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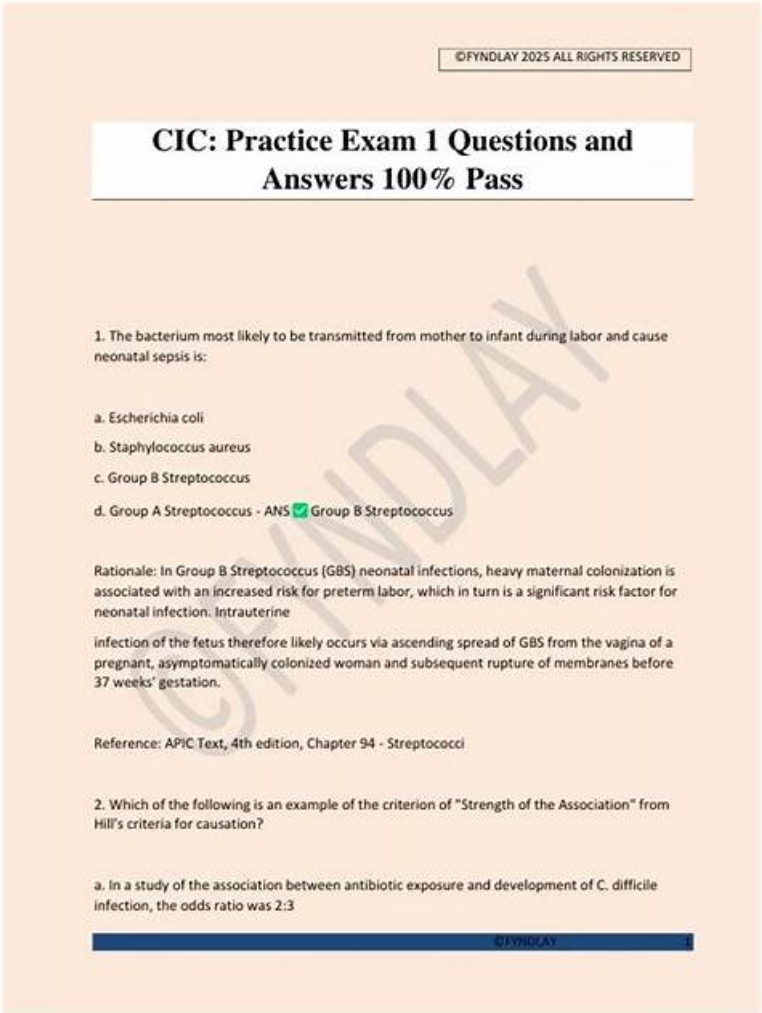

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CBIC Certified Infection Control Exam Sample Questions (Q86-Q91):

NEW QUESTION # 86
The Infection Prevention and Control Committee is concerned about an outbreak of Serratia marcescens in the intensive care unit. If an environmental source is suspected, the BEST method to validate this suspicion is to

- A. obtain surface cultures.
- B. apply fluorescent gel.
- C. perform direct practice observation.
- D. use ATP system.

Answer: A

Explanation:
The correct answer is C, "obtain surface cultures," as this is the best method to validate the suspicion of an environmental source for an outbreak of Serratia marcescens in the intensive care unit (ICU). According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, Serratia marcescens is an opportunistic gram-negative bacterium commonly associated with healthcare-associated infections (HAIs), often linked to contaminated water, medical equipment, or environmental surfaces in ICUs. Obtaining surface cultures allows the infection preventionist (IP) to directly test environmental samples (e.g., from sinks, ventilators, or countertops) for the presence of Serratia marcescens, providing microbiological evidence to confirm or rule out an environmental source (CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.2 - Analyze surveillance data). This method is considered the gold standard for outbreak investigations when an environmental reservoir is suspected, as it offers specific pathogen identification and supports targeted interventions.
Option A (apply fluorescent gel) is a technique used to assess cleaning efficacy by highlighting areas missed during disinfection, but it does not directly identify the presence of Serratia marcescens or confirm an environmental source. Option B (use ATP system) measures adenosine triphosphate (ATP) to evaluate surface cleanliness and organic residue, which can indicate poor cleaning practices, but it is not specific to detecting Serratia marcescens and lacks the diagnostic precision of cultures. Option D (perform direct practice observation) is valuable for assessing staff adherence to infection control protocols, but it addresses human factors rather than directly validating an environmental source, making it less relevant as the initial step in this context.
The focus on obtaining surface cultures aligns with CBIC's emphasis on using evidence-based methods to investigate and control HAIs, enabling the IP to collaborate with the committee to pinpoint the source and implement corrective measures (CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.3 - Identify risk factors for healthcare-associated infections). This approach is supported by CDC guidelines for outbreak investigations, which prioritize microbiological sampling to guide environmental control strategies (CDC Guidelines for Environmental Infection Control in Healthcare Facilities, 2019).
References: CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competencies 2.2 - Analyze surveillance data, 2.3 - Identify risk factors for healthcare-associated infections.
CDC Guidelines for Environmental Infection Control in Healthcare Facilities, 2019.

