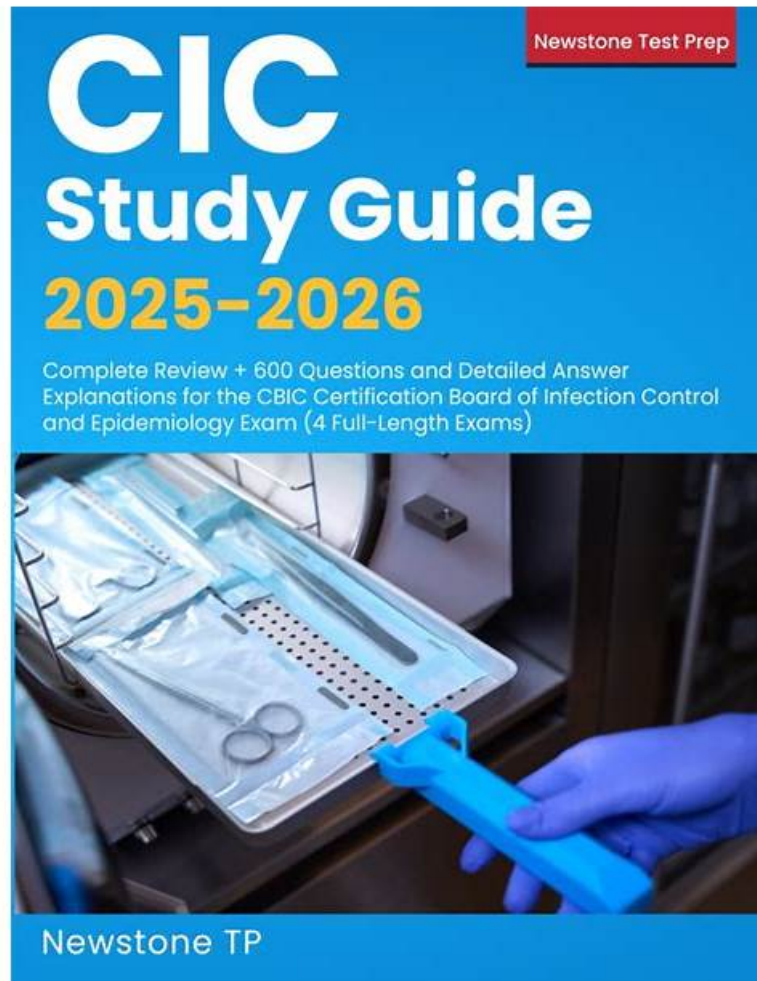


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## CBIC Certified Infection Control Exam Sample Questions (Q133-Q138):

### NEW QUESTION # 133

A patient with pertussis can be removed from Droplet Precautions after

- **A. five days of appropriate antibiotic therapy.**
- B. the paroxysmal stage has ended.
- C. direct fluorescent antibody and/or culture are negative.
- D. the patient has been given pertussis vaccine.

**Answer: A**

Explanation:

A patient with pertussis (whooping cough) should remain on Droplet Precautions to prevent transmission.

According to APIC guidelines, patients with pertussis can be removed from Droplet Precautions after completing at least five days of appropriate antimicrobial therapy and showing clinical improvement.

Why the Other Options Are Incorrect?

- \* A. Direct fluorescent antibody and/or culture are negative - Laboratory results may not always detect pertussis early, and false negatives can occur.
- \* C. The patient has been given pertussis vaccine - The vaccine prevents but does not treat pertussis, and it does not shorten the period of contagiousness.
- \* D. The paroxysmal stage has ended - The paroxysmal stage (severe coughing fits) can last weeks, but infectiousness decreases with antibiotics.

CBIC Infection Control Reference

According to APIC guidelines, Droplet Precautions should continue until the patient has received at least five days of antimicrobial therapy.

### NEW QUESTION # 134

The degree of infectiousness of a patient with tuberculosis correlates with

- A. a tuberculin skin test result that is greater than 20 mm
- **B. the number of organisms expelled into the air**
- C. a presence of acid-fast bacilli in the blood.
- D. the hand-hygiene habits of the patient.

**Answer: B**

Explanation:

The infectiousness of tuberculosis (TB) is directly related to the number of *Mycobacterium tuberculosis* organisms expelled into the air by an infected patient.

Step-by-Step Justification:

- \* TB Transmission Mechanism:
- \* TB spreads through airborne droplet nuclei, which remain suspended for long periods.
- \* Factors Affecting Infectiousness:
- \* High bacterial load in sputum: Smear-positive patients are much more infectious.
- \* Coughing and sneezing frequency: More expelled droplets increase exposure risk.
- \* Environmental factors: Poor ventilation increases transmission.

Why Other Options Are Incorrect:

- \* A. Hand hygiene habits: TB is airborne, not transmitted via hands.
- \* B. Presence of acid-fast bacilli (AFB) in blood: TB is not typically hematogenous, and blood AFB does not correlate with infectiousness.
- \* C. Tuberculin skin test (TST) >20 mm: TST indicates prior exposure, not infectiousness.

CBIC Infection Control References:

- \* APIC Text, "Tuberculosis Transmission and Control Measures".

### NEW QUESTION # 135

Which of the following is an essential element of practice when sending biohazardous samples from one location to another?

