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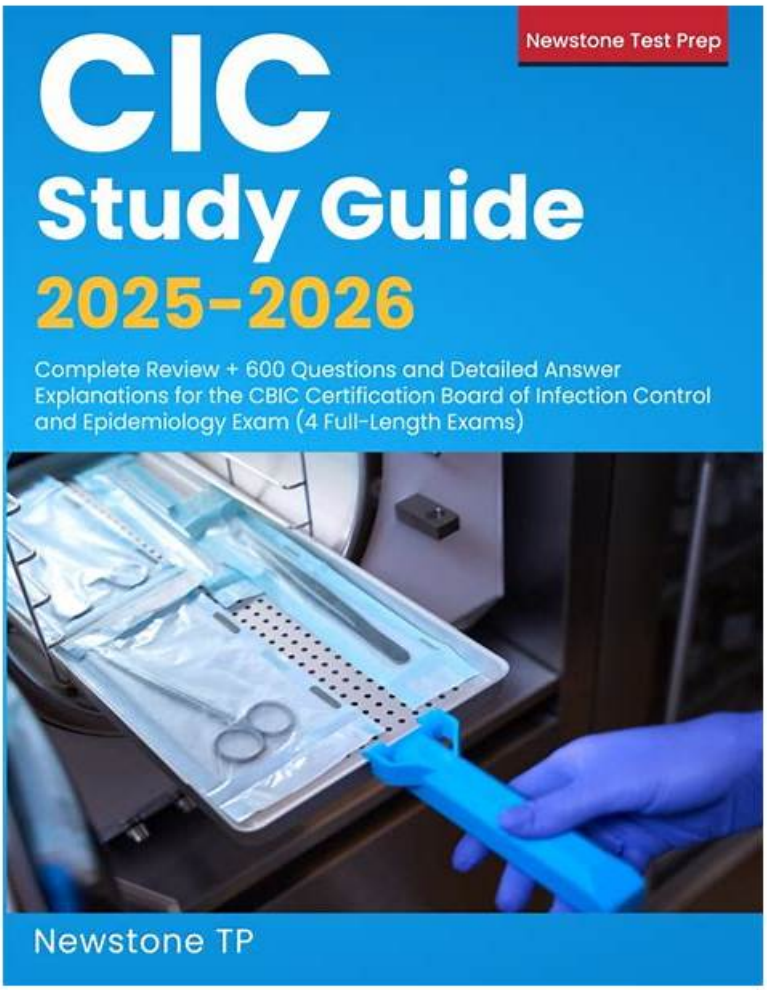

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CBIC Certified Infection Control Exam Sample Questions (Q37-Q42):

NEW QUESTION # 37
During the past week, three out of four blood cultures from a febrile neonate in an intensive care unit grew coagulase-negative staphylococci. This MOST likely indicates:

- A. Infection.
- B. Colonization.
- C. Contamination.
- D. Laboratory error.

Answer: C

Explanation:
The scenario involves a febrile neonate in an intensive care unit (ICU) with three out of four blood cultures growing coagulase-negative staphylococci (CoNS) over the past week. The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes accurate interpretation of microbiological data in the
"Identification of Infectious Disease Processes" domain, aligning with the Centers for Disease Control and Prevention (CDC) guidelines for healthcare-associated infections. Determining whether this represents a true infection, contamination, colonization, or laboratory error requires evaluating the clinical and microbiological context.
Option B, "Contamination," is the most likely indication. Coagulase-negative staphylococci, such as Staphylococcus epidermidis, are common skin flora and frequent contaminants in blood cultures, especially in neonates where skin preparation or sampling technique may be challenging. The CDC's "Guidelines for the Prevention of Intravascular Catheter-Related Infections" (2017) and the Clinical and Laboratory Standards Institute (CLSI) note that multiple positive cultures (e.g., two or more) are typically required to confirm true bacteremia, particularly with CoNS, unless accompanied by clear clinical signs of infection (e.g., worsening fever, hemodynamic instability) and no other explanation. The inconsistency (three out of four cultures) and the neonate's ICU setting-where contamination from skin or catheter hubs is common-suggest that the positive cultures likely result from contamination during blood draw rather than true infection. Studies, such as those in the Journal of Clinical Microbiology (e.g., Beekmann et al., 2005), indicate that CoNS in blood cultures is contaminated in 70-80% of cases when not supported by robust clinical correlation.
Option A, "Laboratory error," is possible but less likely as the primary explanation. Laboratory errors (e.g., mislabeling or processing mistakes) could occur, but the repeated growth in three of four cultures suggests a consistent finding rather than a random error, making contamination a more plausible cause. Option C,
"Colonization," refers to the presence of microorganisms on or in the body without invasion or immune response. While CoNS can colonize the skin or catheter sites, colonization does not typically result in positive blood cultures unless there is an invasive process, which is not supported by the data here. Option D,
"Infection," is the least likely without additional evidence. True CoNS bloodstream infections (e.g., catheter- related) in neonates are serious but require consistent positive cultures, clinical deterioration (e.g., persistent fever, leukocytosis), and often imaging or catheter removal confirmation. The febrile state alone, with inconsistent culture results, does not meet the CDC's criteria for diagnosing infection (e.g., at least two positive cultures from separate draws).
The CBIC Practice Analysis (2022) and CDC guidelines stress differentiating contamination from infection to avoid unnecessary treatment, which can drive antibiotic resistance. Given the high likelihood of contamination with CoNS in this context, Option B is the most accurate answer.
References:
* CBIC Practice Analysis, 2022.
* CDC Guidelines for the Prevention of Intravascular Catheter-Related Infections, 2017.
* Beekmann, S. E., et al. (2005). Coagulase-Negative Staphylococci in Blood Cultures. Journal of Clinical Microbiology.
* CLSI Guidelines on Blood Culture Interpretation, 2018.

