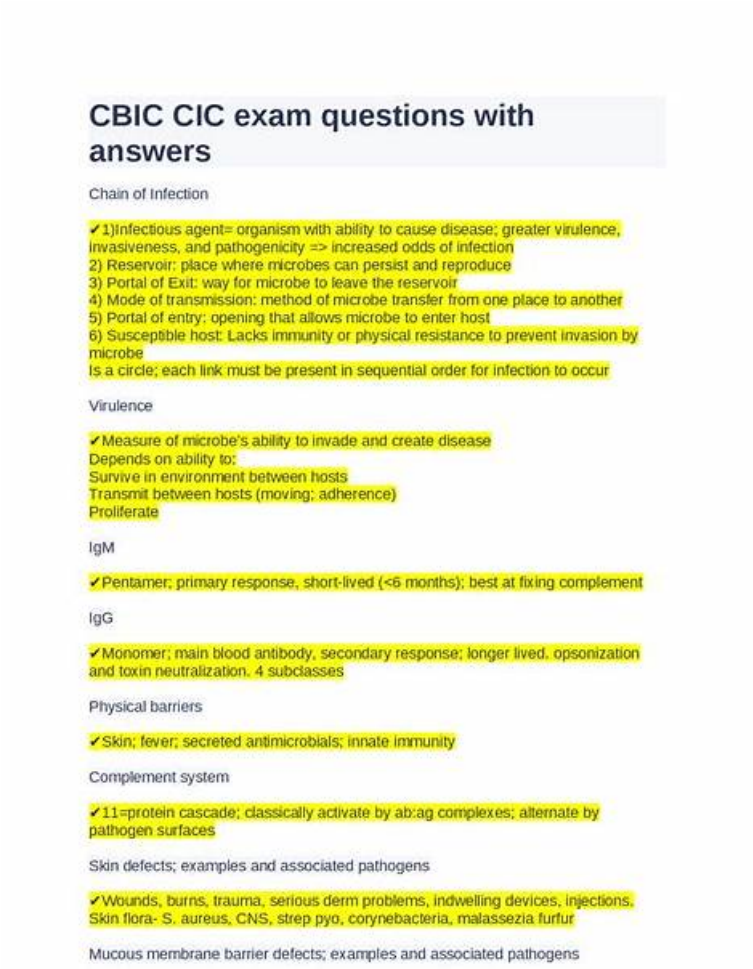
CBIC CIC Exam Questions - Guaranteed Success



CBIC CIC exam questions with answers

Chain of Infection

✔1)Infectious agent= organism with ability to cause disease; greater virulence, invasiveness, and pathogenicity => increased odds of infection
2) Reservoir: place where microbes can persist and reproduce
3) Portal of Exit: way for microbe to leave the reservoir
4) Mode of transmission: method of microbe transfer from one place to another
5) Portal of entry: opening that allows microbe to enter host
6) Susceptible host: Lacks immunity or physical resistance to prevent invasion by microbe
Is a circle; each link must be present in sequential order for infection to occur

Virulence

✔Measure of microbe's ability to invade and create disease
Depends on ability to:
Survive in environment between hosts
Transmit between hosts (moving; adherence)
Proliferate

IgM

✔Pentamer; primary response, short-lived (<6 months); best at fixing complement

IgG

✔Monomer; main blood antibody, secondary response; longer lived. opsonization and toxin neutralization. 4 subclasses

Physical barriers

✔Skin; fever; secreted antimicrobials; innate immunity

Complement system

✔11=protein cascade; classically activate by ab:ag complexes; alternate by pathogen surfaces

Skin defects; examples and associated pathogens

✔Wounds, burns, trauma, serious derm problems, indwelling devices, injections. Skin flora- S. aureus, CNS, strep pyo, corynebacteria, malassezia furfur

Mucous membrane barrier defects; examples and associated pathogens

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CBIC Certified Infection Control Exam Sample Questions (Q163-Q168):

NEW QUESTION # 163
Passive immunity results from the use of:

- A. Tetanus antitoxin
- B. Hepatitis B vaccine
- C. Human diploid cell rabies vaccine
- D. Influenza vaccine

