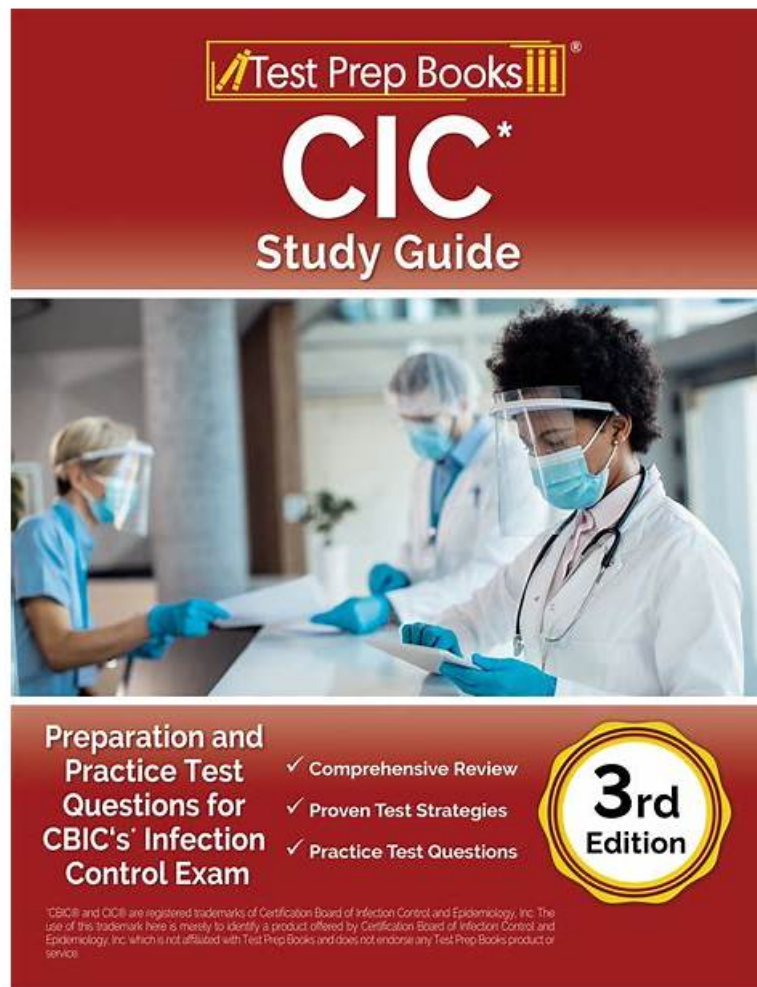


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## CBIC Certified Infection Control Exam Sample Questions (Q155-Q160):

### NEW QUESTION # 155

One of the elements of antibiotic stewardship is controlling antibiotic use. Which of the following BEST describes a closed formulary?

- A. Requires the prescribing physician to obtain some form of approval before the antibiotic will be dispensed.
- B. Automatic switching from broad-spectrum empiric therapy to narrower-spectrum agents.
- C. Limits the number of antibiotics available for physicians to prescribe.
- D. Practice of rotating two or more classes of formulary drugs on a regular basis.

**Answer: A**

Explanation:

Antibiotic stewardship programs are designed to optimize antimicrobial use, improve patient outcomes, reduce antimicrobial resistance, and decrease unnecessary costs. The CBIC Certified Infection Control Exam Study Guide (6th edition) identifies formulary restriction and preauthorization as key core strategies within effective antimicrobial stewardship programs. A closed formulary specifically refers to a system in which access to certain antibiotics is restricted and requires prior approval before dispensing.

In a closed formulary model, prescribers must obtain authorization—often from infectious diseases specialists, pharmacy, or an antimicrobial stewardship team—before selected antimicrobial agents can be used. This approach ensures that high-risk, broad-spectrum, or high-cost antibiotics are used only when clinically appropriate. By requiring approval, the organization promotes judicious antibiotic selection, prevents unnecessary exposure, and supports resistance prevention efforts.

Option B describes de-escalation, which is another stewardship strategy but does not define a closed formulary. Option C refers to antibiotic cycling, a controversial and less-supported strategy. Option D is incorrect because a closed formulary does not merely limit availability; rather, it controls access through approval mechanisms.

For the CIC exam, it is critical to distinguish between stewardship strategies. A closed formulary is best characterized by mandatory approval prior to dispensing, making option A the most accurate answer according to the Study Guide's antimicrobial stewardship framework.

### NEW QUESTION # 156

Which of the following microorganisms does NOT cause gastroenteritis in humans?

- A. Rotavirus
- B. Rhinovirus
- C. Coxsackievirus
- D. Norovirus

**Answer: B**

Explanation:

Gastroenteritis, characterized by inflammation of the stomach and intestines, typically presents with symptoms such as diarrhea, vomiting, and abdominal pain. The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes the identification of infectious agents in the "Identification of Infectious Disease Processes" domain, aligning with the Centers for Disease Control and Prevention (CDC) guidelines on foodborne and enteric diseases. The question requires identifying the microorganism among the options that does not cause gastroenteritis, necessitating an evaluation of each pathogen's clinical associations.

Option B, "Rhinovirus," is the correct answer as it does not cause gastroenteritis. Rhinoviruses are the primary cause of the common cold, affecting the upper respiratory tract and leading to symptoms like runny nose, sore throat, and cough. The CDC and WHO classify rhinoviruses as picornaviruses that replicate in the nasopharynx, with no significant evidence linking them to gastrointestinal illness in humans. Their transmission is primarily through respiratory droplets, not the fecal-oral route associated with gastroenteritis.