NEW QUESTION # 38
A patient with a non-crusted rash has boon diagnosed with Sarcoptes scabiei. The patient is treated with 5% permethrin and precautions are started. The precautions can be stopped

- A. 24 hours after effective treatment
- B. 24 hours after the second treatment
- C. when the bed linen is changed
- D. when the treatment cream is applied

Answer: A

Explanation:

For Sarcoptes scabiei (scabies), Contact Precautions should remain in place until 24 hours after effective treatment has been completed. The first-line treatment is 5% permethrin cream, which is applied to the entire body and left on for 8-14 hours before being washed off.
Why the Other Options Are Incorrect?
* A. When the treatment cream is applied - The mite is still present and infectious until treatment has fully taken effect.
* B. When the bed linen is changed - While changing linens is necessary, it does not indicate that the infestation has cleared.
* D. 24 hours after the second treatment - Most cases require only one treatment with permethrin, though severe cases may need a second dose after a week.
CBIC Infection Control Reference
According to APIC guidelines, Contact Precautions can be discontinued 24 hours after effective treatment has been administered.

NEW QUESTION # 39
Which of the following operating suite design features is LEAST important for the prevention of infection?

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

Answer: B

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 # 40
What is the correct order of steps for reprocessing critical medical equipment?

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

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 # 41
In the current year, cases of tuberculosis (TB) among foreign-born persons accounted for the majority of new TB cases in the United States. The number of states with greater than 50% of cases among foreign-born persons increased from four cases ten years ago to 22 cases in the current year. This information can BEST be used to
* heighten awareness among Emergency Department staff.
* inform staff who are foreign-born.
* educate patients and visitors.
* review the TB exposure control plan.

- A. 3 and 4 only.
- B. 2 and 3 only.
- C. 1 and 4 only.
- D. 1 and 2 only.

Answer: C

Explanation:
The correct answer is B, "1 and 4 only," indicating that the information can best be used to heighten awareness among Emergency Department (ED) staff and review the TB exposure control plan. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, tuberculosis (TB) remains a significant public health concern, particularly with the increasing proportion of cases among foreign-born persons in the United States. The data showing a rise from four to 22 states with over 50% of TB cases among foreign-born individuals highlights an evolving epidemiological trend that warrants targeted infection prevention strategies (CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.1 - Conduct surveillance for healthcare-associated infections and epidemiologically significant organisms).
Heightening awareness among ED staff (option 1) is critical because the ED is often the first point of contact for patients with undiagnosed or active TB, especially those from high-prevalence regions. Increased awareness can improve early identification, isolation, and reporting of potential cases. Reviewing the TB exposure control plan (option 4) is equally important, as it allows the infection preventionist to assess and update protocols-such as ventilation, personal protective equipment (PPE) use, and screening processes-to address the heightened risk posed by the growing number of cases among foreign-born individuals (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.2 - Implement measures to prevent transmission of infectious agents).
Option 2 (inform staff who are foreign-born) is not the best use of this data, as the information pertains to patient demographics rather than staff risk, and targeting staff based on their origin could be inappropriate without specific exposure evidence. Option 3 (educate patients and visitors) is a general education strategy but less directly actionable with this specific epidemiological data, which is more relevant to healthcare worker preparedness and facility protocols. Combining options 1 and 4 aligns with CBIC's emphasis on using surveillance data to guide prevention and control measures, ensuring a proactive response to the increased TB burden (CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.5 - Use data to guide infection prevention and control strategies).
References: CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competencies 2.1 - Conduct surveillance for healthcare-associated infections and epidemiologically significant organisms, 2.5 - Use data to guide infection

prevention and control strategies; Domain III:
Infection Prevention and Control, Competency 3.2 - Implement measures to prevent transmission of infectious agents.

NEW QUESTION # 42
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