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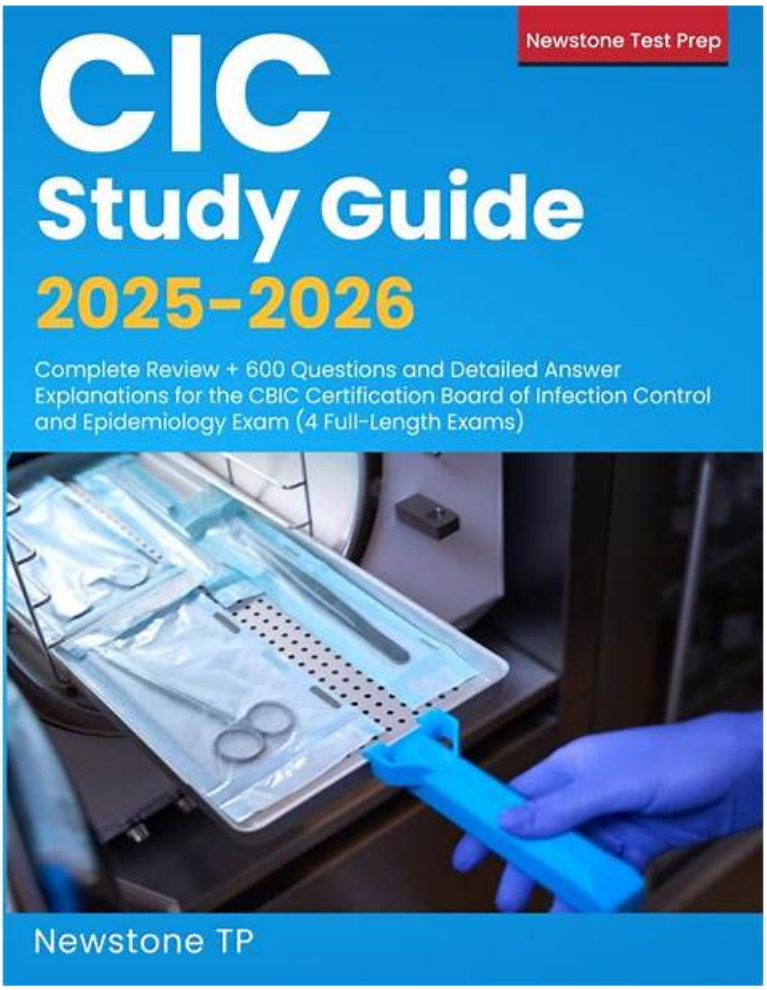

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CBIC Certified Infection Control Exam Sample Questions (Q39-Q44):

NEW QUESTION # 39
Which of the following active surveillance screening cultures would be appropriate for carbapenem-resistant Enterobacterales (previously known as carbapenem-resistant Enterobacteriaceae) (CRE)?

- A. Nares or axillary cultures
- B. Rectal or peri-rectal cultures
- C. Abscess or blood cultures
- D. Throat or nasopharyngeal cultures

Answer: B

Explanation:
Carbapenem-resistant Enterobacterales (CRE) colonization is most commonly found in the gastrointestinal (GI) tract. Therefore, rectal or peri-rectal cultures are recommended for active surveillance screening.
Why the Other Options Are Incorrect?
* B. Nares or axillary cultures - CRE is not primarily found in the nasal or axillary region; this method is more relevant for detecting MRSA.
* C. Abscess or blood cultures - While CRE may be present in clinical infections, these cultures are not used for screening asymptomatic carriers.
* D. Throat or nasopharyngeal cultures - CRE does not commonly colonize the upper respiratory tract, so these are not ideal for active screening.
CBIC Infection Control Reference
The CDC and APIC guidelines emphasize rectal or peri-rectal swabbing as the most effective active surveillance method for CRE detection.

NEW QUESTION # 40
While completing compliance rounds in the Central Supply department, the infection preventionist notes items that have completed the sterilization process are showing evidence of moisture on the inside of the sterilization package. The FIRST step that the IP should take is to

- A. do nothing as it is normal to have some condensation on the inside of the sterilization package.
- B. instruct central supply staff to recall all items in the affected load and reprocess.
- C. monitor employee's compliance with facility policy regarding the sterilization process.
- D. re-educate the employee on the sterilization process.

Answer: B

Explanation:
Anyevidence of moistureinside a sterilization package indicates acompromised sterilization process. The immediate action is torecall and reprocessthe entire affected load.
* According toANSI/AAMI ST79and cited in theAPIC Text:
"Any items with packaging that appears to be wet should not be used." These items must bereprocessedto ensure sterility is not compromised.
* This is not a matter for education or monitoring-it requires direct corrective action to protect patient safety.
References:
APIC Text, 4th Edition, Chapter 108 - Sterile Processing

NEW QUESTION # 41
Following recent renovations on an oncology unit, three patients were identified with Aspergillus infections.
The infections were thought to be facility-acquired. Appropriate environmental microbiological monitoring would be to culture the:

