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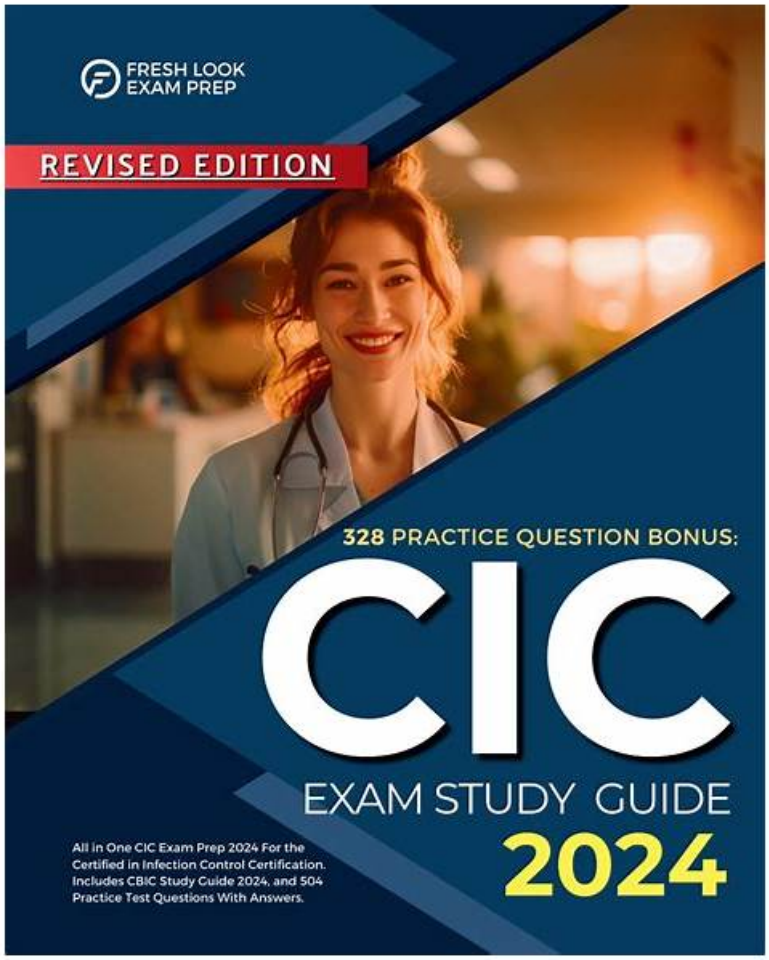

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CBIC Certified Infection Control Exam Sample Questions (Q236-Q241):

NEW QUESTION # 236
Which water type is suitable for drinking yet may still be a risk for disease transmission?

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

Answer: D

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.
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 # 237
An infection preventionist (IP) observes an increase in primary bloodstream infections in patients admitted through the Emergency Department. Poor technique is suspected when peripheral intravenous (IV) catheters are inserted. The IP should FIRST stratify infections by:

- A. Site of insertion: hand, forearm, or antecubital fossa.
- B. Type of skin preparation used for the IV site: alcohol, CHG/alcohol, or iodophor.
- C. Type of dressing used: gauze, CHG impregnated sponge, or transparent.
- D. Location of IV insertion: pre-hospital, Emergency Department, or in-patient unit.

Answer: D

Explanation:
When an infection preventionist (IP) identifies an increase in primary bloodstream infections (BSIs) associated with peripheral intravenous (IV) catheter insertion, the initial step in outbreak investigation and process improvement is to stratify the data to identify potential sources or patterns of infection. According to the Certification Board of Infection Control and Epidemiology (CBIC), the "Surveillance and Epidemiologic Investigation" domain emphasizes the importance of systematically analyzing data to pinpoint contributing factors, such as location, technique, or equipment use, in healthcare-associated infections (HAIs). The question specifies

