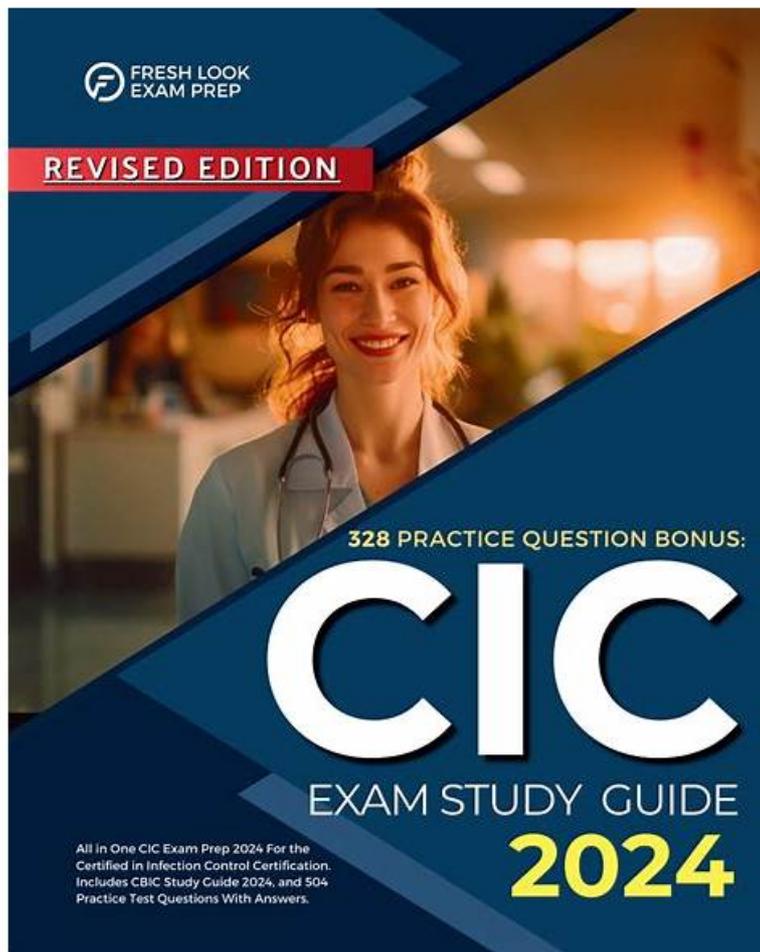


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The field of CBIC is growing rapidly and you need the CBIC CIC certification to advance your career in it. But clearing the CBIC Certified Infection Control Exam (CIC) test is not an easy task. Applicants often don't have enough time to study for the CIC Exam. They are in desperate need of real CBIC Certified Infection Control Exam (CIC) exam questions which can help them prepare for the CBIC Certified Infection Control Exam (CIC) test successfully in a short time.

## CBIC Certified Infection Control Exam Sample Questions (Q97-Q102):

NEW QUESTION # 97

Which of the following factors increases a patient's risk of developing ventilator-associated pneumonia (VAP)?

- A. Hypoxia
- B. In-line suction
- C. Acute lung disease
- **D. Nasogastric tube**

**Answer: D**

Explanation:

Ventilator-associated pneumonia (VAP) is a type of healthcare-associated pneumonia that occurs in patients receiving mechanical ventilation for more than 48 hours. The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes identifying risk factors for VAP in the "Prevention and Control of Infectious Diseases" domain, aligning with the Centers for Disease Control and Prevention (CDC) guidelines for preventing ventilator-associated events. The question requires identifying which factor among the options increases a patient's risk of developing VAP, based on evidence from clinical and epidemiological data.

Option B, "Nasogastric tube," is the correct answer. The presence of a nasogastric tube is a well-documented risk factor for VAP. This tube can facilitate the aspiration of oropharyngeal secretions or gastric contents into the lower respiratory tract, bypassing natural defense mechanisms like the epiglottis. The CDC's "Guidelines for Preventing Healthcare-Associated Pneumonia" (2004) and studies in the American Journal of Respiratory and Critical Care Medicine (e.g., Kollef et al., 2005) highlight that nasogastric tubes increase VAP risk by promoting microaspiration, especially if improperly managed or if the patient has impaired gag reflexes. This mechanical disruption of the airway's protective barriers is a direct contributor to infection.

Option A, "Hypoxia," refers to low oxygen levels in the blood, which can be a consequence of lung conditions or VAP but is not a primary risk factor for developing it. Hypoxia may indicate underlying respiratory compromise, but it does not directly increase the likelihood of VAP unless associated with other factors (e.g., prolonged ventilation). Option C, "Acute lung disease," is a broad term that could include conditions like acute respiratory distress syndrome (ARDS), which may predispose patients to VAP due to prolonged ventilation needs. However, acute lung disease itself is not a specific risk factor; rather, it is the need for mechanical ventilation that elevates risk, making this less direct than the nasogastric tube effect.