- A. Aerators
- B. Carpet
- C. Air
- D. Ice

Answer: C

Explanation:
The scenario describes an outbreak of Aspergillus infections among three patients on an oncology unit following recent renovations, with the infections suspected to be facility-acquired. Aspergillus is a mold commonly associated with environmental sources, particularly airborne spores, and its presence in immunocompromised patients (e.g., oncology patients) poses a significant risk. The infection preventionist must identify the appropriate environmental microbiological monitoring strategy, guided by the Certification Board of Infection Control and Epidemiology (CBIC) and CDC recommendations. Let's evaluate each option:
* A. Air: Aspergillus species are ubiquitous molds that thrive in soil, decaying vegetation, and construction dust, and they are primarily transmitted via airborne spores. Renovations can disturb these spores, leading to aerosolization and inhalation by vulnerable patients. Culturing the air using methods such as settle plates, air samplers, or high-efficiency particulate air (HEPA) filtration monitoring is a standard practice to detect Aspergillusduring construction or post-renovation in healthcare settings, especially oncology units where patients are at high risk for invasive aspergillosis. This aligns with CBIC's emphasis on environmental monitoring for airborne pathogens, making it the most appropriate choice.
* B. Ice: Ice can be a source of contamination with bacteria (e.g., Pseudomonas, Legionella) or other pathogens if improperly handled or stored, but it is not a typical reservoir for Aspergillus, which is a mold requiring organic material and moisture for growth. While ice safety is important in infection control, culturing ice is irrelevant to an Aspergillus outbreak linked to renovations and is not a priority in this context.
* C. Carpet: Carpets can harbor dust, mold, and other microorganisms, especially in high-traffic or poorly maintained areas. Aspergillus spores could theoretically settle in carpet during renovations, but carpets are not a primary source of airborne transmission unless disturbed (e.g., vacuuming). Culturing carpet might be a secondary step if air sampling indicates widespread contamination, but it is less direct and less commonly recommended as the initial monitoring site compared to air sampling.
* D. Aerators: Aerators (e.g., faucet aerators) can harbor waterborne pathogens like Pseudomonas or Legionella due to biofilm formation, but Aspergillus is not typically associated with water systems unless there is significant organic contamination or aerosolization from water sources (e.g., cooling towers). Culturing aerators is relevant for waterborne outbreaks, not for an Aspergillus outbreak linked to renovations, making this option inappropriate.
The best answer is A, culturing the air, as Aspergillus is an airborne pathogen, and renovations are a known risk factor for spore dispersal in healthcare settings. This monitoring strategy allows the infection preventionist to confirm the source, assess the extent of contamination, and implement control measures (e.g., enhanced filtration, construction barriers) to protect patients. This is consistent with CBIC and CDC guidelines for managing fungal outbreaks in high-risk units.
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CBIC Infection Prevention and Control (IPC) Core Competency Model (updated 2023), Domain IV: Environment of Care, which recommends air sampling for Aspergillus during construction-related outbreaks.
CBIC Examination Content Outline, Domain III: Prevention and Control of Infectious Diseases, which includes environmental monitoring for facility-acquired infections.
CDC Guidelines for Environmental Infection Control in Healthcare Facilities (2022), which advocate air culturing to detect Aspergillus post-renovation in immunocompromised patient areas.

NEW QUESTION # 42
An infection preventionist has been asked to consult on disinfectant products for use in a long term care home. What should their primary concern be?

- A. Disinfectant products should be compatible with the patient care devices used by the facility.
- B. Patient care items are cleaned whenever visibly soiled.
- C. An appropriate disinfectant should be available whenever items are used on patients known to be colonized with multi drug resistant organisms.
- D. Disinfectant products should have a mild odor to reduce allergy concerns.

Answer: A

Explanation:
The most critical factor in choosing disinfectants in long-term care iscompatibility with medical devicesto prevent damage and ensure safety. Improper selection can compromise disinfection efficacy and equipment longevity.
* TheAPIC/JCR Workbookhighlights:
"Organizations should evaluate compatibility of disinfectant products with the materials used in patient care equipment. Incompatibility can lead to equipment degradation or malfunction".
* This ensures compliance with manufacturer instructions and preserves warranty and functionality.
References:
APIC/JCR Workbook, 4th Edition, Chapter 8 - Disinfection and Sterilization

NEW QUESTION # 43
What should an infection preventionist prioritize when designing education programs?

- A. Prior healthcare experiences
- B. Departmental budgets
- C. Marketing research
- D. Learning and behavioral science theories

Answer: D

Explanation:
The correct answer is D, "Learning and behavioral science theories," as this is what an infection preventionist (IP) should prioritize when designing education programs. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, effective education programs in infection prevention and control are grounded in evidence-based learning theories and behavioral science principles. These theories, such as adult learning theory (andragogy), social learning theory, and the health belief model, provide a framework for understanding how individuals acquire knowledge, develop skills, and adopt behaviors (CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competency 4.1 - Develop and implement educational programs). Prioritizing these theories ensures that educational content is tailored to the learners' needs, enhances engagement, and promotes sustained behavior change-such as adherence to hand hygiene or proper use of personal protective equipment (PPE)-which are critical for reducing healthcare-associated infections (HAIs).
Option A (marketing research) is more relevant to commercial strategies and audience targeting outside the healthcare education context, making it less applicable to the IP's role in designing clinical education programs. Option B (departmental budgets) is an important logistical consideration for resource allocation, but it is secondary to the design process; financial constraints should influence implementation rather than the foundational design based on learning principles. Option C (prior healthcare experiences) can inform the customization of content by identifying learners' backgrounds, but it is not the primary priority; it should be assessed within the context of applying learning and behavioral theories to address those experiences effectively.
The focus on learning and behavioral science theories aligns with CBIC's emphasis on developing and evaluating educational programs that drive measurable improvements in infection control practices (CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competency 4.2 - Evaluate the effectiveness of educational programs). By prioritizing these theories, the IP can create programs that are scientifically sound, learner-centered, and impactful, ultimately enhancing patient and staff safety.
References: CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competencies 4.1 - Develop and implement educational programs, 4.2 - Evaluate the effectiveness of educational programs.

NEW QUESTION # 44
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