NEW QUESTION # 87
Which of the following microorganisms does NOT cause gastroenteritis in humans?

- A. Norovirus
- B. Rhinovirus
- C. Rotavirus
- D. Coxsackievirus

Answer: B

Explanation:
Gastroenteritis, characterized by inflammation of the stomach and intestines, typically presents with symptoms such as diarrhea, vomiting, and abdominal pain. The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes the identification of infectious agents in the "Identification of Infectious Disease Processes" domain, aligning with the Centers for Disease Control and Prevention (CDC) guidelines on foodborne and enteric diseases. The question requires identifying the microorganism among the options that does not cause gastroenteritis, necessitating an evaluation of each pathogen's clinical associations.
Option B, "Rhinovirus," is the correct answer as it does not cause gastroenteritis. Rhinoviruses are the primary cause of the common

cold, affecting the upper respiratory tract and leading to symptoms like runny nose, sore throat, and cough. The CDC and WHO classify rhinoviruses as picornaviruses that replicate in the nasopharynx, with no significant evidence linking them to gastrointestinal illness in humans. Their transmission is primarily through respiratory droplets, not the fecal-oral route associated with gastroenteritis. Option A, "Norovirus," is a well-known cause of gastroenteritis, often responsible for outbreaks of acute vomiting and diarrhea, particularly in closed settings like cruise ships or nursing homes. The CDC identifies norovirus as the leading cause of foodborne illness in the U.S., transmitted via the fecal-oral route. Option C,
"Rotavirus," is a major cause of severe diarrheal disease in infants and young children worldwide, also transmitted fecal-orally, with the CDC noting its significance before widespread vaccination reduced its impact. Option D, "Coxsackievirus," a member of the enterovirus genus, can cause gastroenteritis, particularly in children, alongside other syndromes like hand-foot-mouth disease. The CDC and clinical literature (e.g., Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases) document its gastrointestinal involvement, though it is less common than norovirus or rotavirus.
The CBIC Practice Analysis (2022) and CDC guidelines on enteric pathogens underscore the importance of distinguishing between respiratory and gastrointestinal pathogens for effective infection control. Rhinovirus's exclusive association with respiratory illness makes Option B the microorganism that does not cause gastroenteritis.
References:
* CBIC Practice Analysis, 2022.
* CDC Norovirus Fact Sheet, 2021.
* CDC Rotavirus Vaccination Information, 2020.
* Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases, 9th Edition, 2019.

NEW QUESTION # 88
An outbreak of Candida auris is suspected in the infection preventionist's (IP) facility. The IP's investigation must be conducted in a standard method and communication is critical. Which first step is MOST important?

- A. Perform analytical studies
- B. Notify facility administration
- C. Plan to prevent future outbreaks
- D. Conduct environmental cultures

Answer: B

Explanation:
In an outbreak investigation, the first critical step is to notify facility administration and other key stakeholders. This ensures the rapid mobilization of resources, coordination with infection control teams, and compliance with regulatory reporting requirements.
Why the Other Options Are Incorrect?
A). Conduct environmental cultures - While environmental sampling may be necessary, it is not the first step.
The outbreak must first be confirmed and administration alerted.
B). Plan to prevent future outbreaks - Prevention planning happens later after the outbreak has been investigated and controlled.
D). Perform analytical studies - Data analysis occurs after case definition and initial response measures are in place.
CBIC Infection Control Reference
APIC guidelines state that the first step in an outbreak investigation is confirming the outbreak and notifying key stakeholders.