- **A. Ship using triple-containment packaging**
- B. Electronically log and send via overnight delivery
- C. Store in a cooler that is labeled as a health hazard
- D. Transport by an authorized biohazard transporter

**Answer: A**

Explanation:

The safe transport of biohazardous samples, such as infectious agents, clinical specimens, or diagnostic materials, is a critical aspect of infection prevention and control to prevent exposure and environmental contamination. The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes adherence to regulatory and safety standards in the "Prevention and Control of Infectious Diseases" domain, which includes proper handling and shipping of biohazardous materials. The primary guideline governing this practice is the U.S. Department of Transportation (DOT) Hazardous Materials Regulations (HMR) and the International Air Transport Association (IATA) Dangerous Goods Regulations, which align with global biosafety standards.

Option A, "Ship using triple-containment packaging," is the essential element of practice. Triple-containment packaging involves three layers: a primary watertight container holding the sample, a secondary leak-proof container with absorbent material, and an outer rigid packaging (e.g., a box) that meets shipping regulations.

This system ensures that biohazardous materials remain secure during transport, preventing leaks or breaches that could expose handlers or the public. The CDC and WHO endorse this method as a fundamental requirement for shipping Category A (high-risk) and Category B (moderate-risk) infectious substances, making it the cornerstone of safe transport practice.

Option B, "Electronically log and send via overnight delivery," is a useful administrative and logistical step to track shipments and ensure timely delivery, but it is not the essential element. While documentation and rapid delivery are important for maintaining chain of custody and sample integrity, they are secondary to the physical containment provided by triple packaging. Option C, "Transport by an authorized biohazard transporter," is a necessary step to comply with regulations, as only trained and certified transporters can handle biohazardous materials. However, this is contingent on proper packaging; without triple containment, transport authorization alone is insufficient. Option D, "Store in a cooler that is labeled as a health hazard," may be part of preparation (e.g., maintaining sample temperature), but labeling alone does not address the containment or transport safety required during shipment. Coolers are often used, but the focus on labeling as a health hazard is incomplete without the triple-containment structure.

The CBIC Practice Analysis (2022) supports compliance with federal and international shipping regulations, which prioritize triple-containment packaging as the foundational practice to mitigate risks. The CDC's Biosafety in Microbiological and Biomedical Laboratories (BMBL, 6th Edition, 2020) and IATA guidelines further specify that triple packaging is mandatory for all biohazardous shipments, reinforcing Option A as the correct answer.

References:

- \* CBIC Practice Analysis, 2022.
- \* CDC Biosafety in Microbiological and Biomedical Laboratories (BMBL), 6th Edition, 2020.
- \* U.S. DOT Hazardous Materials Regulations (49 CFR Parts 171-180).
- \* IATA Dangerous Goods Regulations, 2023.

### NEW QUESTION # 136

An infection preventionist has been asked to consult on disinfectant products for use in a long term care home. What should their primary concern be?

- A. Patient care items are cleaned whenever visibly soiled.
- B. Disinfectant products should have a mild odor to reduce allergy concerns.
- **C. Disinfectant products should be compatible with the patient care devices used by the facility.**
- D. An appropriate disinfectant should be available whenever items are used on patients known to be colonized with multi drug resistant organisms.

**Answer: C**

Explanation:

The most critical factor in choosing disinfectants in long-term care is compatibility with medical devices to prevent damage and ensure safety. Improper selection can compromise disinfection efficacy and equipment longevity.

\* The APIC/JCR Workbook highlights:

"Organizations should evaluate compatibility of disinfectant products with the materials used in patient care equipment.

Incompatibility can lead to equipment degradation or malfunction".

\* This ensures compliance with manufacturer instructions and preserves warranty and functionality.

References:

APIC/JCR Workbook, 4th Edition, Chapter 8 - Disinfection and Sterilization

**NEW QUESTION # 137**

In an outbreak of probable foodborne illness, a group of individuals develops watery diarrhea 48 hours after eating imported shellfish. The MOST likely causative organism is:

- A. *Vibrio cholerae*
- B. *Staphylococcus aureus*
- C. Hepatitis A virus
- D. *Listeria monocytogenes*

**Answer: A**

Explanation:

The CBIC Certified Infection Control Exam Study Guide (6th edition) highlights that consumption of raw or undercooked shellfish, particularly imported shellfish, is a well-recognized risk factor for waterborne and foodborne *Vibrio* infections, including *Vibrio cholerae*. The organism thrives in warm coastal waters and can contaminate shellfish harvested from endemic or inadequately regulated regions.

The clinical presentation described—profuse watery diarrhea occurring approximately 48 hours after exposure—is classic for *Vibrio cholerae*. The organism produces cholera toxin, which causes rapid fluid secretion into the intestinal lumen, resulting in large-volume watery stools. The incubation period typically ranges from a few hours to five days, making a 48-hour onset highly consistent with this pathogen.

The other options are less likely based on incubation period and symptom profile. Hepatitis A virus has an incubation period of weeks and presents with jaundice rather than acute watery diarrhea. *Staphylococcus aureus* food poisoning causes rapid onset (1-6 hours) due to preformed toxin and is commonly associated with vomiting. *Listeria monocytogenes* typically causes invasive disease rather than acute watery diarrhea and has a longer incubation period.

For CIC exam preparation, recognizing shellfish-associated watery diarrhea with short incubation as characteristic of *Vibrio cholerae* is essential, particularly in outbreak investigations involving imported seafood.

**NEW QUESTION # 138**

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