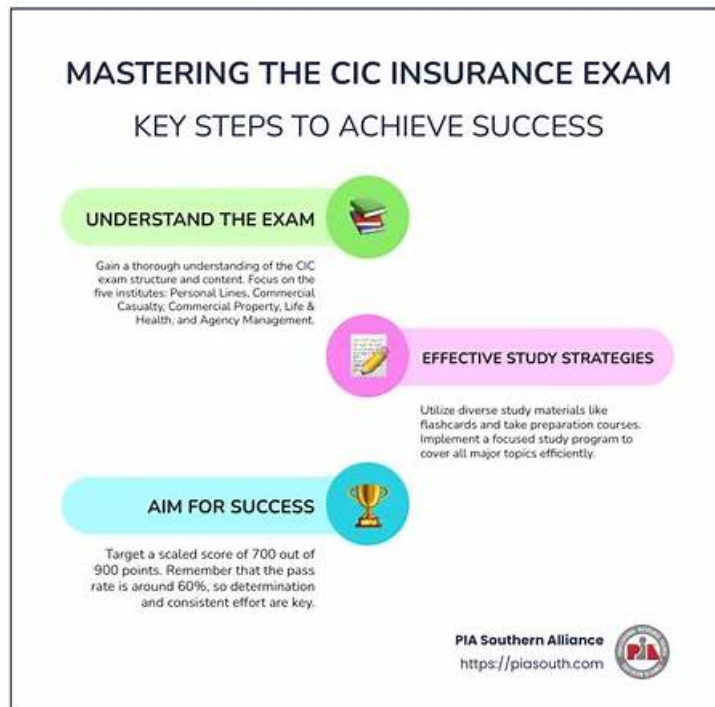


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## CBIC Certified Infection Control Exam Sample Questions (Q80-Q85):

### NEW QUESTION # 80

A 17-year-old presents to the Emergency Department with fever, stiff neck, and vomiting. A lumbar puncture is done. The Gram stain shows Gram negative diplococci. Presumptive identification of the organism is

- A. Haemophilus influenzae
- B. Listeria monocytogenes

- C. Streptococcus pneumoniae
- D. Neisseria meningitidis

**Answer: D**

Explanation:

The Gram stain showing Gram-negative diplococci in cerebrospinal fluid (CSF) is characteristic of Neisseria meningitidis, a leading cause of bacterial meningitis in adolescents and young adults.

Step-by-Step Justification:

- \* Gram Stain Interpretation:
  - \* Gram-negative diplococci in CSF strongly suggest Neisseria meningitidis.
  - \* Classic Symptoms of Meningitis:
  - \* Fever, stiff neck, and vomiting are hallmark signs of meningococcal meningitis.
  - \* Neisseria meningitidis vs. Other Bacteria:
  - \* Haemophilus influenzae (Option A) # Gram-negative coccobacilli.
  - \* Listeria monocytogenes (Option C) # Gram-positive rods.
  - \* Streptococcus pneumoniae (Option D) # Gram-positive diplococci.
- CBIC Infection Control References:
- \* APIC Ready Reference for Microbes, "Neisseria meningitidis and Meningitis".

### NEW QUESTION # 81

Operating room records indicate that 130 joint replacements have been performed. These include 70 total hip replacements, 55 total knee replacements, and 5 shoulder replacements. Two postoperative surgical site infections (SSIs) were identified in total hip replacements. What is the infection rate/100 procedures for total hip replacements?

- A. 3.3
- B. 3.6
- C. 1.5
- D. 2.9

**Answer: D**

Explanation:

To determine the infection rate per 100 procedures for total hip replacements, use the following formula:

$$\text{Infection Rate} = \left( \frac{\text{Number of infections}}{\text{Total number of procedures}} \right) \times 100$$

- Given data:
  - Total hip replacements performed = 70
  - SSIs in total hip replacements = 2
  - Total procedures = 130 (includes other joint replacements, but we focus only on hip replacements)

$$\text{Infection Rate} = \left( \frac{2}{70} \right) \times 100 = 2.86 \approx 2.9$$

Thus, the correct answer is B. 2.9 per 100 procedures.

CBIC Infection Control Reference

The methodology of calculating SSI rates aligns with guidelines from the National Healthcare Safety Network (NHSN) and standardized infection ratio (SIR) models used for hospital-specific SSI rates.

### NEW QUESTION # 82

Given the formula for calculating incidence rates, the Y represents which of the following?

$$\frac{X}{Y} \times K = \text{Rate}$$

- A. Number of events
- B. Population at risk
- C. Population served
- D. Number of infected patients

**Answer: B**

**Explanation:**

Incidence rate is a fundamental epidemiological measure used to quantify the frequency of new cases of a disease within a specified population over a defined time period. The Certification Board of Infection Control and Epidemiology (CBIC) supports the use of such metrics in the "Surveillance and Epidemiologic Investigation" domain, aligning with the Centers for Disease Control and Prevention (CDC) "Principles of Epidemiology in Public Health Practice" (3rd Edition, 2012). The formula provided,

$XY \times K = \text{Rate}$ , represents the standard incidence rate calculation, where  $K$  is a constant (e.g., 1,000 or 100,000) to express the rate per unit population, and the question asks what  $Y$  represents among the given options.

