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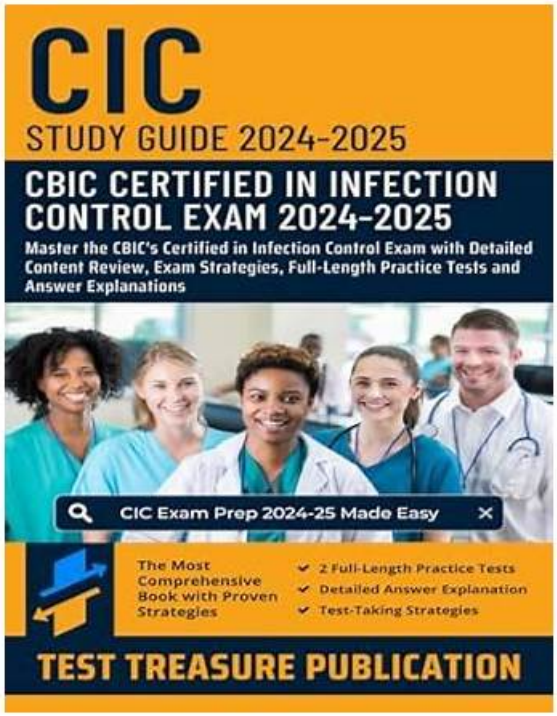

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CBIC Certified Infection Control Exam Sample Questions (Q164-Q169):

NEW QUESTION # 164
A hospital is experiencing an increase in multidrug-resistant Acinetobacter baumannii infections in the intensive care unit (ICU). The infection preventionist's FIRST action should be to:

- A. Implement universal contact precautions for all ICU patients.
- B. Initiate decolonization protocols for all ICU patients.
- C. Perform environmental sampling to detect Acinetobacter on surfaces.
- D. Conduct an epidemiologic investigation to identify potential sources.

Answer: D

Explanation:
Epidemiologic Investigation:
* The first step in an outbreak response is to characterize cases by person, place, and time.
* Identifying common exposures (e.g., ventilators, catheters, or contaminated surfaces) helps determine the source.
* Why Other Options Are Incorrect:
* A. Universal contact precautions: Premature; precautions should be tailored based on transmission patterns.
* C. Environmental sampling: Should be done after identifying epidemiologic links.
* D. Decolonization protocols: Not routinely recommended for Acinetobacter outbreaks.
CBIC Infection Control References:
* CIC Study Guide, "Epidemiologic Investigations in Outbreaks," Chapter 4.

NEW QUESTION # 165
Assume the mean age of onset for patients with tuberculosis (TB) is 62 years, with one standard deviation of
5 years, and the age of onset follows a normal distribution. What is the percentage of patients expected to have the age of onset ranging from 57 to 67 years?

- A. 68%
- B. 34%
- C. 95%
- D. 99%

Answer: A

Explanation:
To determine the percentage of patients with an age of onset ranging from 57 to 67 years, we need to apply the properties of a normal distribution. In a normal distribution, the mean represents the central point, and the standard deviation defines the spread of the data. Here, the mean age of onset is 62 years, and the standard deviation is 5 years. The range of 57 to 67 years corresponds to one standard deviation below the mean (62 - 5
= 57) to one standard deviation above the mean (62 + 5 = 67).
In a normal distribution, approximately 68% of the data falls within one standard deviation of the mean (i.e., between # - # and # + #, where # is the mean and # is the standard deviation). This is a well-established statistical principle, often referred to as the 68-95-99.7 rule (or empirical rule) in statistics. Specifically, 34% of the data lies between the mean and one standard deviation above the mean, and another 34% lies between the mean and one standard deviation below the mean, totaling 68% for the range spanning one standard deviation on both sides of the mean.
Let's verify this:
* The lower bound (57 years) is exactly one standard deviation below the mean (62 - 5 = 57).
* The upper bound (67 years) is exactly one standard deviation above the mean (62 + 5 = 67).
* Thus, the range from 57 to 67 years encompasses the middle 68% of the distribution.
Option A (34%) represents the percentage of patients within one standard deviation on only one side of the mean (e.g., 62 to 67 or 57 to 62), not the full range. Option C (95%) corresponds to approximately two standard deviations from the mean (62 ± 10 years, or 52 to 72 years), which is wider than the given range.
Option D (99%) aligns with approximately three standard deviations (62 ± 15 years, or 47 to 77 years), which is even broader.
Since the question specifies a range of one standard deviation on either side of the mean, the correct answer is 68%, corresponding to Option B.
In infection control, understanding the distribution of disease onset ages can help infection preventionists identify at-risk populations

and allocate resources effectively, aligning with the CBIC's focus on surveillance and data analysis (CBIC Practice Analysis, 2022). While the CBIC does not directly address statistical calculations in its core documents, the application of normal distribution principles is a standard epidemiological tool endorsed in public health guidelines, which inform CBIC practices.
References:
* CBIC Practice Analysis, 2022.
* Public Health Epidemiology Guidelines, Normal Distribution and Empirical Rule (commonly accepted statistical standards).

NEW QUESTION # 166
When assessing a patient's infection prevention and control educational needs, it is necessary to FIRST determine the patient's

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

Answer: A

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 # 167
The primary source of organisms that cause surgical silo infections is the

- A. operating room personnel.
- B. healthcare personnel's hands.
- C. operating room environment.
- D. patient's endogenous flora

Answer: D

Explanation:
The primary source of organisms causing surgical site infections (SSIs) is the patient's own endogenous flora. Bacteria from the skin, mucous membranes, or gastrointestinal tract contaminate the surgical site, leading to infection. Common pathogens include Staphylococcus aureus, coagulase-negative staphylococci, and Enterobacteriaceae.
Why the Other Options Are Incorrect?
* A. Operating room environment - While environmental contamination can contribute, it is not the primary source.
* B. Operating room personnel - Infection control measures (hand hygiene, gloves, masks) reduce transmission from personnel.
* D. Healthcare personnel's hands - Although hand contamination is a risk, it is secondary to the patient's endogenous flora.

CBIC Infection Control Reference
According to APIC guidelines, the patient's own flora is the primary source of SSIs.

NEW QUESTION # 168
Each item or package that is prepared for sterilization should be labeled with the

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

Answer: A

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 # 169
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