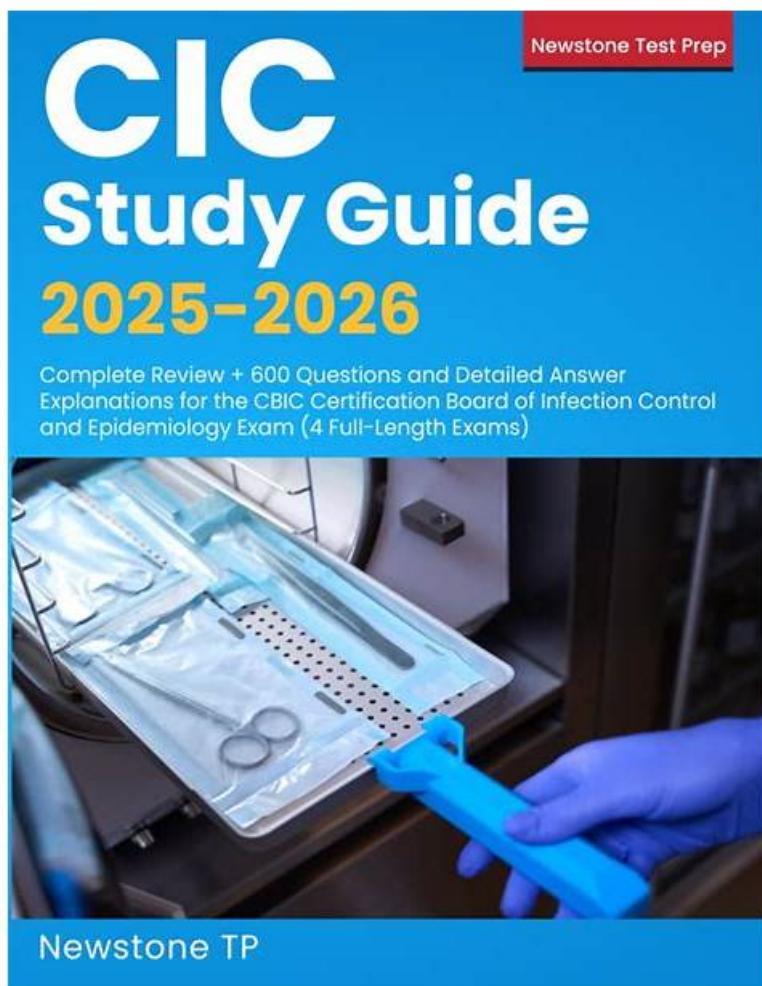


Quiz 2026 CBIC CIC Updated Question Explanations



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CBIC Certified Infection Control Exam Sample Questions (Q144-Q149):

NEW QUESTION # 144

The infection preventionist (IP) is assisting pharmacists in investigating medication contamination at the hospital's compounding pharmacy. As part of the medication recall process, the IP should:

- A. Inform all discharged patients of potential medication contamination.
- **B. Identify the potential source of contamination.**
- C. Have laboratory culture all medication.
- D. Inspect for safe injection practices.

Answer: B

Explanation:

The scenario involves an infection preventionist (IP) assisting pharmacists in addressing medication contamination at the hospital's compounding pharmacy, with a focus on the medication recall process. The IP's role is to apply infection control expertise to mitigate risks, guided by the Certification Board of Infection Control and Epidemiology (CBIC) principles and best practices. The recall process requires a systematic approach to identify, contain, and resolve the issue, and the "first" or most critical step must be determined.

Let's evaluate each option:

* A. Have laboratory culture all medication: Culturing all medication to confirm contamination is a valuable step to identify affected batches and guide the recall. However, this is a resource-intensive process that depends on first understanding the scope and source of the problem. Without identifying the potential source of contamination, culturing all medication could be inefficient and delay the recall.

This step is important but secondary to initial investigation.

* B. Inspect for safe injection practices: Inspecting for safe injection practices (e.g., single-use vials, proper hand hygiene, sterile technique) is a critical infection control measure, especially in compounding pharmacies where contamination often arises from procedural errors (e.g., reuse of syringes, improper cleaning). While this is a proactive step to prevent future contamination, it addresses ongoing practices rather than the immediate recall process for the current contamination event. It is a complementary action but not the first priority.

* C. Identify the potential source of contamination: Identifying the potential source of contamination is the foundational step in the recall process. This involves investigating the compounding environment (e.g., water quality, equipment, personnel practices), raw materials, and production processes to pinpoint where the contamination occurred (e.g., bacterial ingress, cross-contamination). The CBIC emphasizes root cause analysis as a key infection prevention strategy, enabling targeted recalls, corrective actions, and prevention of recurrence. This step is essential before culturing, inspecting, or notifying patients, making it the IP's primary responsibility in this context.