In the incidence rate formula,  $X$  typically represents the number of new cases (or events) of the disease occurring during a specific period, and  $Y$  represents the population at risk during that same period. The ratio  $\frac{X}{Y}$  yields the rate per unit of population, which is then multiplied by  $K$  to standardize the rate (e.g., cases per 1,000 persons). The CDC defines the denominator ( $Y$ ) as the population at risk, which includes individuals susceptible to the disease over the observation period. Option B ("Number of infected patients") might suggest  $X$  if it specified new cases, but as the denominator  $Y$ , it is incorrect because incidence focuses on new cases relative to the at-risk population, not the total number of infected individuals (which could include prevalent cases). Option C ("Population at risk") correctly aligns with  $Y$ , representing the base population over which the rate is calculated.

Option A, "Population served," is a broader term that might include the total population under care (e.g., in a healthcare facility), but it is not specific to those at risk for new infections, making it less precise. Option D, "Number of events," could align with  $X$  (new cases or events), but as the denominator  $Y$ , it does not fit the formula's structure. The CBIC Practice Analysis (2022) and CDC guidelines reinforce that the denominator in incidence rates is the population at risk, ensuring accurate measurement of new disease occurrence.

**References:**

CBIC Practice Analysis, 2022.

CDC Principles of Epidemiology in Public Health Practice, 3rd Edition, 2012.

**NEW QUESTION # 83**

The infection preventionist (IP) is working with Environmental Services to evaluate a new disinfectant for purchase by the facility. With which of the following should the IP be MOST concerned?

- A. Vendor proximity to the facility
- B. Staff preference
- C. Vendor knowledge of product
- **D. Safety of the product**

**Answer: D**

**Explanation:**

When evaluating a new disinfectant, the infection preventionist's primary concern must be the safety and effectiveness of the product. This includes ensuring the product is EPA-registered, effective against targeted pathogens, safe for both the environment and users, and compliant with regulatory guidelines.

\* From the APIC/JCR Workbook, key considerations include:

"Organizations should evaluate each product to ensure that it can be used safely and include a review of dilutions, storage, shelf life, PPE needed, and disposal and ventilation requirements to ensure that OSHA, EPA, or local requirements are met".

\* The CBIC Study Guide reinforces that:

"Safety and efficacy are critical factors in evaluating new products, with particular emphasis on infection prevention and user safety".

\* The other options, while relevant, are not the most critical factors in determining product adoption from an infection control standpoint.

**References:**

APIC/JCR Workbook, 4th Edition, Chapter 8 - Disinfection and Sterilization CBIC Study Guide, 6th Edition, Product Evaluation Section

**NEW QUESTION # 84**

Which of the following processes is a critical step in sterile reprocessing of surgical instrumentation?

- A. Send sterile processing disposable and reusable instrumentation for sorting.
- B. Wrap instruments in disposable pads for protection until transporting to sterile processing.
- **C. Remove bioburden at the point of care and keep instrumentation damp until it reaches the sterile processing department.**

- D. Hold dirty instruments until the evening shift to minimize handling before returning to sterile processing.

**Answer: C**

Explanation:

A critical principle emphasized in the Certification Study Guide (6th edition) is that instrument reprocessing begins at the point of use, not in the sterile processing department. Immediate removal of gross soil and organic material—referred to as bioburden—prevents drying of blood, tissue, and other debris on instruments.

Dried organic material significantly interferes with subsequent cleaning, disinfection, and sterilization processes, reducing the effectiveness of these steps and increasing the risk of surgical site infections.

The study guide explains that instruments should be kept moist or damp after use, typically by using an approved enzymatic spray, damp towel, or transport container, to prevent soil from adhering firmly to surfaces and lumens. This practice protects both the integrity of the instruments and the safety of personnel handling them. Delaying cleaning or allowing instruments to dry increases microbial load and biofilm formation, which are difficult to remove during later processing stages.

The incorrect options conflict with infection prevention standards: holding dirty instruments increases contamination risk; wrapping instruments in pads does not address bioburden; and sending instruments for sorting without point-of-care decontamination violates best practices. Proper point-of-care treatment is foundational to safe, effective sterile processing and is consistently tested on the CIC exam.

Reference: Certification Study Guide (CBIC/CIC Exam Study Guide), 6th edition, Chapter 10: Cleaning, Sterilization, Disinfection, and Asepsis.

## NEW QUESTION # 85

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How far the distance between words and deeds? It depends to every person. If a person is strong-willed, it is close at hand. I think you should be such a person. Since to choose to participate in the CBIC CIC certification exam, of course, it is necessary to have to go through. This is also the performance that you are strong-willed. TestInsides CBIC CIC Exam Training materials is the best choice to help you pass the exam. The training materials of TestInsides website have a unique good quality on the internet. If you want to pass the CBIC CIC exam, you'd better to buy TestInsides's exam training materials quickly.

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