient in an airborne infection isolation room," is a critical control measure once a potentially infectious patient is identified. Airborne infection isolation rooms (AIIRs) with negative pressure ventilation reduce the spread of infectious droplets, as recommended by the CDC. However, this step depends on prior identification; placing a patient in an AIIR without knowing their infectious status is inefficient and not the initial priority. Option C, "Prompt initiation of chemotherapeutic agents," is essential for treating active TB and reducing infectiousness, typically within days of effective therapy, per CDC guidelines. However, this follows identification and diagnosis (e.g., via acid-fast bacilli smear or culture), making it a secondary action rather than the most important preventive aspect. Option D, "Use of personal protective equipment," such as N95 respirators, is a key protective measure for healthcare workers once an infectious patient is identified, as outlined by the CDC and OSHA. However, PPE is a reactive measure that mitigates exposure after identification and isolation, not the foundational step to prevent it.
The CBIC Practice Analysis (2022) and CDC guidelines prioritize early identification as the cornerstone of TB exposure prevention, enabling all subsequent interventions. Option B ensures that the exposure control plan addresses the source of transmission at its outset, making it the most important aspect.
References:
* CBIC Practice Analysis, 2022.
* CDC Guidelines for Preventing the Transmission of Mycobacterium tuberculosis in Healthcare Settings, 2005.
* OSHA Respiratory Protection Standard, 29 CFR 1910.134.

NEW QUESTION # 138
An infection preventionist is putting together an educational program for families of patients newly diagnosed with Clostridioides difficile infection (CDI). Which of the following educational formats would involve active learning?

- A. Watching a 5-minute YouTube video demonstrating ways to prevent CDI transmission
- B. Providing a brief 10-minute lecture on ways to prevent CDI transmission
- C. Having the family members demonstrate ways to prevent CDI transmission
- D. Distributing a pamphlet describing ways to prevent CDI transmission

Answer: C

Explanation:
The correct answer is D, "Having the family members demonstrate ways to prevent CDI transmission," as this educational format involves active learning. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, active learning engages learners through participation, practice, and application of knowledge, which is more effective for skill development and behavior change compared to passive methods. In this context, having family members demonstrate techniques-such as proper hand hygiene, use of personal protective equipment (PPE), or environmental cleaning-requires them to actively apply the information, reinforcing understanding and retention (CBIC Practice Analysis, 2022, Domain IV:
Education and Research, Competency 4.1 - Develop and implement educational programs). This hands-on approach also allows the infection preventionist to provide immediate feedback, ensuring correct practices to prevent CDI transmission, which is critical given the spore-forming nature of Clostridioides difficile.
Option A (providing a brief 10-minute lecture on ways to prevent CDI transmission) is a passive learning method where information is delivered to the audience without requiring their active participation, limiting its effectiveness for skill-based learning. Option B (distributing a pamphlet describing ways to prevent CDI transmission) is also passive, relying on the family to read and interpret the material independently, which may not ensure comprehension or application. Option C (watching a 5-minute YouTube video demonstrating ways to prevent CDI transmission) is a more engaging passive method, as it provides visual and auditory learning, but it still lacks the interactive component of active participation or demonstration.
The focus on active learning aligns with CBIC's emphasis on tailoring educational programs to promote practical skills and sustained behavior change, which is essential for infection prevention among families of CDI patients (CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competency 4.2 - Evaluate the effectiveness of educational programs). This approach supports the goal of reducing transmission risks in both healthcare and home settings.
References: CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competencies 4.1 - Develop and implement educational programs, 4.2 - Evaluate the effectiveness of educational programs.

NEW QUESTION # 139
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