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## CIC STUDYING 2024: CIC PRACTICE EXAM QUESTIONS AND ANSWERS WITH COMPLETE SOLUTION

Recipients of allogenic hematopoietic stem transplantation (HSCT) should be placed in rooms with how many air exchanges per hour?

3

5

10

12. Ans- 12. A greater number of air exchanges per hour prevent opportunistic infections among stem cell transplant recipients

Because of the increased risk of infection with parenteral nutrition, the maximum infusion time for a parenteral lipid bag to run is?

6 hours

12 hours

18 hours

24 hours Ans- Maximum 12 hours. Lipid emulsions pose greatest risk of contamination w/ bacteria or fungi

The single most effective method of controlling hospital-acquired infections (HAI) is:

Screening patients

Isolating infected patients

Handwashing

Immunizing staff members Ans- Handwashing

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## CBIC Certified Infection Control Exam Sample Questions (Q133-Q138):

### NEW QUESTION # 133

Which of the following is an essential element of practice when sending biohazardous samples from one location to another?

- A. Ship using triple-containment packaging
- B. Electronically log and send via overnight delivery
- C. Store in a cooler that is labeled as a health hazard
- D. Transport by an authorized biohazard transporter

**Answer: A**

Explanation:

The safe transport of biohazardous samples, such as infectious agents, clinical specimens, or diagnostic materials, is a critical aspect of infection prevention and control to prevent exposure and environmental contamination. The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes adherence to regulatory and safety standards in the "Prevention and Control of Infectious Diseases" domain, which includes proper handling and shipping of biohazardous materials. The primary guideline governing this practice is the U.S. Department of Transportation (DOT) Hazardous Materials Regulations (HMR) and the International Air Transport Association (IATA) Dangerous Goods Regulations, which align with global biosafety standards. Option A, "Ship using triple-containment packaging," is the essential element of practice. Triple-containment packaging involves three layers: a primary watertight container holding the sample, a secondary leak-proof container with absorbent material, and an outer rigid packaging (e.g., a box) that meets shipping regulations.

This system ensures that biohazardous materials remain secure during transport, preventing leaks or breaches that could expose handlers or the public. The CDC and WHO endorse this method as a fundamental requirement for shipping Category A (high-risk) and Category B (moderate-risk) infectious substances, making it the cornerstone of safe transport practice.

Option B, "Electronically log and send via overnight delivery," is a useful administrative and logistical step to track shipments and ensure timely delivery, but it is not the essential element. While documentation and rapid delivery are important for maintaining chain of custody and sample integrity, they are secondary to the physical containment provided by triple packaging. Option C, "Transport by an authorized biohazard transporter," is a necessary step to comply with regulations, as only trained and certified transporters can handle biohazardous materials. However, this is contingent on proper packaging; without triple containment, transport authorization alone is insufficient. Option D, "Store in a cooler that is labeled as a health hazard," may be part of preparation (e.g., maintaining sample temperature), but labeling alone does not address the containment or transport safety required during shipment. Coolers are often used, but the focus on labeling as a health hazard is incomplete without the triple-containment structure.

The CBIC Practice Analysis (2022) supports compliance with federal and international shipping regulations, which prioritize triple-containment packaging as the foundational practice to mitigate risks. The CDC's Biosafety in Microbiological and Biomedical Laboratories (BMBL, 6th Edition, 2020) and IATA guidelines further specify that triple packaging is mandatory for all biohazardous shipments, reinforcing Option A as the correct answer.

References:

- \* CBIC Practice Analysis, 2022.
- \* CDC Biosafety in Microbiological and Biomedical Laboratories (BMBL), 6th Edition, 2020.
- \* U.S. DOT Hazardous Materials Regulations (49 CFR Parts 171-180).
- \* IATA Dangerous Goods Regulations, 2023.

### NEW QUESTION # 134

To understand how their hospital-acquired infection rates compare to other health care settings, an infection preventionist (IP) plans to use benchmarking.

Which of the following criteria is important to ensure accurate benchmarking of surveillance data?

- A. Collecting data on a small population to ensure accuracy of data collection
- B. Using case definitions that are adjusted for the patient population being studied
- C. Denominator rates are selected based on an organizational risk assessment
- D. Data collectors are trained on how to collect data

**Answer: B**

Explanation:

Benchmarking compares infection rates across healthcare facilities. For accurate benchmarking, case definitions must be standardized and adjusted for patient demographics, severity of illness, and other risk factors.

