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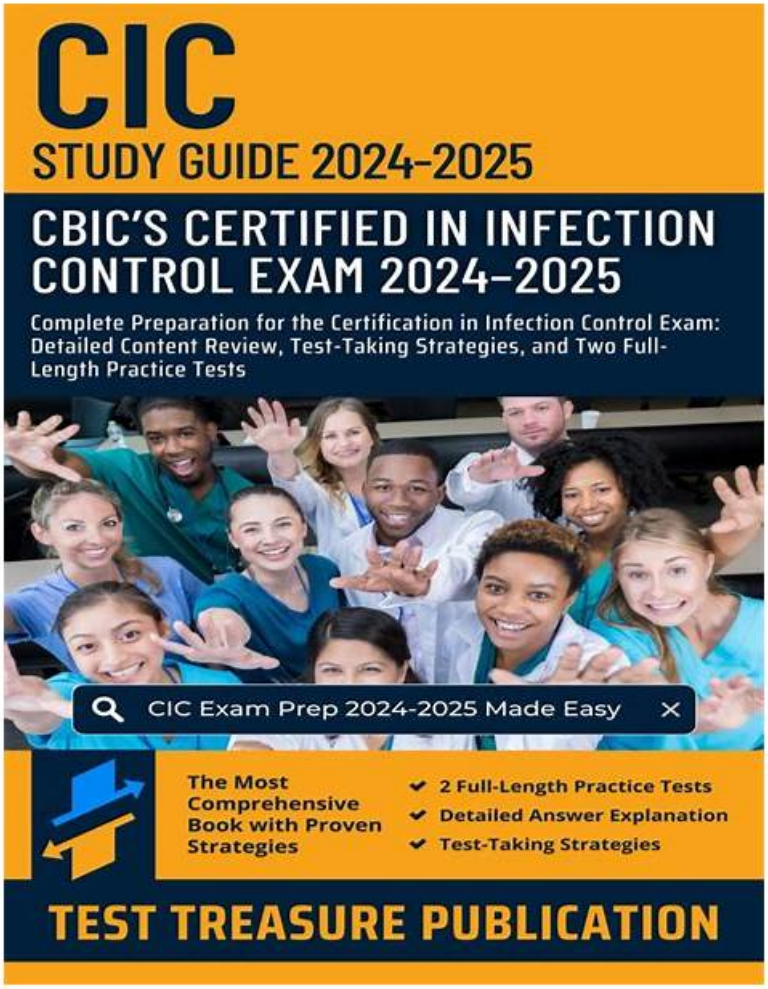

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CBIC Certified Infection Control Exam Sample Questions (Q26-Q31):

NEW QUESTION # 26
A family, including an infant of 8 months, is going on a vacation to Europe. An infection preventionist would recommend:

- A. Family members should be vaccinated for yellow fever.
- B. The infant should not travel until at least 12 months of age.
- C. Family immunization records should be reviewed by their provider.
- D. Exposure to rabies should be avoided.

