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CBIC Certified Infection Control Exam Sample Questions (Q45-Q50):

NEW QUESTION # 45

A healthcare personnel has an acute group A streptococcal throat infection. What is the earliest recommended time that this person may return to work after receiving appropriate antibiotic therapy?

- A. 24 hours
- B. 48 hours
- C. 72 hours
- D. 8 hours

Answer: A

Explanation:

The correct answer is B, "24 hours," as this is the earliest recommended time that a healthcare personnel with an acute group A streptococcal throat infection may return to work after receiving appropriate antibiotic therapy. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, which align with recommendations from the Centers for Disease Control and Prevention (CDC), healthcare workers with group A Streptococcus (GAS) infections, such as streptococcal pharyngitis, should be treated with antibiotics (e.g., penicillin or a suitable alternative) to eradicate the infection and reduce transmission risk. The CDC and Occupational Safety and Health Administration (OSHA) guidelines specify that healthcare personnel can return to work after at least 24 hours of effective antibiotic therapy, provided they are afebrile and symptoms are improving, as this period is sufficient to significantly reduce the bacterial load and contagiousness (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency

3.2 - Implement measures to prevent transmission of infectious agents).

Option A (8 hours) is too short a duration to ensure the infection is adequately controlled and the individual is no longer contagious. Option C (48 hours) and Option D (72 hours) are longer periods that may apply in some cases (e.g., if symptoms persist or in outbreak settings), but they exceed the minimum recommended time based on current evidence. The 24-hour threshold is supported by studies showing that GAS shedding decreases substantially within this timeframe with appropriate antibiotic treatment, minimizing the risk to patients and colleagues (CDC Guidelines for Infection Control in Healthcare Personnel, 2019).

The infection preventionist's role includes enforcing return-to-work policies to prevent healthcare-associated infections (HAIs), aligning with CBIC's emphasis on timely and evidence-based interventions to control infectious disease transmission in healthcare settings (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.1 - Collaborate with organizational leaders). Compliance with this recommendation also supports occupational health protocols to balance staff safety and patient care.

References: CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competencies 3.1 - Collaborate with organizational leaders, 3.2 - Implement measures to prevent transmission of infectious agents. CDC Guidelines for Infection Control in Healthcare Personnel, 2019.

NEW QUESTION # 46

What rate is expressed by the number of patients who acquire infections over a specified time period divided by the population at risk of acquiring an infection during that time period?

- A. Disease specific
- B. Point prevalence
- C. Period prevalence
- **D. Incidence rate**

Answer: D

Explanation:

The incidence rate measures new cases of infection in a population over a defined time period using the formula:

□ Why the Other Options Are Incorrect?

- * B. Disease specific - Refers to infections caused by a particular pathogen, not the general rate of new infections.
- * C. Point prevalence - Measures existing cases at a specific point in time, not new cases.
- * D. Period prevalence - Includes both old and new cases over a set period, unlike incidence, which only considers new cases.

CBIC Infection Control Reference

APIC defines incidence rate as the number of new infections in a population over a given period.

NEW QUESTION # 47

During an outbreak of ventilator-associated pneumonia (VAP), the infection preventionist should FIRST:

- A. Implement preemptive antibiotic therapy in all ventilated patients.
- B. Isolate all ventilated patients in negative pressure rooms.
- C. Perform bacterial cultures from ventilator circuits.
- **D. Review adherence to ventilator bundle elements.**

Answer: D

Explanation:

* Reviewing compliance with VAP prevention bundles (e.g., head-of-bed elevation, oral care, sedation breaks) is the first step in outbreak control.

* Preemptive antibiotics (B) are not recommended due to antibiotic resistance risks.

* Negative pressure rooms (C) are not required for VAP.

* Ventilator circuit cultures (D) do not guide patient management.

CBIC Infection Control References:

* APIC Text, "VAP Prevention Measures," Chapter 11.

NEW QUESTION # 48

A patient with suspected active tuberculosis is being transferred from a mental health facility to a medical center by emergency medical services. Which of the following should an infection preventionist recommend to the emergency medical technician (EMT)?

- **A. Place an N95 respirator on the patient and a surgical mask on the EMT.**
- B. Place a surgical mask on both the patient and the EMT.
- C. Place an N95 respirator on both the patient and the EMT.
- D. Place a surgical mask on the patient and an N95 respirator on the EMT.

Answer: A

Explanation:

Active tuberculosis (TB) is an airborne disease transmitted through the inhalation of droplet nuclei containing *Mycobacterium tuberculosis*. Effective infection control measures are critical during patient transport to protect healthcare workers, such as emergency medical technicians (EMTs), and to prevent community spread. The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes the use of appropriate personal protective equipment (PPE) and source control as key strategies in the "Prevention and Control of Infectious Diseases" domain, aligning with guidelines from the Centers for Disease Control and Prevention (CDC).

For a patient with suspected active TB, the primary goal is to contain the infectious particles at the source (the patient) while ensuring the EMT is protected from inhalation exposure. Option C, placing an N95 respirator on the patient and a surgical mask on the EMT, is the most appropriate recommendation. The N95 respirator on the patient serves as source control by filtering the exhaled air, reducing the dispersion of infectious droplets. However, fitting an N95 respirator on the patient may be challenging, especially in an emergency setting or if the patient is uncooperative, so a surgical mask is often used as an alternative source control measure. For the EMT, a surgical mask provides a basic barrier but does not offer the same level of respiratory protection as an N95 respirator.

The CDC recommends that healthcare workers, including EMTs, use an N95 respirator (or higher-level respiratory protection) when in close contact with a patient with suspected or confirmed active TB, unless an airborne infection isolation room is available, which is not feasible during transport.

Option A is incorrect because placing a surgical mask on both the patient and the EMT does not provide adequate respiratory protection for the EMT. Surgical masks are not designed to filter small airborne particles like those containing TB bacilli and do not meet the N95 standard required for airborne precautions. Option B is impractical and unnecessary, as placing an N95 respirator on both the patient and the EMT is overly restrictive and logistically challenging, especially for the patient during transport. Option D reverses the PPE roles, placing the surgical mask on the patient (insufficient for source control) and the N95 respirator on the EMT (appropriate for protection but misaligned with the need to control the patient's exhalation). The CBIC and CDC guidelines prioritize source control on the patient and respiratory protection for the healthcare worker, making Option C the best fit.

This recommendation is consistent with the CBIC's emphasis on implementing transmission-based precautions (CDC, 2005, Guideline for Preventing the Transmission of Mycobacterium tuberculosis in Healthcare Settings) and the use of PPE tailored to the mode of transmission, as outlined in the CBIC Practice Analysis (2022).

References:

* CBIC Practice Analysis, 2022.

* CDC Guideline for Preventing the Transmission of Mycobacterium tuberculosis in Healthcare Settings, 2005.

NEW QUESTION # 49

As part of their antimicrobial stewardship initiative, Hospital A is using a qualitative study to assess their program. What type of data will be collected using this approach?

- A. Subjective
- B. Numeric
- C. Reliable
- D. Reproducible

Answer: A

Explanation:

Qualitative studies focus on collecting subjective data, including personal narratives, observations, and experiences. These data are not numeric, and instead aim to explore themes and meaning from contextual, non-quantifiable information.

* From the APIC Text:

"Qualitative methods... Measures or data: Subjective, Unique, Differs over time, sample, and context." References:

APIC Text, 4th Edition, Chapter 19 - Qualitative Research Methods

NEW QUESTION # 50

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