#### Why the Other Options Are Incorrect?

- \* A. Data collectors are trained on how to collect data - Training is necessary, but it does not directly ensure comparability between facilities.
- \* B. Collecting data on a small population - A larger sample size increases accuracy and reliability in benchmarking.
- \* C. Denominator rates selected based on an organizational risk assessment - Risk assessment is important, but standardized case definitions are critical for comparison.

#### CBIC Infection Control Reference

According to APIC, accurate benchmarking relies on using standardized case definitions that account for differences in patient populations.

#### NEW QUESTION # 135

Which humoral antibody indicates previous infection and assists in protecting tissue?

- A. IgD
- B. IgG
- C. IgA
- D. IgM

#### Answer: B

##### Explanation:

Humoral antibodies, or immunoglobulins, play distinct roles in the immune system, and their presence or levels can provide insights into infection history and ongoing immune protection. The Certification Board of Infection Control and Epidemiology (CBIC) recognizes the importance of understanding immunological responses in the "Identification of Infectious Disease Processes" domain, which is critical for infection preventionists to interpret diagnostic data and guide patient care. The question focuses on identifying the antibody that indicates a previous infection and assists in protecting tissue, requiring an evaluation of the functions and kinetics of the five major immunoglobulin classes (IgA, IgD, IgG, IgM, IgE).

Option C, IgG, is the correct answer. IgG is the most abundant antibody in serum, accounting for approximately 75-80% of total immunoglobulins, and is the primary antibody involved in long-term immunity. It appears in significant levels after an initial infection, typically rising during the convalescent phase (weeks to months after exposure) and persisting for years, serving as a marker of previous infection.

IgG provides protection by neutralizing pathogens, opsonizing them for phagocytosis, and activating the complement system, which helps protect tissues from further damage. The Centers for Disease Control and Prevention (CDC) and clinical immunology references, such as the "Manual of Clinical Microbiology" (ASM Press), note that IgG seroconversion or elevated IgG titers are commonly used to diagnose past infections (e.g., measles, hepatitis) and indicate lasting immunity. Its ability to cross the placenta also aids in protecting fetal tissues, reinforcing its protective role.

Option A, IgA, is primarily found in mucosal secretions (e.g., saliva, tears, breast milk) and plays a key role in mucosal immunity, preventing pathogen adhesion to epithelial surfaces. While IgA can indicate previous mucosal infections and offers localized tissue protection, it is not the primary systemic marker of past infection or long-term tissue protection, making it less fitting. Option B, IgD, is present in low concentrations and is mainly involved in B-cell activation and maturation, with no significant role in indicating previous infection or protecting tissues. Option D, IgM, is the first antibody produced during an acute infection, appearing early in the immune response (within days) and indicating current or recent infection. However, its levels decline rapidly, and it does not persist to mark previous infection or provide long-term tissue protection, unlike IgG.

The CBIC Practice Analysis (2022) and CDC guidelines on serological testing emphasize IgG's role in assessing past immunity, supported by immunological literature (e.g., Janeway's Immunobiology, 9th Edition). Thus, IgG is the humoral antibody that best indicates previous infection and assists in protecting tissue, making Option C the correct choice.

##### References:

- \* CBIC Practice Analysis, 2022.
- \* Manual of Clinical Microbiology, ASM Press, 2019.
- \* Janeway's Immunobiology, 9th Edition, 2016.
- \* CDC Serologic Testing Guidelines, 2014.

#### NEW QUESTION # 136

An infection preventionist is notified of a patient with Gram negative diplococci from a cerebral spinal fluid specimen. The patient was intubated during ambulance transport and intravenous lines are placed after arrival to the Emergency Department (ED). The patient was immediately placed in Droplet Precautions upon admission to the ED. Which of the following statements is true regarding the need for evaluating exposure to communicable illness?

- A. Ambulance personnel should be evaluated for possible exposure.
- B. Follow-up evaluation is not required for this laboratory finding.
- C. Follow-up evaluation is not necessary as the appropriate precautions were promptly instituted.
- D. ED personnel should be evaluated for possible exposure.

**Answer: A**

Explanation:

The correct answer is C, "Ambulance personnel should be evaluated for possible exposure," as this statement is true regarding the need for evaluating exposure to communicable illness. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, the presence of Gram negative diplococci in a cerebral spinal fluid (CSF) specimen is suggestive of a serious bacterial infection, most likely *Neisseria meningitidis*, which causes meningococcal disease. This condition is highly contagious and can be transmitted through respiratory droplets or direct contact with respiratory secretions, particularly during procedures like intubation (CBIC Practice Analysis, 2022, Domain I: Identification of Infectious Disease Processes, Competency 1.1 - Identify infectious disease processes). The patient was intubated during ambulance transport, creating a potential aerosol-generating procedure (AGP) that could have exposed ambulance personnel to infectious droplets before Droplet Precautions were instituted upon arrival at the Emergency Department (ED). Therefore, evaluating ambulance personnel for possible exposure is necessary to assess their risk and determine if post-exposure prophylaxis (e.g., antibiotics) or monitoring is required.