* D. Inform all discharged patients of potential medication contamination: Notifying patients is a critical step to ensure public safety and allow for medical follow-up if they received contaminated medication. However, this action requires prior identification of the contaminated batches and their distribution, which depends on determining the source and confirming the extent of the issue. Premature notification without evidence could cause unnecessary alarm and is not the first step in the recall process.

The best answer is C, as identifying the potential source of contamination is the initial and most critical step in the medication recall process. This allows the IP to collaborate with pharmacists to trace the contamination, define the affected products, and guide subsequent actions (e.g., culturing, inspections, notifications). This aligns with CBIC's focus on systematic investigation and risk mitigation in healthcare-associated infection events.

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CBIC Infection Prevention and Control (IPC) Core Competency Model (updated 2023), Domain III:

Prevention and Control of Infectious Diseases, which includes identifying sources of contamination in healthcare settings.

CBIC Examination Content Outline, Domain V: Management and Communication, which emphasizes root cause analysis during outbreak investigations.

CDC Guidelines for Safe Medication Compounding (2022), which recommend identifying contamination sources as the first step in a recall process.

NEW QUESTION # 145

Which of the following descriptions accurately describes a single-use medical device?

- A. A device which can be used on a single patient
- B. A device used on a patient and reprocessed prior to being used again
- C. A device that is sterilized and can be used again on the same patient
- **D. A device used one time on a patient during a procedure and then discarded**

Answer: D**Explanation:**

The correct answer is D, "A device used one time on a patient during a procedure and then discarded," as this accurately describes a single-use medical device. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, a single-use device (SUD), also known as a disposable device, is labeled by the manufacturer for one-time use on a patient and is intended to be discarded afterward to prevent cross-contamination and ensure patient safety. This definition is consistent with regulations from the Food and Drug Administration (FDA), which designate SUDs as devices that should not be reprocessed or reused due to risks of infection, material degradation, or failure to restore sterility (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment). Examples include certain syringes, catheters, and gloves, which are designed for single use to eliminate the risk of healthcare-associated infections (HAIs). Option A (a device which can be used on a single patient) is too vague and could apply to both single-use and reusable devices, as reusable devices are also often used on a single patient per procedure before reprocessing.

Option B (a device that is sterilized and can be used again on the same patient) describes a reusable device, not a single-use device, as sterilization and reuse are not permitted for SUDs. Option C (a device used on a patient and reprocessed prior to being used again) refers to a reusable device that undergoes reprocessing (e.

g., sterilization), which is explicitly prohibited for SUDs under manufacturer and regulatory guidelines.

The focus on discarding after one use aligns with CBIC's emphasis on preventing infection through adherence to device labeling and safe reprocessing practices, ensuring that healthcare facilities avoid the risks associated with improper reuse of SUDs (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.5 - Evaluate the environment for infection risks). This practice is critical to maintaining a sterile and safe healthcare environment.

References: CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competencies 3.3 - Ensure safe reprocessing of medical equipment, 3.5 - Evaluate the environment for infection risks. FDA Guidance on Reprocessing of Single-Use Devices, 2016.

NEW QUESTION # 146

The infection preventionist understands that the heating, ventilation and air conditioning (HVAC) systems in the facility can be a risk factor for healthcare-acquired infections. What is the MOST likely risk from the HVAC system for patients in a Pediatric Oncology unit?

- A. Methicillin-resistant *Staphylococcus aureus* (MRSA)
- B. *Clostridioides difficile*
- C. *Aspergillus spp.*
- D. Norovirus

Answer: C**Explanation:**

Patients in pediatric oncology units are highly immunocompromised, making them particularly susceptible to opportunistic fungal infections such as *Aspergillus spp.* HVAC systems, especially if improperly maintained or contaminated, can disseminate fungal spores into patient care areas.

* According to the APIC Text (Chapter 116 - HVAC Systems), fungal spores such as *Aspergillus* can be transmitted via HVAC systems. These infections have been linked to contaminated air ducts, faulty air filters, and construction-related air disturbances. Outbreaks of aspergillosis are frequently associated with construction near patient care areas and are particularly dangerous for immunocompromised patients, including pediatric oncology patients.

* Additional data from APIC Text (Chapter 45 - Infection Prevention in Oncology Patients) reinforces that *Aspergillus spp.* infections in oncology and immunocompromised patients are primarily airborne and are most often disseminated via HVAC systems.

* Incorrect answer rationale:

- * A. MRSA- Typically spread via direct contact, not HVAC.
- * B. Norovirus- Spread via fecal-oral route and contaminated surfaces, not airborne HVAC.
- * D. *Clostridioides difficile*- Spread via contact with spores on surfaces, not through the air.