poor technique as a suspected cause, and the first step should focus on contextual factors that could influence technique variability. Option A, stratifying infections by the location of IV insertion (pre-hospital, Emergency Department, or in- patient unit), is the most logical first step. Different settings may involve varying levels of training, staffing, time pressure, or adherence to aseptic technique, all of which can impact infection rates. For example, pre- hospital settings (e.g., ambulance services) may have less controlled environments or less experienced personnel compared to in-patient units, potentially leading to technique inconsistencies. The CDC's Guidelines for the Prevention of Intravascular Catheter-Related Infections (2017) recommend evaluating the context of catheter insertion as a critical initial step in investigating BSIs, making this a priority for the IP to identify where the issue is most prevalent. Option B, stratifying by the type of dressing used (gauze, CHG impregnated sponge, or transparent), is important but should follow initial location-based analysis. Dressings play a role in maintaining catheter site integrity and preventing infection, but their impact is secondary to the insertion technique itself. Option C, stratifying by the site of insertion (hand, forearm, or antecubital fossa), is also relevant, as anatomical sites differ in infection risk (e.g., the hand may be more prone to contamination), but this is a more specific factor to explore after broader contextual data is assessed. Option D, stratifying by the type of skin preparation used (alcohol, CHG/alcohol, or iodophor), addresses antiseptic efficacy, which is a key component of technique.
However, without first understanding where the insertions occur, it's premature to focus on skin preparation alone, as technique issues may stem from systemic factors across locations.
The CBIC Practice Analysis (2022) supports a stepwise approach to HAI investigation, starting with broad stratification (e.g., by location) to guide subsequent detailed analysis (e.g., technique-specific factors). This aligns with the CDC's hierarchical approach to infection prevention, where contextual data collection precedes granular process evaluation. Therefore, the IP should first stratify by location to establish a baseline for further investigation.
References:
* CBIC Practice Analysis, 2022.
* CDC Guidelines for the Prevention of Intravascular Catheter-Related Infections, 2017.

NEW QUESTION # 238
An infection preventionist (IP) notices that several discharged newborns have been readmitted with staphylococcal infections. What should the IP do FIRST?

- A. Obtain surveillance cultures on babies in the nursery.
- B. Review medical records of the readmitted cases.
- C. Observe medical and nursing techniques in the nursery.
- D. Begin prospective surveillance to identify new staphylococcal cases.

Answer: B

Explanation:
The Certification Study Guide (6th edition) outlines a structured approach to outbreak investigation, emphasizing that the first step is to verify the problem and establish baseline facts before initiating control measures. When an infection preventionist becomes aware of potential clustering-such as multiple newborn readmissions with staphylococcal infections-the initial priority is to review the medical records of the affected cases.
Reviewing records allows the IP to confirm diagnoses, identify common organisms, determine timing of symptom onset, and assess potential epidemiologic links (e.g., same nursery, staff exposure, procedures, or length of stay). This step helps determine whether the cases represent a true outbreak, coincidental community-acquired infections, or unrelated events. The study guide stresses that interventions should not begin until the problem is clearly defined, as premature actions may waste resources or obscure the true source.
The other options are appropriate later steps in an investigation. Observing practices and obtaining surveillance cultures are targeted control measures that should follow confirmation of an outbreak and hypothesis generation. Beginning prospective surveillance is also important, but only after case definitions and baseline data are established.
CIC exam questions frequently test sequencing of outbreak investigation steps. Recognizing that case confirmation and record review come first is essential for effective infection prevention decision-making and accurate epidemiologic analysis.
Reference: Certification Study Guide (CBIC/CIC Exam Study Guide), 6th edition, Chapter 4: Surveillance and Epidemiologic Investigation.

NEW QUESTION # 239
The Sterile Processing Deportment alerts an infection preventionist that a load of surgical Instruments sterilized with high temperature steam:moist heat needs to be recalled. Which of the following Is the MOST likely reason for the recall?

- A. Incorrect placement of the instruments In the tray
- B. Failure of the biological Indicator Bacillus subtilts

- C. Failure of the biological Indicator Geobaciltus stearothermophilus
- D. Placement of the biological Indicator on the bottom shelf over the d*an