Answer: C

Explanation:
When advising a family, including an 8-month-old infant, planning a vacation to Europe, an infection preventionist (IP) must consider travel-related health risks and vaccination recommendations tailored to the destination and age-specific guidelines. The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes the "Education and Training" domain, which includes providing evidence-based advice to prevent infections, aligning with the Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO) travel health recommendations.
Option D, "Family immunization records should be reviewed by their provider," is the most appropriate recommendation. Europe, as a region, includes countries with varying health risks, but it is generally considered a low-risk area for many vaccine-preventable diseases compared to tropical regions. The CDC's
"Travelers' Health" guidelines (2023) recommend that all travelers, including infants, have their immunization status reviewed by a healthcare provider prior to travel to ensure compliance with routine vaccinations (e.g., measles, mumps, rubella [MMR], diphtheria, tetanus, pertussis [DTaP], and polio) and to assess any destination-specific needs. For an 8-month-old, the review would confirm that the infant has received age-appropriate vaccines (e.g., the first doses of DTaP, Hib, PCV, and IPV, typically starting at 2 months) and is on schedule for the 6- and 12-month doses. This step ensures the family's overall protection and identifies any gaps, making it a proactive and universally applicable recommendation.
Option A, "Exposure to rabies should be avoided," is a general travel safety tip applicable to any destination where rabies is endemic (e.g., parts of Eastern Europe or rural areas with wildlife). However, rabies risk in most European countries is low, and pre-exposure vaccination is not routinely recommended for travelers unless specific high-risk activities (e.g., handling bats) are planned. The CDC advises avoiding animal bites rather than vaccinating unless indicated, making this less specific and urgent than a records review. Option B,
"Family members should be vaccinated for yellow fever," is incorrect. Yellow fever is not endemic in Europe, and vaccination is not required or recommended for travel to any European country. The WHO International Health Regulations (2005) and CDC list yellow fever vaccination as mandatory only for travelers from or to certain African and South American regions, rendering this irrelevant. Option C, "The infant should not travel until at least 12 months of age," lacks a clear evidence base. While some vaccines (e.g., MMR) are typically given at 12 months, the 8-month-old can travel safely if up-to-date on age-appropriate immunizations. The CDC allows travel for infants as young as 6 weeks with medical clearance, and delaying travel to 12 months is not a standard recommendation unless specific risks (e.g., disease outbreaks) are present, which are not indicated here.
The CBIC Practice Analysis (2022) and CDC Travelers' Health resources prioritize pre-travel health assessments, including immunization reviews, as the foundation for safe travel. Option D ensures a comprehensive approach tailored to the family's needs, making it the best recommendation for a trip to Europe.
References:
* CBIC Practice Analysis, 2022.
* CDC Travelers' Health, 2023.
* WHO International Health Regulations, 2005.
The correct answer is B, "Blood pressure cuff," as this item is appropriately cleaned with a disinfectant that is an approved hospital disinfectant with no tuberculocidal claim. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, the selection of disinfectants for medical equipment depends on the item's classification and intended use. The Environmental Protection Agency (EPA) categorizes hospital disinfectants based on their efficacy against specific pathogens, with tuberculocidal claims indicating effectiveness against Mycobacterium tuberculosis, a highly resistant organism. A disinfectant without a tuberculocidal claim is suitable for non-critical items-those that contact intact skin but not mucous membranes or sterile tissues-such as blood pressure cuffs, which require only low-level disinfection to reduce bacterial and viral loads (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.4 - Implement environmental cleaning and disinfection protocols).
This aligns with CDC guidelines, which designate low-level disinfectants as adequate for non-critical surfaces.
Option A (laryngoscope blades) is incorrect because laryngoscope blades are semi-critical items that contact mucous membranes

(e.g., the oropharynx) and require high-level disinfection or sterilization, which necessitates a disinfectant with tuberculocidal activity to ensure efficacy against a broader spectrum of pathogens, including mycobacteria. Option C (respiratory therapy equipment) is also incorrect, as this equipment (e.g., ventilators or nebulizers) is semi-critical or critical depending on its use, requiring at least intermediate- to high-level disinfection, which exceeds the capability of a non-tuberculocidal disinfectant.
Option D (ultrasound probe) is inappropriate if used on intact skin (non-critical, allowing low-level disinfection), but many ultrasound probes contact mucous membranes or sterile sites, necessitating high-level disinfection with a tuberculocidal agent, making this option unreliable without context.
The selection of a blood pressure cuff aligns with CBIC's emphasis on using appropriate disinfectants based on the Spaulding classification to prevent healthcare-associated infections (HAIs) (CBIC Practice Analysis,
2022, Domain III: Infection Prevention and Control, Competency 3.5 - Evaluate the environment for infection risks). This is supported by EPA and CDC guidelines, which guide disinfectant use based on item risk levels (EPA Disinfectant Product List, 2023; CDC Disinfection Guidelines, 2019).
References: CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competencies 3.4 - Implement environmental cleaning and disinfection protocols, 3.5 - Evaluate the environment for infection risks. EPA Disinfectant Product List, 2023. CDC Guidelines for Disinfection and Sterilization in Healthcare Facilities, 2019.

