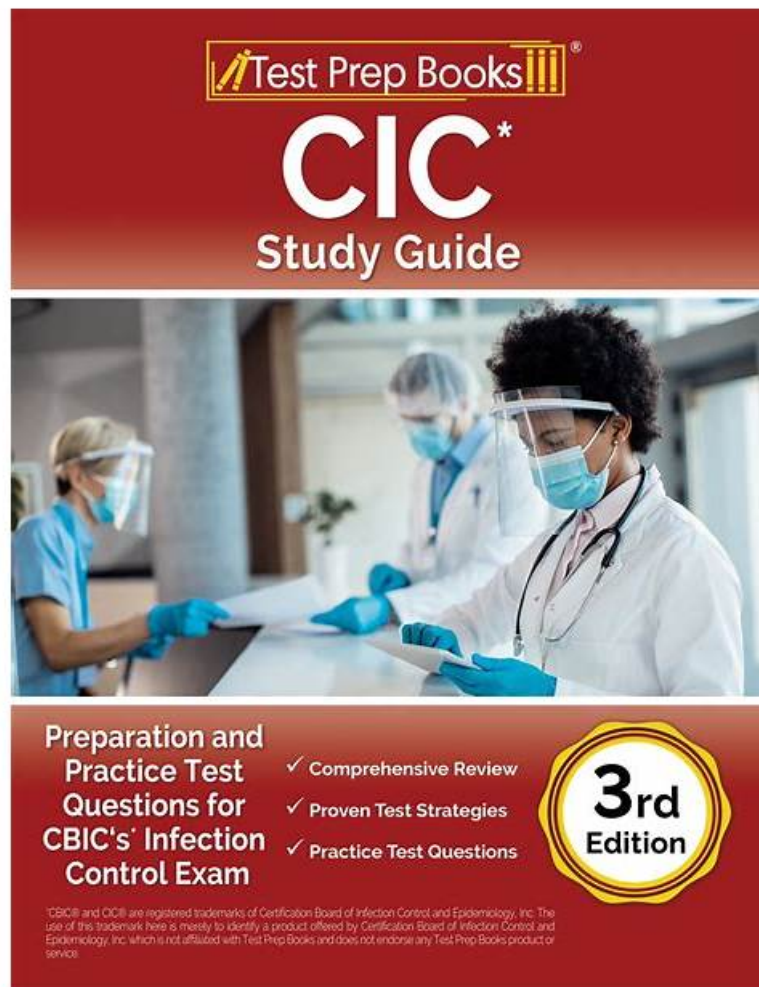


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## CBIC Certified Infection Control Exam Sample Questions (Q161-Q166):

### NEW QUESTION # 161

An immunocompetent patient is diagnosed with active tuberculosis (TB). Which of the following sites of the disease is MOST likely to result in transmission to healthcare personnel?

- **A. Laryngeal TB**
- B. Tuberculous meningitis
- C. Miliary TB
- D. Renal TB

**Answer: A**

Explanation:

Laryngeal tuberculosis (TB) is highly contagious because it involves the upper respiratory tract, leading to direct aerosolized transmission of *Mycobacterium tuberculosis* through talking, coughing, or sneezing.

Why the Other Options Are Incorrect?

- \* A. Renal TB - Genitourinary TB is not typically transmissible via airborne droplets.
- \* B. Miliary TB - While systemic, it does not involve direct respiratory transmission.
- \* D. Tuberculous meningitis - TB in the central nervous system is not spread through respiratory secretions.

CBIC Infection Control Reference

APIC confirms that laryngeal TB is one of the most infectious forms and requires Airborne Precautions

### NEW QUESTION # 162

Which water type is suitable for drinking yet may still be a risk for disease transmission?

- **A. Potable water**
- B. Grey water
- C. Purified water
- D. Distilled water

**Answer: A**

Explanation:

To determine which water type is suitable for drinking yet may still pose a risk for disease transmission, we need to evaluate each option based on its definition, treatment process, and potential for contamination, aligning with infection control principles as outlined by the Certification Board of Infection Control and Epidemiology (CBIC).

\* A. Purified water: Purified water undergoes a rigorous treatment process (e.g., reverse osmosis, distillation, or deionization) to remove impurities, contaminants, and microorganisms. This results in water that is generally safe for drinking and has a very low risk of disease transmission when properly handled and stored. However, if the purification process is compromised or if contamination occurs post-purification (e.g., due to improper storage or distribution), there could be a theoretical risk.

Nonetheless, purified water is not typically considered a primary source of disease transmission under standard conditions.

\* B. Grey water: Grey water refers to wastewater generated from domestic activities such as washing dishes, laundry, or bathing, which may contain soap, food particles, and small amounts of organic matter. It is not suitable for drinking due to its potential contamination with pathogens (e.g., bacteria, viruses) and chemicals. Grey water is explicitly excluded from potable water standards and poses a significant risk for disease transmission, making it an unsuitable choice for this question.

\* C. Potable water: Potable water is water that meets regulatory standards for human consumption, as defined by organizations like the World Health Organization (WHO) or the U.S. Environmental Protection Agency (EPA). It is treated to remove harmful pathogens and contaminants, making it safe for drinking under normal circumstances. However, despite treatment, potable water can still pose a risk for disease transmission if the distribution system is contaminated (e.g., through biofilms, cross-connections, or inadequate maintenance of pipes). Outbreaks of waterborne diseases like Legionnaires' disease or gastrointestinal infections have been linked to potable water systems, especially in healthcare settings. This makes potable water the best answer, as it is suitable for drinking yet can still carry a risk under certain conditions.

