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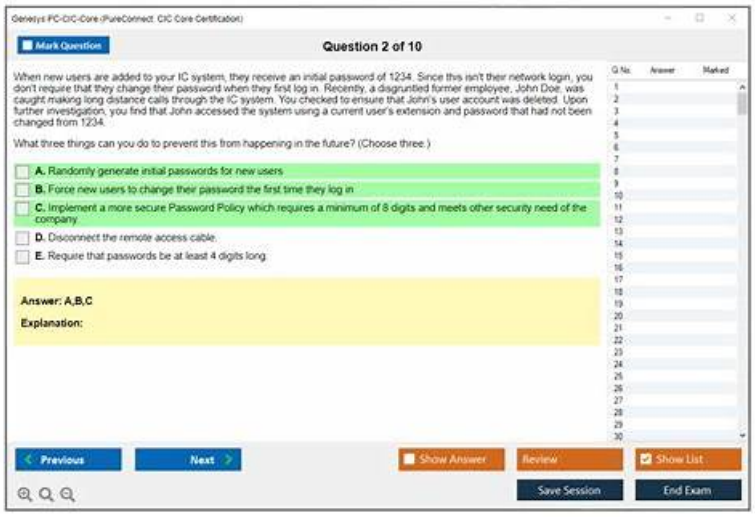

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CBIC Certified Infection Control Exam Sample Questions (Q112-Q117):

NEW QUESTION # 112
Hand-hygiene audits in a long-term care facility have demonstrated consistently low levels of staff compliance. An infection preventionist is planning an education program to try to improve hand-hygiene rates. Regarding assessment of the effectiveness of the education program, which of the following is true?

- A. An evaluation of the program is not required if the program is mandatory.
- B. Repeated observations of staff will be required in order to demonstrate that the program has been effective.
- C. A change between pre- and post-test scores correlates well with the expected change in hand-hygiene compliance.
- D. A summative evaluation will accurately reflect the extent to which participants will change their hand- hygiene practices.

Answer: B

Explanation:
The correct answer is B, "Repeated observations of staff will be required in order to demonstrate that the program has been effective," as this statement is true regarding the assessment of the effectiveness of the education program. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, evaluating the impact of an education program on

hand-hygiene compliance in a long-term care facility requires ongoing monitoring to assess sustained behavior change. Repeated observations provide direct evidence of staff adherence to hand-hygiene protocols over time, allowing the infection preventionist (IP) to measure the program's effectiveness beyond initial training (CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competency 4.2 - Evaluate the effectiveness of educational programs). This method aligns with the World Health Organization (WHO) and CDC recommendations for hand-hygiene improvement, which emphasize continuous auditing to ensure lasting improvements in compliance rates.
Option A (a summative evaluation will accurately reflect the extent to which participants will change their hand-hygiene practices) is incorrect because a summative evaluation, typically conducted at the end of a program, assesses overall outcomes but does not predict future behavior changes or account for long-term compliance, which is critical in this context. Option C (a change between pre- and post-test scores correlates well with the expected change in hand-hygiene compliance) is misleading; while pre- and post-tests can measure knowledge gain, they do not reliably correlate with actual practice changes, as knowledge does not always translate to behavior without observation. Option D (an evaluation of the program is not required if the program is mandatory) is false, as mandatory programs still require evaluation to verify effectiveness, especially when addressing low compliance, per CBIC and quality improvement standards.
The focus on repeated observations aligns with CBIC's emphasis on data-driven assessment to improve infection prevention practices, ensuring that the education program leads to sustained hand-hygiene improvements and reduces healthcare-associated infections (CBIC Practice Analysis, 2022, Domain II:
Surveillance and Epidemiologic Investigation, Competency 2.4 - Evaluate the effectiveness of infection prevention and control interventions).
References: CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.4 - Evaluate the effectiveness of infection prevention and control interventions; Domain IV:
Education and Research, Competency 4.2 - Evaluate the effectiveness of educational programs. WHO Guidelines on Hand Hygiene in Health Care, 2009. CDC Hand Hygiene in Healthcare Settings, 2019.

NEW QUESTION # 113
Given the formula for calculating incidence rates, the Y represents which of the following?

- A. Number of events
- B. Population at risk
- C. Number of infected patients
- D. Population served

Answer: B

Explanation:
Incidence rate is a fundamental epidemiological measure used to quantify the frequency of new cases of a disease within a specified population over a defined time period. The Certification Board of Infection Control and Epidemiology (CBIC) supports the use of such metrics in the "Surveillance and Epidemiologic Investigation" domain, aligning with the Centers for Disease Control and Prevention (CDC) "Principles of Epidemiology in Public Health Practice" (3rd Edition, 2012). The formula provided, XY×K=Rate\frac{X}{Y} \times K = RateYX×K=Rate, represents the standard incidence rate calculation, where KKK is a constant (e.g., 1,000 or 100,000) to express the rate per unit population, and the question asks what YYY represents among the given options.
In the incidence rate formula, XXX typically represents the number of new cases (or events) of the disease occurring during a specific period, and YYY represents the population at risk during that same period. The ratio XY\frac{X}{Y}YX yields the rate per unit of population, which is then multiplied by KKK to standardize the rate (e.g., cases per 1,000 persons). The CDC defines the denominator (YYY) as the population at risk, which includes individuals susceptible to the disease over the observation period.
Option B ("Number of infected patients") might suggest XXX if it specified new cases, but as the denominator YYY, it is incorrect because incidence focuses on new cases relative to the at-risk population, not the total number of infected individuals (which could include prevalent cases). Option C ("Population at risk") correctly aligns with YYY, representing the base population over which the rate is calculated.
Option A, "Population served," is a broader term that might include the total population under care (e.g., in a healthcare facility), but it is not specific to those at risk for new infections, making it less precise. Option D,
"Number of events," could align with XXX (new cases or events), but as the denominator YYY, it does not fit the formula's structure. The CBIC Practice Analysis (2022) and CDC guidelines reinforce that the denominator in incidence rates is the population at risk, ensuring accurate measurement of new disease occurrence.
References:
* CBIC Practice Analysis, 2022.