NEW QUESTION # 27
Endemic infection rate refers to

- A. The occurrence of more cases of a disease than expected in a given area or among a specific group.
- B. An outbreak of disease much greater than expected in a specific population or group.
- C. Disease that overwhelms the usual healthcare system.
- D. The usual presence of a disease in a specific population or geographical area.

Answer: D

Explanation:
The CBIC Certified Infection Control Exam Study Guide (6th edition) defines endemic infection rate as the constant or usual presence of a disease within a specific population, geographic area, or healthcare setting. An endemic level represents the baseline or expected frequency of disease occurrence over time, allowing infection preventionists to distinguish normal disease patterns from unusual increases that may signal outbreaks or epidemics.
Option B accurately reflects this definition by describing the expected and stable presence of a disease within a defined population or location. Endemic infections may persist at low or predictable levels and do not necessarily indicate a failure of infection prevention practices. Examples include seasonal influenza in the community or baseline rates of certain healthcare-associated infections within a facility.
Option A refers to a pandemic or healthcare system overload, not endemic disease. Options C and D describe outbreaks or epidemics, which involve a sudden increase in cases above the expected endemic level. These terms imply deviation from baseline and require investigation and intervention.
Understanding endemic rates is critical for infection prevention and surveillance because they provide the comparison point for identifying trends, clusters, and outbreaks. Surveillance data are interpreted against endemic baselines to determine whether changes reflect random variation or meaningful increases requiring action.
For the CIC exam, recognizing epidemiologic terminology is essential. Endemic infection rate specifically refers to the usual or expected presence of disease, making option B the correct answer.

NEW QUESTION # 28
What is the correct order of steps for reprocessing critical medical equipment?

- A. Clean, sterilize
- B. Disinfect, sterilize
- C. Disinfect, clean, sterilize
- D. Clean, sterilize, disinfect

Answer: A

Explanation:
The correct answer is D, "Clean, sterilize," as this represents the correct order of steps for reprocessing critical medical equipment. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, critical medical equipment-items that enter sterile tissues or the vascular system (e.g., surgical instruments, implants)-must undergo a rigorous reprocessing cycle to ensure they are free of all microorganisms, including spores. The process begins with cleaning to remove organic material, debris, and soil,

which is essential to allow subsequent sterilization to be effective. Sterilization, the final step, uses methods such as steam, ethylene oxide, or hydrogen peroxide gas to achieve a sterility assurance level (SAL) of 10##, eliminating all microbial life (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment). Disinfection, while important for semi-critical devices, is not a step in the reprocessing of critical items, as it does not achieve the sterility required; it is a separate process for non-critical or semi-critical equipment.
Option A (clean, sterilize, disinfect) is incorrect because disinfecting after sterilization is unnecessary and redundant, as sterilization already achieves a higher level of microbial kill. Option B (disinfect, clean, sterilize) reverses the logical sequence; cleaning must precede any disinfection or sterilization to remove bioburden, and disinfection is not appropriate for critical items. Option C (disinfect, sterilize) omits cleaning and incorrectly prioritizes disinfection, which is insufficient for critical equipment requiring full sterility.
The focus on cleaning followed by sterilization aligns with CBIC's emphasis on evidence-based reprocessing protocols to prevent healthcare-associated infections (HAIs), ensuring that critical equipment is safe for patient use (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.4 - Implement environmental cleaning and disinfection protocols). This sequence is supported by standards such as AAMI ST79, which outlines the mandatory cleaning step before sterilization to ensure efficacy and safety.
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 ST79:2017, Comprehensive guide to steam sterilization and sterility assurance in health care facilities.