Option D, "In-line suction," involves a closed-system method for clearing respiratory secretions, which is designed to reduce VAP risk by minimizing contamination during suctioning. The CDC and evidence-based guidelines (e.g., American Thoracic Society, 2016) recommend in-line suction to prevent infection, suggesting it decreases rather than increases VAP risk.

The CBIC Practice Analysis (2022) and CDC guidelines prioritize identifying modifiable risk factors like nasogastric tubes for targeted prevention strategies (e.g., elevating the head of the bed to reduce aspiration).

Option B stands out as the factor most consistently linked to increased VAP risk based on clinical evidence.

References:

\* CBIC Practice Analysis, 2022.

\* CDC Guidelines for Preventing Healthcare-Associated Pneumonia, 2004.

\* Kollef, M. H., et al. (2005). The Impact of Nasogastric Tubes on VAP. American Journal of Respiratory and Critical Care Medicine.

\* American Thoracic Society Guidelines on VAP Prevention, 2016.

### NEW QUESTION # 98

An infection preventionist (IP) receives a phone call from a local health department alerting the hospital of the occurrence of a sewer main break. Contamination of the city water supply is a possibility. Which of the following actions should the IP perform FIRST?

- **A. Review microbiology laboratory reports for enteric organisms in the past week.**
- B. Review the emergency preparedness plan with engineering for sources of potable water.
- C. Notify the Emergency and Admissions departments to report diarrhea cases to infection control.
- D. Contact the Employee Health department and ask for collaboration in case-finding.

**Answer: A**

Explanation:

The correct answer is A, "Review microbiology laboratory reports for enteric organisms in the past week," as this is the first action the infection preventionist (IP) should perform following the alert of a sewer main break and potential contamination of the city water supply. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, a rapid assessment of existing data is a critical initial step in investigating a potential waterborne outbreak. Reviewing microbiology laboratory reports for enteric organisms (e.g., Escherichia coli, Salmonella, or Shigella) helps the IP identify any recent spikes in infections that could indicate water supply contamination, providing an evidence-based starting point for the investigation (CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.2 - Analyze surveillance data). This step leverages available hospital data to assess the scope and urgency of the situation before initiating broader actions.

Option A (notify the Emergency and Admissions departments to report diarrhea cases to infection control) is an important subsequent step to enhance surveillance, but it relies on proactive reporting and does not provide immediate evidence of an ongoing issue. Option C (contact the Employee Health department and ask for collaboration in case-finding) is valuable for involving additional resources, but it should follow the initial data review to prioritize case-finding efforts based on identified trends. Option D (review the emergency preparedness plan with engineering for sources of potable water) is a critical preparedness action, but it is more relevant once contamination is confirmed or as a preventive measure, not as the first step in assessing the current situation. The focus on reviewing laboratory reports aligns with CBIC's emphasis on using surveillance data to guide infection prevention responses, enabling the IP to quickly determine if the sewer main break has already impacted patient health and to escalate actions accordingly (CBIC Practice Analysis, 2022, Domain II:

Surveillance and Epidemiologic Investigation, Competency 2.1 - Conduct surveillance for healthcare-associated infections and epidemiologically significant organisms). This approach is consistent with CDC guidelines for responding to waterborne outbreak alerts (CDC Environmental Public Health Guidelines, 2020).

References: CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competencies 2.1 - Conduct surveillance for healthcare-associated infections and epidemiologically significant organisms, 2.2 - Analyze surveillance data. CDC Environmental Public Health Guidelines, 2020.

### NEW QUESTION # 99

A healthcare professional in a clinical microbiology laboratory is concerned about routine exposure to *Neisseria meningitidis* in culture. The healthcare professional last received the Meningococcal vaccine 8 years ago. What recommendation should be given to the healthcare professional regarding their meningococcal vaccination?

- A. They are due for a booster as it has been over 7 years.
- B. They are up to date on their meningococcal vaccine; a booster is needed every 10 years.
- C. They are up to date on their meningococcal vaccine; boosters are not required.
- D. They are due for a booster as it has been over 5 years.

**Answer: A**

Explanation:

The correct answer is B, "They are due for a booster as it has been over 7 years," as this is the appropriate recommendation for the healthcare professional regarding their meningococcal vaccination. 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), healthcare professionals with routine exposure to *Neisseria meningitidis*, such as those in clinical microbiology laboratories, are at increased risk of meningococcal disease due to potential aerosol or droplet exposure during culture handling. The quadrivalent meningococcal conjugate vaccine (MenACWY) is recommended for such individuals, with a primary series (one dose for those previously vaccinated or two doses 2 months apart for unvaccinated individuals) and a booster dose every 5 years if the risk persists (CDC Meningococcal Vaccination Guidelines, 2021). However, for laboratory workers with ongoing exposure, the ACIP specifies a booster interval of every 5 years from the last dose, but this is often interpreted in practice as aligning with the 5-7 year range depending on risk assessment and institutional policy. Since the healthcare professional received the vaccine 8 years ago and works in a high-risk setting, a booster is due, with the 7-year threshold being a practical midpoint for this scenario (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.2 - Implement measures to prevent transmission of infectious agents).

