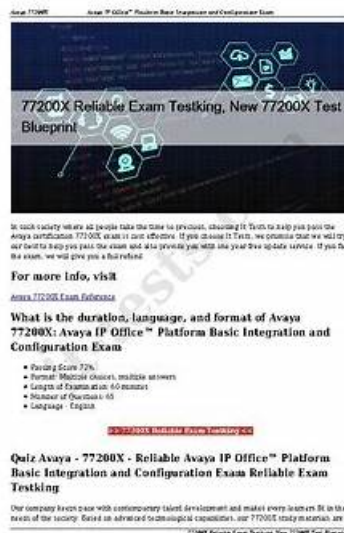


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CBIC Certified Infection Control Exam Sample Questions (Q40-Q45):

NEW QUESTION # 40

At a facility with 10,000 employees, 5,000 are at risk for bloodborne 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: C

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:

□ 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 # 41

An infection preventionist is providing education to a group of medical device reprocessing staff on critical steps in cleaning instruments. Which of the following actions is recommended while using washer-disinfector?

- A. Close hinged instruments prior to placing in the machine
- **B. Disassemble instruments as much as possible**
- C. Stack instruments inside the machine
- D. Use circulating water with a pH of 3

Answer: B

Explanation:

Best practices for using a washer-disinfector includedisassembling instrumentsandopening hinged instrumentsto ensure proper cleaning and decontamination.

* TheAPIC Textexplains:

"Open hinged instruments and disassemble all instruments... Confirm that spray will be able to reach all loaded items without impedance."

* This ensures water and detergents reach all surfaces. Avoid stacking instruments and ensure proper placement to allow full cleaning.

References:

APIC Text, 4th Edition, Chapter 108 - Sterile Processing

NEW QUESTION # 42

Which performance improvement model should the infection preventionist use to aid in the evaluation of the infection control plan?

- A. Root Cause Analysis
- B. Failure mode and effects analysis
- C. Six Sigma
- **D. Plan, Do, Study, Act**

Answer: D

Explanation:

The Plan, Do, Study, Act (PDSA) model is a widely used performance improvement tool in infection prevention. It focuses on continuous quality improvement through planning, implementing, analyzing data, and making adjustments. This model aligns with infection control program evaluations and The Joint Commission's infection prevention and control standards.

Why the Other Options Are Incorrect?

- * A. Six Sigma - A data-driven process improvement method but not as commonly used in infection control as PDSA.
- * B. Failure Mode and Effects Analysis (FMEA) - Used to identify risks before implementation, rather than ongoing evaluation.
- * D. Root Cause Analysis (RCA) - Used to analyze failures after they occur, rather than guiding continuous improvement.

CBIC Infection Control Reference

The PDSA cycle is a recognized model for evaluating and improving infection control plans.

NEW QUESTION # 43

Which of the following is the primary advantage of conducting prospective surveillance?

- **A. It identifies clusters of infection in a timely manner.**
- B. It provides access to complete laboratory data.
- C. It is an efficient use of surveillance time.
- D. It utilizes resources in a cost-effective manner.

Answer: A

Explanation:

The CBIC Certified Infection Control Exam Study Guide (6th edition) describes prospective surveillance as an active, real-time approach to infection surveillance in which patients are monitored as care is being delivered. The primary advantage of this method is its ability to identify infections, trends, and clusters promptly, allowing for early intervention and rapid implementation of control measures.

Because prospective surveillance occurs concurrently with patient care, infection preventionists can detect emerging patterns-such as an increase in device-associated infections or unusual organisms-before they become widespread outbreaks. This timely recognition supports immediate corrective actions, such as reinforcing isolation precautions, modifying clinical practices, or initiating focused investigations, thereby reducing transmission and patient harm.

The other options describe characteristics that are more consistent with retrospective surveillance. Option A and C are incorrect because prospective surveillance is typically more resource- and labor-intensive, not necessarily efficient or cost-effective. Option B is also incorrect because complete laboratory data may not yet be available in real time, whereas retrospective surveillance benefits from finalized records.

For the CIC exam, it is important to understand that although prospective surveillance requires more resources, its key strength lies in early detection and timely response. The ability to quickly identify clusters of infection and intervene promptly is the defining advantage of prospective surveillance and the reason it is preferred for high-risk settings and priority infections.

NEW QUESTION # 44

An infection preventionist is asked to recommend a product for disinfection of bronchoscopes. Which of the following agents would be appropriate?

- **A. Peracetic acid**
- B. Iodophor
- C. Phenolic
- D. Alcohol

Answer: A

Explanation:

The correct answer is D, "Peracetic acid," as this agent is appropriate for the disinfection of bronchoscopes.

According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, bronchoscopes are semi-critical

devices that require high-level disinfection (HLD) to eliminate all microorganisms except high levels of bacterial spores, as they come into contact with mucous membranes but not sterile tissues. Peracetic acid is recognized by the Centers for Disease Control and Prevention (CDC) and the Association for the Advancement of Medical Instrumentation (AAMI) as an effective high-level disinfectant for endoscopes, including bronchoscopes, due to its broad-spectrum antimicrobial activity, rapid action, and compatibility with the delicate materials (e.g., optics and channels) of these devices (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment). It is commonly used in automated endoscope reprocessors, ensuring thorough disinfection when combined with proper cleaning and rinsing protocols. Option A (iodophor) is typically used for intermediate-level disinfection and skin antisepsis, but it is not sufficient for high-level disinfection of bronchoscopes unless specifically formulated and validated for this purpose, which is uncommon. Option B (alcohol) is effective against some pathogens but evaporates quickly, fails to penetrate organic material, and is not recommended for HLD of endoscopes due to potential damage to internal components and inadequate sporicidal activity. Option C (phenolic) is suitable for surface disinfection but lacks the efficacy required for high-level disinfection of semi-critical devices like bronchoscopes, as it does not reliably eliminate all microbial threats, including mycobacteria.

The selection of peracetic acid aligns with CBIC's emphasis on evidence-based reprocessing practices to prevent healthcare-associated infections (HAIs) associated with endoscope use (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.4 - Implement environmental cleaning and disinfection protocols). This choice ensures patient safety by adhering to manufacturer and regulatory guidelines, such as those in AAMI ST91 (AAMI ST91:2015, Flexible and semi-rigid endoscope processing in health care facilities).

References: CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competencies 3.3 - Ensure safe reprocessing of medical equipment, 3.4 - Implement environmental cleaning and disinfection protocols. AAMI ST91:2015, Flexible and semi-rigid endoscope processing in health care facilities. CDC Guidelines for Disinfection and Sterilization in Healthcare Facilities, 2019.

NEW QUESTION # 45

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