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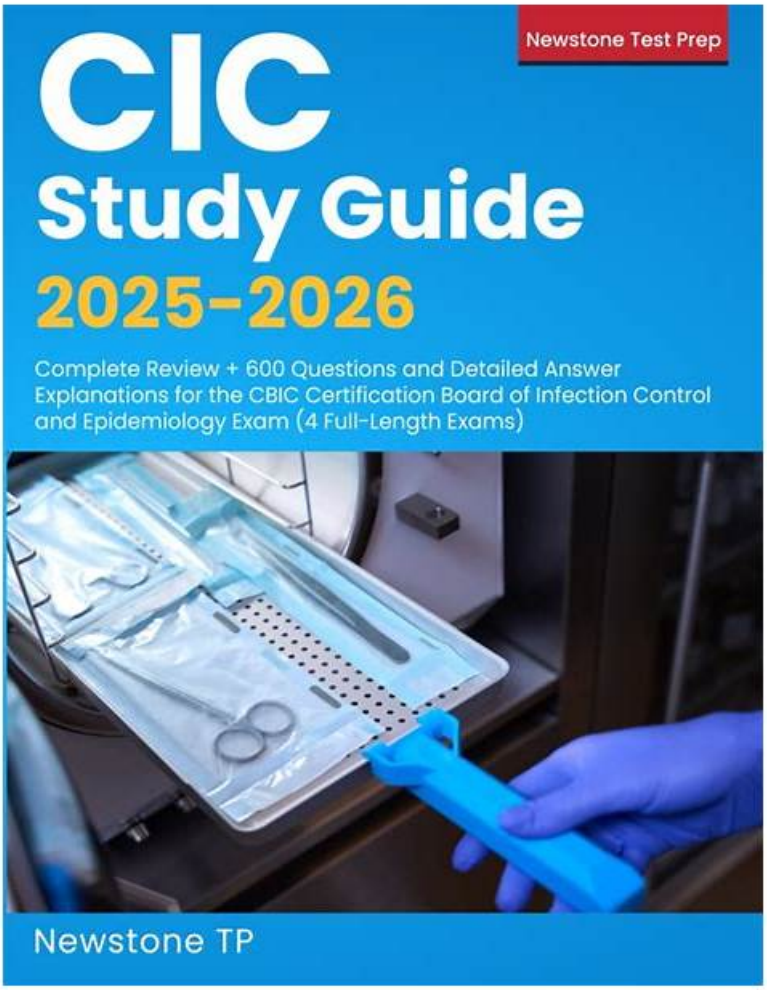

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CBIC Certified Infection Control Exam Sample Questions (Q232-Q237):

NEW QUESTION # 232
The Infection Control Department is notified of possible contamination of one lot of dressings. Which of the following actions should be taken?

- A. Instruct the Purchasing Department to remove the manufacturer's dressings and similar dressings from the hospital.
- B. Arrange to purchase new dressings from a different manufacturer.
- C. Identify where the implicated dressings are in the hospital so that they can be returned to the manufacturer.
- D. Notify discharged patients on whom the dressings were used to be alert for signs of infection.

Answer: C

Explanation:
The Certification Study Guide (6th edition) emphasizes that when a specific product lot is suspected or confirmed to be contaminated, the first priority is containment and traceability. The infection preventionist must promptly identify where the implicated lot is located within the facility so it can be removed from use, quarantined, and managed according to recall or manufacturer instructions. This step prevents further patient exposure and preserves the ability to conduct an accurate risk assessment.
Locating the affected dressings allows the facility to determine how widely the product has been distributed, whether it is still in use, and which clinical areas may be affected. This information is essential before taking additional actions such as patient notification or broad product removal. The study guide stresses that responses must be proportionate and evidence-based, avoiding unnecessary disruption or alarm.
The other options represent actions that may be considered later, depending on findings. Removing all dressings from the same manufacturer is overly broad when only one lot is implicated. Notifying discharged patients is premature unless patient exposure and risk have been confirmed. Purchasing from a different manufacturer does not address the immediate need to control and investigate the current issue.
CIC exam questions often focus on sequencing of actions during product contamination events. Correctly identifying and isolating the affected product lot is the foundational step that enables safe, effective follow-up and regulatory compliance.
Reference: Certification Study Guide (CBIC/CIC Exam Study Guide), 6th edition, Chapter 7: Management and Communication; Chapter 9: Environment of Care.
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NEW QUESTION # 233
Surgical site infection (SSI) data for the previous quarter reveal the following numbers. The surgeon with the highest infection rate is Doctor

- A. Jones.
- B. White
- C. Brown
- D. Smith

Answer: B

Explanation:
To determine which surgeon has the highest surgical site infection (SSI) rate, use the following formula:
A screenshot of a report AI-generated content may be incorrect.
Since Dr. White has the highest SSI rate at 9.1%, the correct answer is D. White.
CBIC Infection Control Reference
SSI rates are calculated using infection count per total procedures and reported as percentage values.

NEW QUESTION # 234
The infection preventionist (IP) is invited to a planning meeting for a new oncology unit. The team is excited about the new design and wants lots of natural plants to be incorporated. What action should the IP take?