References:

APIC Text, 4th Edition, Chapter 116 - Heating, Ventilation, and Air Conditioning APIC Text, 4th Edition, Chapter 45 - Infection Prevention in Oncology and Immunocompromised Patients

NEW QUESTION # 147

An infection preventionist should collaborate with a public health agency in primary prevention efforts by:

- A. Performing surveillance for tuberculosis through tuberculin skin test.

- B. Conducting outbreak investigations.
- C. Offering blood and body fluid post-exposure prophylaxis.
- D. Promoting vaccination of health care workers and patients.

Answer: D

Explanation:

Primary prevention focuses on preventing the initial occurrence of disease or injury before it manifests, distinguishing it from secondary (early detection) and tertiary (mitigation of complications) prevention. The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes the "Prevention and Control of Infectious Diseases" domain, which includes collaboration with public health agencies to implement preventive strategies, aligning with the Centers for Disease Control and Prevention (CDC) framework for infection prevention. The question requires identifying the activity that best fits primary prevention efforts.

Option C, "Promoting vaccination of health care workers and patients," is the correct answer. Vaccination is a cornerstone of primary prevention, as it prevents the onset of vaccine-preventable diseases (e.g., influenza, hepatitis B, measles) by inducing immunity before exposure. The CDC's "Immunization of Health-Care Personnel" (2011) and "General Recommendations on Immunization" (2021) highlight the role of vaccination in protecting both healthcare workers and patients, reducing community transmission and healthcare-associated infections. Collaboration with public health agencies, which often oversee vaccination campaigns and supply distribution, enhances this effort, making it a proactive primary prevention strategy.

Option A, "Conducting outbreak investigations," is a secondary prevention activity. Outbreak investigations occur after cases are identified to control spread and mitigate impact, focusing on containment rather than preventing initial disease occurrence. The CDC's "Principles of Epidemiology in Public Health Practice" (3rd Edition, 2012) classifies this as a response to an existing problem. Option B, "Performing surveillance for tuberculosis through tuberculin skin test," is also secondary prevention. Surveillance, including tuberculin skin testing, aims to detect latent or active tuberculosis early to prevent progression or transmission, not to prevent initial infection. The CDC's "Guidelines for Preventing the Transmission of Mycobacterium tuberculosis" (2005) supports this as a screening tool. Option D, "Offering blood and body fluid post-exposure prophylaxis," is tertiary prevention. Post-exposure prophylaxis (e.g., for HIV or hepatitis B) is administered after potential exposure to prevent disease development, focusing on mitigating consequences rather than preventing initial exposure, as outlined in the CDC's "Updated U.S. Public Health Service Guidelines" (2013).

The CBIC Practice Analysis (2022) and CDC guidelines prioritize vaccination as a primary prevention strategy, and collaboration with public health agencies amplifies its reach. Option C best reflects this preventive focus, making it the correct choice.

References:

- * CBIC Practice Analysis, 2022.
- * CDC Immunization of Health-Care Personnel, 2011.
- * CDC General Recommendations on Immunization, 2021.
- * CDC Principles of Epidemiology in Public Health Practice, 3rd Edition, 2012.

NEW QUESTION # 148

Which of the following measures has NOT been demonstrated to reduce the risk of surgical site infections?

- A. Assuring adequate patient nutrition
- B. Limiting the duration of preoperative hospital stay
- C. Using antimicrobial preoperative scrub by members of the surgical team
- D. Designating a specific surgical suite for infected cases

Answer: D

Explanation:

There is no strong evidence that isolating infected cases in a separate surgical suite reduces SSI risk.

Step-by-Step Justification:

- * SSI Prevention Strategies Supported by Evidence:
 - * Preoperative hospital stay limitation reduces exposure to hospital-acquired pathogens.
 - * Antimicrobial preoperative scrubs lower bacterial load on the skin.
 - * Adequate nutrition improves immune function and wound healing.
- * Why Designating a Separate Surgical Suite Is Not Effective:
 - * Operating room environmental controls (e.g., laminar airflow, sterilization protocols) are more important than suite designation.
 - * No significant reduction in SSIs has been observed by segregating infected cases into specific OR suites.

Why Other Options Are Correct:

- * A. Limiting preoperative hospital stay: Reduces nosocomial bacterial exposure.
- * B. Antimicrobial preoperative scrub: Decreases skin flora contamination.
- * C. Assuring adequate patient nutrition: Enhances immune defense against infections.

CBIC Infection Control References:

* APIC Text, "Surgical Site Infection Prevention Strategies".

NEW QUESTION # 149

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