Answer: C

Explanation:
The most likely reason for the recall of a steam-sterilized load is the failure of the biological indicator (BI), specifically Geobacillus stearothermophilus, which is used to monitor high-temperature steam (moist heat) sterilization processes. This organism is the biological indicator of choice because it has high resistance to moist heat and thus serves as a reliable marker for sterilization efficacy. The APIC Text and AAMI ST79 guidelines confirm that Geobacillus stearothermophilus is used for steam sterilization and that a failed BI indicates a failure in the sterilization process, which requires immediate action, including recalling all items sterilized since the last negative BI and reprocessing them. This is a crucial aspect of ensuring patient safety and preventing the use of potentially non-sterile surgical instruments.
According to the APIC Text:
"BIs are the only process indicators that directly monitor the lethality of a given sterilization process. [...] Geobacillus stearothermophilus spores are used to monitor steam sterilization..." The CIC Study Guide (6th ed.) also specifies that:
"Evidence of sterilization failures (e.g., positive biological indicators) is the most common reason for a recall." Additionally, it is noted:
"With steam sterilization, the instrument load does not need to be recalled for a single positive biological indicator test, with the exception of implantable objects." However, multiple positive BIs or BI failure confirmation does require a recall.
The incorrect options explained:
A). Bacillus subtilis - This is not used in steam sterilization but rather in dry heat or EO processes.
C). Placement of the biological indicator on the bottom shelf over the drain - While incorrect placement can lead to test failure, the recall is prompted by BI failure, not just placement.
D). Incorrect placement of instruments - This can cause sterilization failure but is not the direct trigger for a recall unless it leads to a failed BI.
References:
CIC Study Guide, 6th Edition, Chapter 10 - Cleaning, Sterilization, Disinfection, Asepsis, Pages 211, 236 APIC Text, 4th Edition, Chapter 106 - Sterile Processing ANSI/AAMI ST79:2017, cited throughout APIC Text and APIC 4 for sterilization monitoring protocols.

NEW QUESTION # 240
Which humoral antibody indicates previous infection and assists in protecting tissue?

- A. IgA
- B. IgD
- C. IgG
- D. IgM

Answer: C

Explanation:
Humoral antibodies, or immunoglobulins, play distinct roles in the immune system, and their presence or levels can provide insights into infection history and ongoing immune protection. The Certification Board of Infection Control and Epidemiology (CBIC) recognizes the importance of understanding immunological responses in the "Identification of Infectious Disease Processes" domain, which is critical for infection preventionists to interpret diagnostic data and guide patient care. The question focuses on identifying the antibody that indicates a previous infection and assists in protecting tissue, requiring an evaluation of the functions and kinetics of the five major immunoglobulin classes (IgA, IgD, IgG, IgM, IgE).
Option C, IgG, is the correct answer. IgG is the most abundant antibody in serum, accounting for approximately 75-80% of total immunoglobulins, and is the primary antibody involved in long-term immunity. It appears in significant levels after an initial infection, typically rising during the convalescent phase (weeks to months after exposure) and persisting for years, serving as a marker of previous infection.
IgG provides protection by neutralizing pathogens, opsonizing them for phagocytosis, and activating the complement system, which helps protect tissues from further damage. The Centers for Disease Control and Prevention (CDC) and clinical immunology references, such as the "Manual of Clinical Microbiology" (ASM Press), note that IgG seroconversion or elevated IgG titers are commonly used to diagnose past infections (e.
g., measles, hepatitis) and indicate lasting immunity. Its ability to cross the placenta also aids in protecting fetal tissues, reinforcing its protective role.
Option A, IgA, is primarily found in mucosal secretions (e.g., saliva, tears, breast milk) and plays a key role in mucosal immunity, preventing pathogen adhesion to epithelial surfaces. While IgA can indicate previous mucosal infections and offers localized tissue protection, it is not the primary systemic marker of past infection or long-term tissue protection, making it less fitting. Option B, IgD,

is present in low concentrations and is mainly involved in B-cell activation and maturation, with no significant role in indicating previous infection or protecting tissues. Option D, IgM, is the first antibody produced during an acute infection, appearing early in the immune response (within days) and indicating current or recent infection. However, its levels decline rapidly, and it does not persist to mark previous infection or provide long-term tissue protection, unlike IgG.
The CBIC Practice Analysis (2022) and CDC guidelines on serological testing emphasize IgG's role in assessing past immunity, supported by immunological literature (e.g., Janeway's Immunobiology, 9th Edition). Thus, IgG is the humoral antibody that best indicates previous infection and assists in protecting tissue, making Option C the correct choice.
References:
* CBIC Practice Analysis, 2022.
* Manual of Clinical Microbiology, ASM Press, 2019.
* Janeway's Immunobiology, 9th Edition, 2016.
* CDC Serologic Testing Guidelines, 2014.

NEW QUESTION # 241
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