- A. Allow the process to continue.
- B. Prohibit any discussion on the inclusion of natural plants.
- C. Ask about the air handling unit.
- D. Ask whether artificial plants could be used instead.

Answer: D

Explanation:
The CBIC Certified Infection Control Exam Study Guide (6th edition) clearly emphasizes that oncology units house highly immunocompromised patients, making environmental sources of infection a critical concern during design and planning phases. Natural plants, soil, and standing water are well-recognized reservoirs for environmental fungi and gram-negative bacteria, including Aspergillus, Fusarium, and Pseudomonas species, all of which pose a serious infection risk to oncology patients.
Rather than allowing the process to continue unchecked (Option A) or completely shutting down discussion (Option D), the infection preventionist's role is to guide the team toward safer alternatives while supporting collaborative planning. Asking whether artificial plants can be used instead (Option C) is the most appropriate action because it maintains the aesthetic goals of the design team while eliminating the infection risks associated with live plants.
Option B, asking about the air handling unit, is important in oncology design but does not directly address the specific and preventable risk posed by natural plants. The Study Guide notes that potted plants, dried flower arrangements, and soil-containing decor should be avoided in areas caring for severely immunocompromised patients.
For the CIC exam, this question highlights the IP's responsibility to anticipate environmental infection risks early in facility planning and recommend practical, evidence-based alternatives that protect patient safety without unnecessarily impeding design goals.

NEW QUESTION # 235
An infection preventionist (IP) is notified that a patient who underwent an endoscopic brain biopsy the night before has been diagnosed with prion disease. Because the diagnosis was thought to be unlikely but possible at the time of the biopsy, the endoscope was sequestered. The endoscope manufacturer's instructions for reprocessing indicate that the endoscope can be reprocessed using high-level disinfection or low-temperature sterilization. The IP should recommend that the endoscope be:

- A. Sterilized using ethylene oxide or hydrogen peroxide gas plasma.
- B. Bagged as biohazardous waste and discarded.
- C. Disinfected with a 1:10 dilution of household bleach or 1N NaOH.
- D. Autoclaved at 134°C (273°F) for 18 minutes.

Answer: B

Explanation:
The CBIC Certified Infection Control Exam Study Guide (6th edition) identifies prion diseases (such as Creutzfeldt-Jakob disease) as unique and extremely challenging from an infection prevention standpoint due to the extraordinary resistance of prions to conventional disinfection and sterilization methods. Prions are not destroyed by standard high-level disinfection, low-temperature sterilization, ethylene oxide, or hydrogen peroxide gas plasma, even when manufacturer instructions for use suggest these methods for routine pathogens.
Invasive neurologic procedures involving high-risk tissues (brain, spinal cord, posterior eye) pose the greatest transmission risk. When a reusable device such as an endoscope is used on high-risk tissue in a patient with known or suspected prion disease, and the device cannot tolerate validated prion-inactivation protocols, the Study Guide recommends removal from service and disposal. While harsh chemical treatments such as 1N sodium hydroxide or high-concentration bleach combined with extended steam sterilization may be effective for heat-resistant surgical instruments, flexible endoscopes and similar devices cannot safely undergo these processes without damage. Therefore, reprocessing is not acceptable in this scenario.
Autoclaving alone and low-temperature sterilization methods are ineffective against prions. As a result, the safest and recommended action is to bag the device as biohazardous waste and discard it, preventing any risk of iatrogenic transmission.
For the CIC exam, this question tests recognition that manufacturer IFUs do not supersede prion-specific infection prevention guidance, and patient safety requires device destruction when prion exposure cannot be reliably mitigated.

NEW QUESTION # 236
Which of the following should be included when designing a data collection form for surveillance?

- A. Denominator information
- B. Medication history
- C. As much information as possible
- D. Only the information needed

Answer: A

Explanation:
The Certification Study Guide (6th edition) emphasizes that effective surveillance depends on the ability to calculate rates, not just counts. To calculate any infection rate, both a numerator (number of infection events) and a denominator (population at risk or time at risk) are required. Therefore, inclusion of denominator information is essential when designing a data collection form for

surveillance.
Denominator data may include patient days, device days (e.g., central line days, ventilator days), number of procedures, or number of admissions-depending on the surveillance objective. Without denominator data, infection preventionists cannot calculate standardized rates, compare trends over time, or benchmark against national databases. The study guide clearly states that surveillance systems lacking denominator data produce incomplete and potentially misleading results.
The other options are either vague or inappropriate. While data collection forms should avoid unnecessary information, simply stating "only the information needed" does not address the critical requirement for denominator data. Collecting "as much information as possible" is discouraged because it increases workload, reduces data quality, and may compromise sustainability of surveillance programs. Medication history is not routinely required for most surveillance activities unless it is directly related to the infection being studied.
This question reflects a fundamental CIC exam principle: surveillance must be designed to support valid rate calculation and analysis. Including denominator information ensures that collected data are meaningful, actionable, and aligned with evidence-based infection prevention practices.
Reference: Certification Study Guide (CBIC/CIC Exam Study Guide), 6th edition, Chapter 4: Surveillance and Epidemiologic Investigation.

NEW QUESTION # 237
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