Option A, "Norovirus," is a well-known cause of gastroenteritis, often responsible for outbreaks of acute vomiting and diarrhea, particularly in closed settings like cruise ships or nursing homes. The CDC identifies norovirus as the leading cause of foodborne illness in the U.S., transmitted via the fecal-oral route. Option C,

"Rotavirus," is a major cause of severe diarrheal disease in infants and young children worldwide, also transmitted fecal-orally, with the CDC noting its significance before widespread vaccination reduced its impact. Option D, "Coxsackievirus," a member of the enterovirus genus, can cause gastroenteritis, particularly in children, alongside other syndromes like hand-foot-mouth disease. The CDC and clinical literature (e.g., Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases) document its gastrointestinal involvement, though it is less common than norovirus or rotavirus.

The CBIC Practice Analysis (2022) and CDC guidelines on enteric pathogens underscore the importance of distinguishing between respiratory and gastrointestinal pathogens for effective infection control. Rhinovirus's exclusive association with respiratory illness makes Option B the microorganism that does not cause gastroenteritis.

References:

- \* CBIC Practice Analysis, 2022.
- \* CDC Norovirus Fact Sheet, 2021.
- \* CDC Rotavirus Vaccination Information, 2020.
- \* Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases, 9th Edition, 2019.

### NEW QUESTION # 157

While completing compliance rounds in the Central Supply department, the infection preventionist notes items that have completed the sterilization process are showing evidence of moisture on the inside of the sterilization package. The FIRST step that the IP should take is to

- A. monitor employee's compliance with facility policy regarding the sterilization process.
- B. re-educate the employee on the sterilization process.
- C. do nothing as it is normal to have some condensation on the inside of the sterilization package.
- **D. instruct central supply staff to recall all items in the affected load and reprocess.**

**Answer: D**

Explanation:

Any evidence of moisture inside a sterilization package indicates a compromised sterilization process. The immediate action is to recall and reprocess the entire affected load.

\* According to ANSI/AAMI ST79 and cited in the APIC Text:

"Any items with packaging that appears to be wet should not be used." These items must be reprocessed to ensure sterility is not compromised.

\* This is not a matter for education or monitoring—it requires direct corrective action to protect patient safety.

References:

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

### NEW QUESTION # 158

A change in the disinfection protocol is indicated for which of the following scenarios?

- **A. An enzymatic solution being used for rectal probes**
- B. Sodium hypochlorite being used for blood pressure cuffs
- C. A high-level disinfectant being used for diaphragm fitting rings
- D. 2% glutaraldehyde being used for cryosurgical probes

**Answer: A**

Explanation:

The CBIC Certified Infection Control Exam Study Guide (6th edition) emphasizes the importance of applying Spaulding's classification to determine appropriate cleaning, disinfection, and sterilization levels for medical devices based on their intended use.

According to this framework, rectal probes are classified as semi-critical devices because they come into contact with mucous membranes. Semi-critical devices require at least high-level disinfection after thorough cleaning.

An enzymatic solution, as listed in option C, is not a disinfectant. Enzymatic detergents are designed solely for cleaning, meaning they help remove organic material such as blood, mucus, and feces, but they do not kill microorganisms. Using an enzymatic solution alone for rectal probes is therefore inadequate and represents an improper disinfection practice, making this the scenario that clearly requires a protocol change.

Option A is acceptable because diaphragm fitting rings are noncritical devices that contact intact skin and may be safely processed using high-level disinfection. Option B is appropriate because blood pressure cuffs are noncritical items and can be disinfected using low- to intermediate-level disinfectants such as sodium hypochlorite. Option D is also appropriate, as cryosurgical probes are semi-critical devices and 2% glutaraldehyde is an accepted high-level disinfectant.

Recognizing the distinction between cleaning versus disinfection and applying the correct level of processing is a core competency for infection preventionists and a frequently tested concept on the CIC exam.

### NEW QUESTION # 159

Major construction and renovations are planned for a hospital's operating suite, and a meeting is scheduled to plan for construction activities. Aside from the infection preventionist, and representatives from environmental services and engineering, who else should be included in these planning conversations?

- A. Operating room nurse manager
- B. Plumbing supervisor
- C. Chief operating officer
- D. Director of public relations

**Answer: A**

Explanation:

The CBIC Certified Infection Control Exam Study Guide (6th edition) emphasizes that multidisciplinary collaboration is essential when planning construction or renovation projects in patient care areas, especially high-risk locations such as operating suites. In addition to infection prevention, environmental services, and engineering, the operating room nurse manager must be actively involved in construction planning discussions.

The operating room nurse manager represents frontline clinical operations and has direct knowledge of surgical workflows, patient movement, sterile processing needs, case scheduling, and staff practices. Their involvement ensures that construction activities are coordinated to minimize disruption to patient care, maintain sterile environments, and reduce infection risks associated with dust, airflow changes, and traffic patterns. The nurse manager also plays a key role in communicating construction-related precautions and practice changes to surgical staff.

While senior leadership (Option B) may provide oversight, they are not typically involved in detailed infection control planning. The plumbing supervisor (Option C) may be consulted for specific infrastructure issues but does not represent clinical operations. The director of public relations (Option D) is not relevant to construction-related infection risk planning.

The Study Guide highlights that ICRA planning must include clinical leadership from affected areas to ensure that infection prevention measures are practical, effective, and consistently implemented. Including the operating room nurse manager is therefore essential for safe construction planning and is a frequently tested CIC exam concept.

## NEW QUESTION # 160

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