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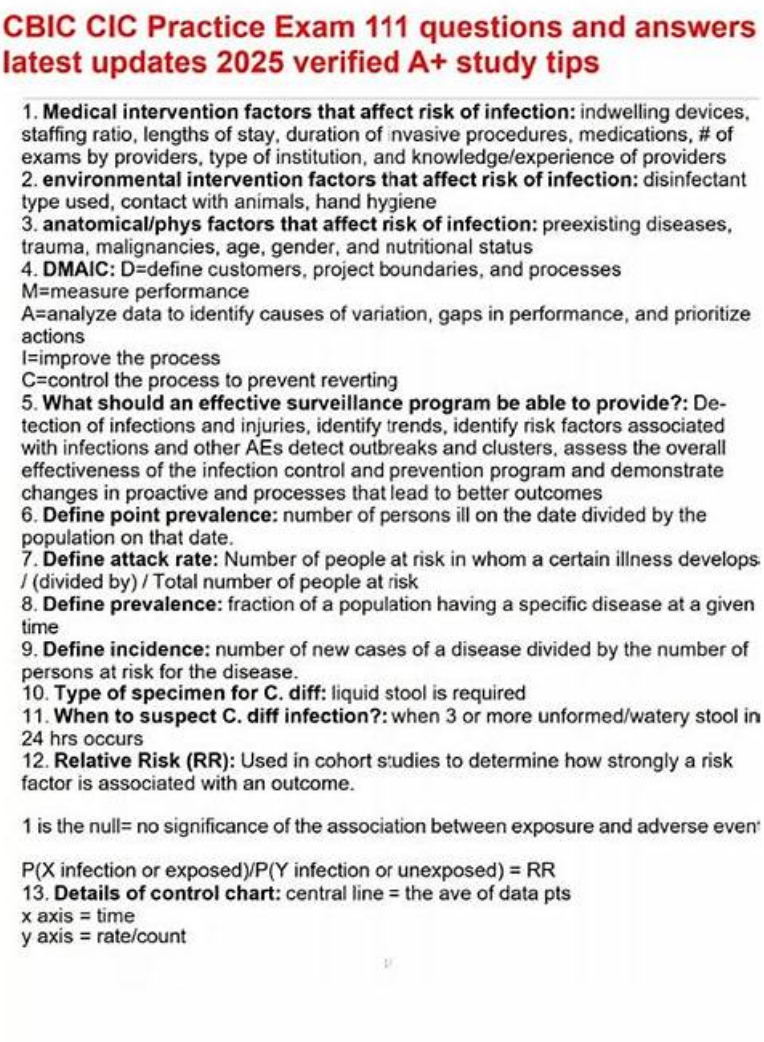
CBIC CIC Practice Exam 111 questions and answers latest updates 2025 verified A+ study tips

1. **Medical intervention factors that affect risk of infection:** indwelling devices, staffing ratio, lengths of stay, duration of invasive procedures, medications, # of exams by providers, type of institution, and knowledge/experience of providers
2. **environmental intervention factors that affect risk of infection:** disinfectant type used, contact with animals, hand hygiene
3. **anatomical/phys factors that affect risk of infection:** preexisting diseases, trauma, malignancies, age, gender, and nutritional status
4. **DMAIC:** D=define customers, project boundaries, and processes
M=measure performance
A=analyze data to identify causes of variation, gaps in performance, and prioritize actions
I=improve the process
C=control the process to prevent reverting
5. **What should an effective surveillance program be able to provide?:** Detection of infections and injuries, identify trends, identify risk factors associated with infections and other AEs detect outbreaks and clusters, assess the overall effectiveness of the infection control and prevention program and demonstrate changes in proactive and processes that lead to better outcomes
6. **Define point prevalence:** number of persons ill on the date divided by the population on that date.
7. **Define attack rate:** Number of people at risk in whom a certain illness develops / (divided by) / Total number of people at risk
8. **Define prevalence:** fraction of a population having a specific disease at a given time
9. **Define incidence:** number of new cases of a disease divided by the number of persons at risk for the disease.
10. **Type of specimen for C. diff:** liquid stool is required
11. **When to suspect C. diff infection?:** when 3 or more unformed/watery stool in 24 hrs occurs
12. **Relative Risk (RR):** Used in cohort studies to determine how strongly a risk factor is associated with an outcome.