* CDC Principles of Epidemiology in Public Health Practice, 3rd Edition, 2012.

NEW QUESTION # 114
Given the formula for calculating incidence rates, the Y represents which of the following?

- A. Number of events
- B. Population at risk
- C. Number of infected patients
- D. Population served

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References:
CBIC Practice Analysis, 2022.
CDC Principles of Epidemiology in Public Health Practice, 3rd Edition, 2012.

NEW QUESTION # 115
A 2-yoar-old girl is admitted with a fractured tibia. At birth, she was diagnosed with congenital cytomegalovirus (CMV). Which of the following barrier precautions is appropriate for healthcare personnel caring for her?

- A. Wear masks and gloves
- B. No barrier precautions are needed
- C. Wear gloves when handling body fluids
- D. Use gowns, masks, gloves, and a private room

Answer: C

Explanation:
Standard Precautions are sufficient for congenital cytomegalovirus (CMV), which means that gloves should be used when handling body fluids. CMV is primarily transmitted via direct contact with saliva, urine, or blood.
Why the Other Options Are Incorrect?
* A. Wear masks and gloves - Masks are not necessary unless performing high-risk aerosol- generating procedures.
* C. No barrier precautions are needed - Gloves are required when handling bodily fluids to prevent transmission.
* D. Use gowns, masks, gloves, and a private room - CMV does not require Contact or Airborne Precautions.
CBIC Infection Control Reference

APIC guidelines state that CMV transmission is prevented using Standard Precautions, primarily with glove use for body fluid contact.

NEW QUESTION # 116
An infection preventionist (IP) is informed of a measles outbreak in a nearby community. What is the IP's FIRST priority when working with Occupational Health?

- A. Reassign employees who are pregnant from caring for patients with suspected measles.
- B. Verify that employees in high-risk exposure areas of the facility have adequate immunity to measles.
- C. Set up a mandatory vaccination clinic in collaboration with Occupational Health and local public health partners.
- D. Isolate employees who have recently traveled to areas with measles outbreaks.

Answer: B

Explanation:
When an infection preventionist (IP) is informed of a measles outbreak in a nearby community, the immediate priority is to protect healthcare workers and patients from potential exposure, particularly in a healthcare setting where vulnerable populations are present. Working with Occupational Health, the IP must follow a structured approach to mitigate the risk of transmission, guided by principles from the Certification Board of Infection Control and Epidemiology (CBIC) and public health guidelines. Let's evaluate each option to determine the first priority:
* A. Isolate employees who have recently traveled to areas with measles outbreaks: Isolating employees who may have been exposed to measles during travel is an important infection control measure to prevent transmission within the facility. However, this action assumes that exposure has already occurred and requires identification of affected employees first. Without knowing the immunity status of the workforce, this step is reactive rather than preventive and cannot be the first priority.
* B. Reassign employees who are pregnant from caring for patients with suspected measles: Reassigning pregnant employees is a protective measure due to the severe risks measles poses to fetuses (e.g., congenital rubella syndrome risks, though measles itself is more about maternal complications). This action is specific to a subset of employees and depends on identifying patients with suspected measles, which may not yet be confirmed. It is a secondary step that follows assessing overall immunity and exposure risks, making it inappropriate as the first priority.
* C. Verify that employees in high-risk exposure areas of the facility have adequate immunity to measles:
Verifying immunity is the foundational step in preventing measles transmission in a healthcare setting.
Measles is highly contagious, and healthcare workers in high-risk areas (e.g., emergency departments, pediatric wards) are at increased risk of exposure. The CBIC and CDC recommend ensuring that all healthcare personnel have documented evidence of measles immunity (e.g., two doses of MMR vaccine, laboratory evidence of immunity, or prior infection) as a primary infection control strategy during outbreaks. This step allows the IP to identify vulnerable employees, implement targeted interventions, and comply with occupational health regulations. It is the most proactive and immediate priority when an outbreak is reported in the community.
* D. Set up a mandatory vaccination clinic in collaboration with Occupational Health and local public health partners: Establishing a vaccination clinic is a critical long-term strategy to increase immunity and control the outbreak. However, this requires planning, resource allocation, and coordination, which take time. It is a subsequent step that follows verifying immunity status to identify those who need vaccination. While important, it cannot be the first priority due to its logistical demands.
The first priority is C, as verifying immunity among employees in high-risk areas establishes a baseline to prevent transmission before reactive measures (e.g., isolation, reassignment) or broader interventions (e.g., vaccination clinics) are implemented. This aligns with CBIC's focus on proactive risk assessment and occupational health safety during infectious disease outbreaks, ensuring a rapid response to protect the healthcare workforce and patients.
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CBIC Infection Prevention and Control (IPC) Core Competency Model (updated 2023), Domain III:
Prevention and Control of Infectious Diseases, which prioritizes immunity verification during outbreaks.
CBIC Examination Content Outline, Domain IV: Environment of Care, which includes ensuring employee immunity as part of outbreak preparedness.
CDC Guidelines for Measles Prevention (2023), which recommend verifying healthcare worker immunity as the initial step during a measles outbreak.

NEW QUESTION # 117
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