Answer: A

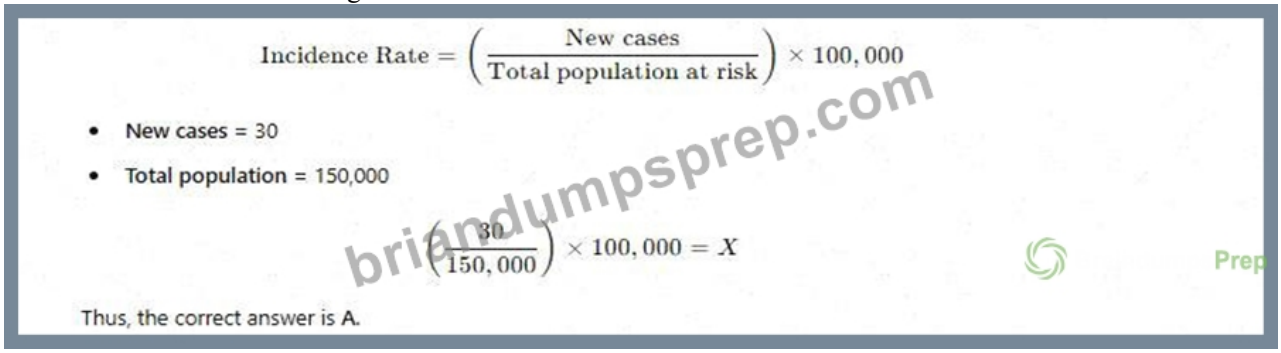
Explanation:
The Certification Study Guide (6th edition) defines passive immunity as protection that results from the administration of preformed antibodies, rather than stimulation of the individual's own immune system.
Passive immunity provides immediate but temporary protection, because the recipient does not produce antibodies and therefore does not develop immunologic memory.
Tetanus antitoxin is a classic example of passive immunity. It contains antibodies that neutralize tetanus toxin directly and is used in situations where immediate protection is needed, such as after certain wounds in individuals with unknown or inadequate vaccination history. The study guide emphasizes that passive immunization is particularly important in post-exposure management when waiting for an active immune response would be too slow to prevent disease.
The other options represent active immunization, not passive immunity. Vaccines such as hepatitis B vaccine, influenza vaccine, and human diploid cell rabies vaccine stimulate the recipient's immune system to produce its own antibodies and immune memory. While rabies immune globulin provides passive immunity, the rabies vaccine itself is an active immunizing agent.
This distinction between active and passive immunity is a frequently tested CIC exam concept, especially in the context of occupational health, post-exposure prophylaxis, and immunization programs. Recognizing that passive immunity involves antibody products (antitoxins or immune globulins) rather than vaccines is essential for accurate infection prevention decision-making.
Reference: Certification Study Guide (CBIC/CIC Exam Study Guide), 6th edition, Chapter 6: Employee /Occupational Health; Chapter 3: Identification of Infectious Disease Processes.

NEW QUESTION # 164
A city has a population of 150.000. Thirty new cases of tuberculosis (TB) were diagnosed in the city last year.
These now cases brought the total number of active TB cases in the city last year to 115. Which of the following equations represents the incidence rate tor TB per 100.000 in that year?

- A. (30 ÷ 150.000) x 100.000 = X
- B. (30÷ 150.000) x 100 = X
- C. (115 ÷ 100.000) x 100 = X
- D. (115 ÷ 150.000) x 100.000 - X

Answer: A

Explanation:
The incidence rate is calculated using the formula:



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Why the Other Options Are Incorrect?
B). (30 ÷ 150,000) × 100 = X - Incorrect multiplier (should be 100,000 for standard incidence rate).

C). (115 ÷ 150,000) × 100,000 = X - 115 represents total cases (prevalence), not incidence.
D). (115 ÷ 100,000) × 100 = X - Uses the wrong denominator and multiplier.
CBIC Infection Control Reference
APIC defines the incidence rate as the number of new cases per population unit, typically per 100,000 people.

NEW QUESTION # 165
At a facility with 10.000 employees. 5,000 are at risk for bloodbome pathogen exposure. Over the past five years, 100 of the 250 needlestick injuries involved exposure to bloodborne pathogens, and 2% of exposed employees seroconverted. How many employees became infected?