NEW QUESTION # 29
An infection preventionist (IP) encounters a surgeon at the nurse's station who loudly disagrees with the IP's surgical site infection findings. The IP's BEST response is to:

- A. Report the surgeon to the chief of staff.
- B. Calmly explain that the findings are credible.
- C. Ask the surgeon to speak in a more private setting to review their concerns.
- D. Ask the surgeon to change their tone and leave the nurses' station if they refuse.

Answer: C

Explanation:
The scenario involves a conflict between an infection preventionist (IP) and a surgeon regarding surgical site infection (SSI) findings, occurring in a public setting (the nurse's station). The IP's response must align with professional communication standards, infection control priorities, and the principles of collaboration and conflict resolution as emphasized by the Certification Board of Infection Control and Epidemiology (CBIC).
The "best" response should de-escalate the situation, maintain professionalism, and facilitate a constructive dialogue. Let's evaluate each option:
A). Report the surgeon to the chief of staff: Reporting the surgeon to the chief of staff might be considered if the behavior escalates or violates policy (e.g., harassment or disruption), but it is an escalation that should be a last resort. This action does not address the immediate disagreement about the SSI findings or attempt to resolve the issue collaboratively. It could also strain professional relationships and is not the best initial response, as it bypasses direct communication.
B). Calmly explain that the findings are credible: Explaining the credibility of the findings is important and demonstrates the IP's confidence in their work, which is based on evidence-based infection control practices.
However, doing so in a public setting like the nurse's station, especially with a loud disagreement, may not be effective. The surgeon may feel challenged or defensive, potentially worsening the situation. While this response has merit, it lacks consideration of the setting and the need for privacy to discuss sensitive data.
C). Ask the surgeon to speak in a more private setting to review their concerns: This response is the most appropriate as it addresses the immediate need to de-escalate the public confrontation and move the discussion to a private setting. It shows respect for the surgeon's concerns, maintains professionalism, and allows the IP to review the SSI findings (e.g., data collection methods, definitions, or surveillance techniques) in a controlled environment. This aligns with CBIC's emphasis on effective communication and collaboration with healthcare teams, as well as the need to protect patient confidentiality and maintain a professional atmosphere. It also provides an opportunity to educate the surgeon on the evidence behind the findings, which is a key IP role.
D). Ask the surgeon to change their tone and leave the nurses' station if they refuse: Requesting a change in tone is reasonable given the loud disagreement, but demanding the surgeon leave if they refuse is confrontational and risks escalating the conflict. This approach could damage the working relationship and does not address the underlying disagreement about the SSI findings. While maintaining a respectful environment is important, this response prioritizes control over collaboration and is less constructive than seeking a private discussion.
The best response is C, as it promotes a professional, collaborative approach by moving the conversation to a private setting. This allows the IP to address the surgeon's concerns, explain the SSI surveillance methodology (e.g., NHSN definitions or CBIC guidelines), and maintain a positive working relationship, which is critical for effective infection prevention programs. This strategy

reflects CBIC's focus on leadership, communication, and teamwork in healthcare settings.
CBIC Infection Prevention and Control (IPC) Core Competency Model (updated 2023), Domain V: Management and Communication, which stresses effective interpersonal communication and conflict resolution.
CBIC Examination Content Outline, Domain V: Leadership and Program Management, which includes collaborating with healthcare personnel and addressing disagreements professionally.
CDC Guidelines for SSI Surveillance (2023), which emphasize the importance of clear communication of findings to healthcare teams.

NEW QUESTION # 30
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. 3.6
- B. 3.3
- C. 2.9
- D. 1.5

Answer: C

Explanation:
To determine the infection rate per 100 procedures for total hip replacements, use the following formula:
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$$\text{Infection Rate} = \left(\frac{\text{Number of infections}}{\text{Total number of procedures}}\right) \times 100$$

- 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 isB. 2.9per 100 procedures.
CBIC Infection Control Reference
The methodology of calculating SSI rates aligns with guidelines from theNational HealthcareSafety Network (NHSN)and standardized infection ratio (SIR) models used for hospital-specific SSI rates.

NEW QUESTION # 31
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