\* D. Distilled water: Distilled water is produced by boiling water and condensing the steam, which removes most impurities, minerals, and microorganisms. It is highly pure and safe for drinking, often used in medical and laboratory settings. Similar to purified water, the risk of disease transmission is extremely low unless contamination occurs after distillation due to improper handling or storage. Like purified water, it is not typically associated with disease transmission risks in standard use.

The key to this question lies in identifying a water type that is both suitable for drinking and has a documented potential for disease transmission. Potable water fits this criterion because, while it is intended for consumption and meets safety standards, it can still be a vector for disease if the water supply or distribution system is compromised. This is particularly relevant in infection control, where

maintaining water safety in healthcare facilities is a critical concern addressed by CBIC guidelines.

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

Prevention and Control of Infectious Diseases, which highlights the importance of water safety and the risks of contamination in potable water systems.

CBIC Examination Content Outline, Domain IV: Environment of Care, which includes managing waterborne pathogens (e.g., Legionella) in potable water supplies.

#### NEW QUESTION # 163

A hospital is experiencing an increase in vancomycin-resistant Enterococcus (VRE) infections in the hematology-oncology unit. Which of the following interventions is MOST effective in halting the spread of VRE in this high-risk setting?

- A. Screening all patients on admission and placing positive patients in isolation.
- **B. Implementing a hand hygiene compliance audit and feedback system.**
- C. Restricting the use of vancomycin for all patients in the hospital.
- D. Conducting environmental sampling for VRE contamination weekly.

**Answer: B**

Explanation:

Comprehensive and Detailed In-Depth Explanation:

Hand hygiene remains the single most effective intervention to prevent the spread of vancomycin-resistant Enterococcus (VRE) in healthcare settings. Implementing an audit and feedback system significantly improves compliance and reduces VRE transmission.

Step-by-Step Justification:

\* Hand Hygiene Compliance Audit and Feedback (Best Strategy)

\* Studies show that poor hand hygiene is the primary mode of VRE transmission in hospitals.

\* Implementing real-time auditing with feedback ensures sustained compliance and helps identify weak areas.

\* Why Other Options Are Incorrect:

\* A. Screening all patients and isolating VRE-positive patients:

\* While screening helps identify carriers, contact precautions alone are not sufficient without strong hand hygiene enforcement.

\* B. Restricting vancomycin use:

\* While antimicrobial stewardship is crucial, vancomycin use alone does not drive VRE outbreaks-poor infection control practices do.

\* D. Conducting environmental sampling weekly:

\* Routine sampling is not necessary; immediate terminal disinfection and improved hand hygiene are more effective.

CBIC Infection Control References:

\* APIC Text, "VRE Prevention and Hand Hygiene," Chapter 11.

\* APIC-JCR Workbook, "Antimicrobial Resistance and Infection Control Measures," Chapter 7.

#### NEW QUESTION # 164

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

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

**Answer: D**

#### NEW QUESTION # 165

Immediate use steam sterilization is NOT recommended for implantable items requiring immediate use because

- A. chemical indicators may not be accurate at high temperatures.
- **B. results of biologic indicators are unavailable prior to use of the item.**
- C. the high temperature may damage the items.
- D. the length of time is inadequate for the steam to penetrate the pack.

**Answer: B**

Explanation:

The correct answer is C, "results of biologic indicators are unavailable prior to use of the item," as this is the primary reason immediate use steam sterilization (IUSS) is not recommended for implantable items requiring immediate use. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, IUSS is a process used for sterilizing items needed urgently when no other sterile options are available, typically involving a shortened cycle (e.g., flash sterilization). However, for implantable items- such as orthopedic hardware or prosthetic devices-ensuring absolute sterility is critical due to the risk of deep infection. Biologic indicators (BIs), which contain highly resistant spores to verify sterilization efficacy, require incubation (typically 24-48 hours) to confirm the kill, but IUSS does not allow time for BI results to be available before the item is used (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment). This lack of immediate verification poses a significant infection risk, making IUSS inappropriate for implants, as per AAMI ST79 standards.

Option A (the high temperature may damage the items) is a consideration for some heat-sensitive materials, but modern IUSS cycles are designed to minimize damage, and this is not the primary reason for the restriction on implants. Option B (chemical indicators may not be accurate at high temperatures) is incorrect, as chemical indicators (e.g., color-changing strips) are reliable at high temperatures and serve as an immediate check, though they are not a substitute for BIs. Option D (the length of time is inadequate for the steam to penetrate the pack) is not the main issue, as IUSS cycles are optimized for penetration, though the shortened time may be a secondary concern; the unavailability of BI results remains the decisive factor.

The focus on biologic indicator results aligns with CBIC's emphasis on ensuring the safety and sterility of reprocessed medical devices, particularly for high-risk implantable items (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.5 - Evaluate the environment for infection risks). This recommendation is supported by AAMI and CDC guidelines, which prioritize BI confirmation for implants to prevent healthcare-associated infections (AAMI ST79:2017, CDC Sterilization Guidelines, 2019).

References: CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competencies 3.3 - Ensure safe reprocessing of medical equipment, 3.5 - Evaluate the environment for infection risks. AAMI ST79:2017, Comprehensive guide to steam sterilization and sterility assurance in health care facilities. CDC Guidelines for Disinfection and Sterilization in Healthcare Facilities, 2019.

## **NEW QUESTION # 166**

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