1 is the null= no significance of the association between exposure and adverse even

P(X infection or exposed)/P(Y infection or unexposed) = RR
13. **Details of control chart:** central line = the ave of data pts
x axis = time
y axis = rate/count

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CBIC Certified Infection Control Exam Sample Questions (Q141-Q146):

NEW QUESTION # 141
A surgeon approaches an infection preventionist (IP) concerned that there are more surgical site infections (SSIs) in hysterectomies performed in the facility's stand-alone surgery center than in those performed in the acute-care operating room. The IP should

- A. compare post-hysterectomy SSI rates in cases performed at the acute-care operating room with those performed at the surgery center.
- B. initiate post-hysterectomy SSI surveillance in hysterectomy patients to verify accuracy of current surveillance methodology
- C. compare the most recent post-hysterectomy SSI surveillance data from the surgery center with those of the previous 12 months.
- D. initiate prospective surveillance for SSIs in hysterectomies performed at the stand-alone surgery center

Answer: A

Explanation:
The infection preventionist (IP) should start by comparing SSI rates between the acute-care operating room and the stand-alone surgery center. This direct comparison will help determine if there is a statistically significant difference in infection rates and guide further investigation.
Step-by-Step Justification:
* Identify Trends:
* Compare SSI rates between the two locations over a set period to identify patterns.
* Assess Contributing Factors:
* Look at factors such as patient population, antibiotic prophylaxis, surgical techniques, environmental controls, and adherence to infection prevention protocols.
* Validate Surveillance Data:
* Ensure that consistent SSI surveillance methodologies are used at both locations to avoid discrepancies.
Why Other Options Are Incorrect:
* A. Initiate prospective surveillance for SSIs in hysterectomies performed at the stand-alone surgery center:
* Prospective surveillance is beneficial but does not immediately answer the surgeon's concern about existing infections.
* B. Compare the most recent post-hysterectomy SSI surveillance data from the surgery center with those of the previous 12 months:
* This approach only looks at trends at the surgery center without comparing it to the acute-care setting.
* C. Initiate post-hysterectomy SSI surveillance in hysterectomy patients to verify accuracy of current surveillance methodology:
* This step is secondary. Before initiating new surveillance, a direct comparison should be made using existing data.
CBIC Infection Control References:
* APIC Text, "Surgical Site Infection Surveillance and Prevention Measures".

NEW QUESTION # 142
There are four cases of ventilator-associated pneumonia in a surgical intensive care unit with a total of 200 ventilator days and a census of 12 patients. Which of the following BEST expresses how this should be reported?

- A. Ventilator-associated pneumonia rate of 2%
- B. 20 ventilator-associated pneumonia cases/1000 ventilator days
- C. More information is needed regarding ventilator days per patient
- D. Postoperative pneumonia rate of 6% in SICU patients

Answer: B

Explanation:
The standard way to reportventilator-associated pneumonia (VAP) ratesis:
A white paper with black text AI-generated content may be incorrect.

$$\text{VAP Rate} = \left(\frac{\text{Number of VAP cases}}{\text{Total ventilator days}}\right) \times 1000$$

- Number of VAP cases = 4
- Total ventilator days = 200

$$\left(\frac{4}{200}\right) \times 1000 = 20 \text{ cases per } 1000 \text{ ventilator days}$$

Why the Other Options Are Incorrect?
* A. Ventilator-associated pneumonia rate of 2%- This does not use thecorrect denominator (ventilator days).
* C. Postoperative pneumonia rate of 6% in SICU patients-Not relevant, as the data focuses onVAP, not postoperative pneumonia.
* D. More information is needed regarding ventilator days per patient-The total ventilator days are already provided, so no additional data is required.
CBIC Infection Control Reference
APIC and NHSN recommend reporting VAP rates as cases per 1,000 ventilator days.

NEW QUESTION # 143
Which of the following operating suite design features is LEAST important for the prevention of infection?