- A. 0
- B. 1
- C. 2
- D. 3

Answer: B

Explanation:
To determine the number of employees who seroconverted (became infected) after a needlestick exposure, we use the given data:
* Total Needlestick Injuries: 250
* Needlestick Injuries Involving Bloodborne Pathogens: 100
* Seroconversion Rate: 2%
Calculation:
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$$\text{Infected Employees} = 100 \times \frac{2}{100} = 2$$

Why Other Options Are Incorrect:
* A. 1: Incorrect calculation; 2% of 100 is 2, not 1.
* C. 5: Overestimates the actual number of infections.
* D. 10: Exceeds the calculated value based on given data.
CBIC Infection Control References:
* APIC Text, "Occupational Exposure and Seroconversion Risks".
* APIC Text, "Bloodborne Pathogens and Needlestick Injury Prevention"

NEW QUESTION # 166
Each item or package that is prepared for sterilization should be labeled with the

- A. type of sterilization process.
- B. storage location.
- C. sterilizer identification number or code.
- D. cleaning method (e.g., mechanical or manual).

Answer: C

Explanation:
The correct answer is C, "sterilizer identification number or code," as this is the essential information that each item or package prepared for sterilization should be labeled with. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, proper labeling of sterilized items is a critical component of infection prevention and control to ensure traceability and verify the sterilization process. The sterilizer identification number or code links the item to a specific sterilization cycle, allowing the infection preventionist (IP) and sterile processing staff to track the equipment used, confirm compliance with standards (e.g., AAMI ST79), and facilitate recall or investigation if issues arise (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment). This labeling ensures that the sterility of the item can be assured and documented, protecting patient safety by preventing the use of inadequately processed items.
Option A (storage location) is important for inventory management but is not directly related to the sterilization process itself and does not provide evidence of the sterilization event. Option B (type of sterilization process) indicates the method (e.g., steam, ethylene oxide), which is useful but less critical than the sterilizer identification, as the process type alone does not confirm the specific cycle or equipment used.
Option D (cleaning method, e.g., mechanical or manual) is a preliminary step in reprocessing, but it is not required on the sterilization

label, as the focus shifts to sterilization verification once the item is prepared.
The requirement for a sterilizer identification number or code aligns with CBIC's emphasis on maintaining rigorous tracking and quality assurance in the reprocessing of medical devices, ensuring accountability and adherence to best practices (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.5 - Evaluate the environment for infection risks). This practice is mandated by standards such as AAMI ST79 to support effective infection control in healthcare settings.
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.

NEW QUESTION # 167
Which of the following operating suite design features is LEAST important for the prevention of infection?

- A. Control of traffic and traffic flow patterns
- B. Positive pressure air handling
- C. Type of floor material
- D. Placement of sinks for surgical scrubs

Answer: C

Explanation:
The correct answer is A, "Type of floor material," as it is the least important operating suite design feature for the prevention of infection compared to the other options. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, the design of operating suites plays a critical role in infection prevention, particularly for surgical site infections (SSIs). While the type of floor material (e.g., vinyl, tile, or epoxy) can affect ease of cleaning and durability, its impact on infection prevention is secondary to other design elements that directly influence air quality, hygiene practices, and personnel movement (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.5 - Evaluate the environment for infection risks). Modern flooring materials are generally designed to be non-porous and easily disinfected, mitigating their role as a primary infection risk factor when proper cleaning protocols are followed.
Option B (positive pressure air handling) is highly important because it prevents the influx of contaminated air into the operating suite, reducing the risk of airborne pathogens, including those causing SSIs. This is a standard feature in operating rooms to maintain a sterile environment (AORN Guidelines for Perioperative Practice, 2023). Option C (placement of sinks for surgical scrubs) is critical for ensuring that surgical staff can perform effective hand and forearm antisepsis, a key step in preventing SSIs by reducing microbial load before surgery. Option D (control of traffic and traffic flow patterns) is essential to minimize the introduction of contaminants from outside the operating suite, as excessive or uncontrolled movement can increase the risk of airborne and contact transmission (CDC Guidelines for Environmental Infection Control in Healthcare Facilities, 2019).
The relative unimportance of floor material type stems from the fact that infection prevention relies more on consistent cleaning practices and the aforementioned design features, which directly address pathogen transmission routes. This aligns with CBIC's focus on evaluating environmental risks based on their direct impact on infection control (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.4 - Implement environmental cleaning and disinfection protocols).
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. AORN Guidelines for Perioperative Practice, 2023. CDC Guidelines for Environmental Infection Control in Healthcare Facilities, 2019.

NEW QUESTION # 168
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