Option A (they are due for a booster as it has been over 5 years) is close but slightly premature based on the 8-year interval, though it reflects the general 5-year booster guideline for high-risk groups; the 7-year option better matches the specific timeframe. Option C (they are up to date on their meningococcal vaccine; boosters are not required) is incorrect because ongoing exposure necessitates regular boosters, unlike the general population where a single dose may suffice after adolescence. Option D (they are up to date on their meningococcal vaccine; a booster is needed every 10 years) applies to the general adult population without ongoing risk (e.g., post-adolescence vaccination), not to laboratory workers with continuous exposure, where the interval is shorter.

The recommendation for a booster aligns with CBIC's emphasis on protecting healthcare personnel from occupational exposure to communicable diseases, ensuring compliance with evidence-based immunization practices (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.1 - Collaborate with organizational leaders). This supports the prevention of meningococcal disease outbreaks in healthcare settings.

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 Meningococcal Vaccination Guidelines, 2021. ACIP Recommendations for Meningococcal Vaccines, 2020 (updated 2023).

### NEW QUESTION # 100

When assessing a patient's infection prevention and control educational needs, it is necessary to FIRST determine the patient's

- A. duration of hospitalization.
- B. severity of illness.
- C. educational background.
- **D. baseline knowledge of the subject.**

**Answer: D**

Explanation:

The correct answer is D, "baseline knowledge of the subject," as this is the necessary first step when assessing a patient's infection prevention and control educational needs. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, effective patient education in infection prevention and control requires a tailored approach that begins with understanding the patient's existing knowledge and comprehension of the topic. Determining baseline knowledge allows the infection preventionist (IP) to identify gaps, customize educational content to the patient's level of understanding, and ensure the information is relevant and actionable (CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competency 4.1 - Develop and implement educational programs). This step ensures that education is neither too basic nor overly complex, maximizing its effectiveness in promoting behaviors such as hand hygiene, wound care, or adherence to isolation protocols.

Option A (severity of illness) is an important clinical consideration that may influence the timing or method of education delivery, but it is not the first step in assessing educational needs. The severity might affect the patient's ability to learn, but it does not directly inform the content or starting point of the education. Option B (educational background) provides context about the patient's general learning capacity (e.g., literacy level or language preference), but it is secondary to assessing specific knowledge about infection prevention, as background alone does not reveal current understanding. Option C (duration of hospitalization) may impact the opportunity for education but is not a primary factor in determining what the patient needs to learn; it is more relevant to scheduling or prioritizing educational interventions.

The focus on baseline knowledge aligns with adult learning principles endorsed by CBIC, which emphasize assessing learners' prior knowledge to build effective educational strategies (CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competency 4.2 - Evaluate the effectiveness of educational programs).

This approach ensures patient-centered care and supports infection control by empowering patients with the knowledge to participate in their own prevention efforts.

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 # 101

An infection preventionist is evaluating a new catheter that may decrease the rate of catheter-associated urinary tract infections. Which of the following provides the BEST information to support the selection of this catheter?

- A. Product materials and vendor information
- B. Value analysis and information provided by the manufacturer
- C. Staff member preference and product availability
- **D. Cost benefit analysis and safety considerations**

**Answer: D**

Explanation:

The correct answer is D, "Cost benefit analysis and safety considerations," as this provides the best information to support the selection of a new catheter aimed at decreasing the rate of catheter-associated urinary tract infections (CAUTIs). According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, selecting medical devices like catheters for infection prevention involves a comprehensive evaluation that balances efficacy, safety, and economic impact. A cost-benefit analysis assesses the financial implications (e.g., reduced infection rates leading to lower treatment costs) against the cost of the new catheter, while safety considerations ensure the device minimizes patient risk, such as reducing biofilm formation or irritation that contributes to CAUTIs (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment). This dual focus provides evidence-based data to justify the catheter's adoption, aligning with the goal of improving patient outcomes and reducing healthcare-associated infections (HAIs).

Option A (staff member preference and product availability) is subjective and logistical rather than evidence-based, making it insufficient for a decision that impacts infection rates. Option B (product materials and vendor information) offers technical details but lacks the broader context of efficacy and cost-effectiveness needed for a comprehensive evaluation. Option C (value analysis and information provided by the manufacturer) includes a structured assessment of value, but it may be biased toward the manufacturer's claims and lacks the independent safety and cost-benefit perspective critical for infection prevention decisions.

The emphasis on cost-benefit analysis and safety considerations reflects CBIC's priority on using data-driven and patient-centered approaches to select interventions that enhance infection control (CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.5 - Use data to guide infection prevention and control strategies). This approach ensures

the catheter's selection is supported by robust evidence, optimizing both clinical and economic outcomes in the prevention of CAUTIs.

References: CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.5 - Use data to guide infection prevention and control strategies; Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment.

## NEW QUESTION # 102

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