- A. Positive pressure air handling
- B. Placement of sinks for surgical scrubs
- C. Type of floor material
- D. Control of traffic and traffic flow patterns

Answer: C

Explanation:
The correct answer is A, "Type of floor material," as it is the least important operating suite design feature for the prevention of infection compared to the other options. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, the design of operating suites plays a critical role in infection prevention, particularly for surgical site infections (SSIs). While the type of floor material (e.g., vinyl, tile, or epoxy) can affect ease of cleaning and durability, its impact on infection prevention is secondary to other design elements that directly influence air quality, hygiene practices, and personnel movement (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.5 - Evaluate the environment for infection risks). Modern flooring materials are generally designed to be non-porous and easily disinfected, mitigating their role as a primary infection risk factor when proper cleaning protocols are followed.
Option B (positive pressure air handling) is highly important because it prevents the influx of contaminated air into the operating suite, reducing the risk of airborne pathogens, including those causing SSIs. This is a standard feature in operating rooms to maintain a sterile environment (AORN Guidelines for Perioperative Practice, 2023). Option C (placement of sinks for surgical scrubs) is critical for ensuring that surgical staff can perform effective hand and forearm antisepsis, a key step in preventing SSIs by reducing microbial load before surgery. Option D (control of traffic and traffic flow patterns) is essential to minimize the introduction of contaminants from outside the operating suite, as excessive or uncontrolled movement can increase the risk of airborne and contact transmission (CDC Guidelines for Environmental Infection Control in Healthcare Facilities, 2019).
The relative unimportance of floor material type stems from the fact that infection prevention relies more on consistent cleaning practices and the aforementioned design features, which directly address pathogen transmission routes. This aligns with CBIC's focus on evaluating environmental risks based on their direct impact on infection control (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.4 - Implement environmental cleaning and disinfection protocols).
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. AORN Guidelines for Perioperative Practice, 2023. CDC Guidelines for Environmental Infection Control in Healthcare Facilities, 2019.

NEW QUESTION # 144
Which of the following stains is used to identify mycobacteria?

- A. India ink
- B. Acid-fast
- C. Methylene blue

- D. Gram

Answer: B

Explanation:
Mycobacteria, including species such as Mycobacterium tuberculosis and Mycobacterium leprae, are a group of bacteria known for their unique cell wall composition, which contains a high amount of lipid-rich mycolic acids. This characteristic makes them resistant to conventional staining methods and necessitates the use of specialized techniques for identification. The acid-fast stain is the standard method for identifying mycobacteria in clinical and laboratory settings. This staining technique, developed by Ziehl-Neelsen, involves the use of carbol fuchsin, which penetrates the lipid-rich cell wall of mycobacteria. After staining, the sample is treated with acid-alcohol, which decolorizes non-acid-fast organisms, while mycobacteria retain the red color due to their resistance to decolorization-hence the term "acid-fast." This property allows infection preventionists and microbiologists to distinguish mycobacteria from other bacteria under a microscope.
Option B, the Gram stain, is a common differential staining technique used to classify most bacteria into Gram-positive or Gram-negative based on the structure of their cell walls. However, mycobacteria do not stain reliably with the Gram method due to their thick, waxy cell walls, rendering it ineffective for their identification. Option C, methylene blue, is a simple stain used to observe bacterial morphology or as a counterstain in other techniques (e.g., Gram staining), but it lacks the specificity to identify mycobacteria.
Option D, India ink, is used primarily to detect encapsulated organisms such as Cryptococcus neoformans by creating a negative staining effect around the capsule, and it is not suitable for mycobacteria.
The CBIC's "Identification of Infectious Disease Processes" domain underscores the importance of accurate diagnostic methods in infection control, including the use of appropriate staining techniques to identify pathogens like mycobacteria. The acid-fast stain is specifically recommended by the CDC and WHO for the initial detection of mycobacterial infections, such as tuberculosis, in clinical specimens (CDC, Laboratory Identification of Mycobacteria, 2008). This aligns with the CBIC Practice Analysis (2022), which emphasizes the role of laboratory diagnostics in supporting infection prevention strategies.
References:
* CBIC Practice Analysis, 2022.
* CDC Laboratory Identification of Mycobacteria, 2008.
* WHO Guidelines for the Laboratory Diagnosis of Tuberculosis, 2014.

NEW QUESTION # 145
During an outbreak of ventilator-associated pneumonia (VAP), the infection preventionist should FIRST:

- A. Implement preemptive antibiotic therapy in all ventilated patients.
- B. Perform bacterial cultures from ventilator circuits.
- C. Isolate all ventilated patients in negative pressure rooms.
- 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 # 146
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