NEW QUESTION # 89
A surgeon is beginning a new procedure in the facility within the next two weeks and requires loaner instruments. Infection prevention processes should ensure that

- A. staff education related to loaner instrument reprocessing has occurred.
- B. items arrive in time for immediate use steam sterilization.
- C. instruments are able to be used prior to the biological indicator results.
- D. the planning process takes place after the instruments have arrived.

Answer: A

Explanation:
The correct answer is D, "staff education related to loaner instrument reprocessing has occurred," as this is the infection prevention process that should be ensured when a surgeon is beginning a new procedure requiring loaner instruments within the next two weeks. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, loaner instruments-those borrowed from external sources for temporary use-pose unique infection prevention challenges due to potential variability in reprocessing standards and unfamiliarity among staff. Ensuring that staff are educated on proper reprocessing protocols (e.g., cleaning,

sterilization, and handling per manufacturer instructions and AAMI ST79) is critical to prevent healthcare- associated infections (HAIs) (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment). This education should cover the specific requirements for loaner instruments, including documentation and verification of sterilization, and should occur proactively before the instruments are used to ensure competency and compliance.
Option A (items arrive in time for immediate use steam sterilization) is a logistical consideration, but it does not address the infection prevention process itself; timely arrival is necessary but insufficient without proper reprocessing validation. Option B (instruments are able to be used prior to the biological indicator results) is unsafe, as biological indicators are essential to confirm sterilization efficacy, and using instruments before results are available violates infection control standards. Option C (the planning process takes place after the instruments have arrived) is impractical, as planning (e.g., coordinating with vendors, assessing reprocessing needs) must occur in advance to ensure readiness and safety, not as a reactive step.
The focus on staff education aligns with CBIC's emphasis on preparing healthcare personnel to handle loaner instruments safely, reducing the risk of contamination and ensuring patient safety (CBIC Practice Analysis,
2022, Domain IV: Education and Research, Competency 4.1 - Develop and implement educational programs).
This proactive measure is supported by AAMI and CDC guidelines, which stress the importance of training for reprocessing complex or unfamiliar devices.
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 4.1 - Develop and implement educational programs. AAMI ST79:2017, Comprehensive guide to steam sterilization and sterility assurance in health care facilities.

NEW QUESTION # 90
An infection preventionist (IP) is asked to assist in rewriting policies for insertion and maintenance of IV catheters. Which of the following are acceptable for use in site preparation?

- A. Benzalkonium chloride or chlorhexidine
- B. Povidone-iodine or para-chloro-meta-xylenol (PCMX)
- C. Alcohol or chlorhexidine
- D. Chloroxylenol or acetone

Answer: C

Explanation:
For IV catheter insertion, evidence-based guidance recommends preparing skin with an effective antiseptic agent to reduce skin flora at the insertion site and lower catheter-related infection risk. CDC guidance for prevention of intravascular catheter-related infections specifies that clean skin should be prepared with >0.5% chlorhexidine (CHG) in alcohol for central venous catheter and peripheral arterial catheter insertion and during dressing changes. If CHG is contraindicated, CDC lists tincture of iodine, an iodophor, or 70% alcohol as acceptable alternatives.
Option C (Alcohol or chlorhexidine) is the only answer in which both agents are recognized as appropriate antiseptics for site preparation in intravascular catheter guidance (alcohol as an acceptable antiseptic option; CHG as preferred, typically in alcohol).
The other choices include agents that are not recommended as standard site-prep antiseptics for catheter insertion in major guidelines: acetone is not an antiseptic for vascular access site prep; benzalkonium chloride is generally considered less effective for this purpose compared with CHG/alcohol/iodophors; and PCMX/chloroxylenol is not the typical recommended agent for catheter insertion site antisepsis in these guidelines.

NEW QUESTION # 91
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