Option A (follow-up evaluation is not required for this laboratory finding) is incorrect because the identification of Gram negative diplococci in CSF is a critical finding that warrants investigation due to the potential for meningococcal disease, a reportable and transmissible condition. Option B (ED personnel should be evaluated for possible exposure) is less applicable since the patient was immediately placed in Droplet Precautions upon ED admission, minimizing exposure risk to ED staff after that point, though it could be considered if exposure occurred before precautions were fully implemented. Option D (follow-up evaluation is not necessary as the appropriate precautions were promptly instituted) is inaccurate because the prompt institution of Droplet Precautions in the ED does not retroactively address the exposure risk during ambulance transport, where precautions were not in place.

The focus on evaluating ambulance personnel aligns with CBIC's emphasis on identifying and mitigating transmission risks associated with communicable diseases, particularly in high-risk settings like ambulance transport (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.2 - Implement measures to prevent transmission of infectious agents). This step is supported by CDC guidelines, which recommend exposure evaluation and prophylaxis for close contacts of meningococcal disease cases (CDC Meningococcal Disease Management, 2021).

References: CBIC Practice Analysis, 2022, Domain I: Identification of Infectious Disease Processes, Competency 1.1 - Identify infectious disease processes; Domain III: Infection Prevention and Control, Competency 3.2 - Implement measures to prevent transmission of infectious agents. CDC Meningococcal Disease Management, 2021.

**NEW QUESTION # 137**

Which of the following procedures has NOT been documented to contribute to the development of postoperative infections in clean surgical operations?

- A. Shaving the site on the day prior to surgery
- B. Prolonged length of the operations
- C. Prolonged preoperative hospital stay
- D. The use of iodophors for preoperative scrubs

**Answer: D**

Explanation:

Postoperative infections in clean surgical operations, defined by the Centers for Disease Control and Prevention (CDC) as uninfected operative wounds with no inflammation and no entry into sterile tracts (e.g., gastrointestinal or respiratory systems), are influenced by various perioperative factors. The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes identifying and mitigating risk factors in the "Prevention and Control of Infectious Diseases" domain, aligning with CDC guidelines for surgical site infection (SSI) prevention. The question focuses on identifying a procedure not documented as a contributor to SSIs, requiring an evaluation of evidence-based risk factors.

Option C, "The use of iodophors for preoperative scrubs," has not been documented to contribute to the development of postoperative infections in clean surgical operations. Iodophors, such as povidone-iodine, are antiseptic agents used for preoperative skin preparation and surgical hand scrubs. The CDC's "Guideline for Prevention of Surgical Site Infections" (1999) and its 2017 update endorse iodophors as an effective method for reducing microbial load on the skin, with no evidence suggesting they increase SSI risk when used appropriately. Studies, including those cited by the CDC, show that iodophors are comparable to chlorhexidine in efficacy for preoperative antisepsis, and their use is a standard, safe practice rather than a risk factor.

Option A, "Prolonged preoperative hospital stay," is a well-documented risk factor. Extended hospital stays prior to surgery increase exposure to healthcare-associated pathogens, raising the likelihood of colonization and subsequent SSI, as noted in CDC and

surgical literature (e.g., Mangram et al., 1999). Option B,

"Prolonged length of the operations," is also a recognized contributor. Longer surgical durations are associated with increased exposure time, potential breaches in sterile technique, and higher infection rates, supported by CDC data showing a correlation between operative time and SSI risk. Option D, "Shaving the site on the day prior to surgery," has been documented as a risk factor. Preoperative shaving, especially with razors, can cause microabrasions that serve as entry points for bacteria, increasing SSI rates. The CDC recommends avoiding shaving or using clippers immediately before surgery to minimize this risk, with evidence from studies like those in the 1999 guideline showing higher infection rates with preoperative shaving.

The CBIC Practice Analysis (2022) and CDC guidelines focus on evidence-based practices, and the lack of documentation linking iodophor use to increased SSIs-coupled with its role as a preventive measure-makes Option C the correct answer. The other options are supported by extensive research as contributors to SSI development in clean surgeries.

References:

\* CBIC Practice Analysis, 2022.

\* CDC Guideline for Prevention of Surgical Site Infections, 1999, updated 2017.

\* Mangram, A. J., et al. (1999). Guideline for Prevention of Surgical Site Infection. *Infection Control and Hospital Epidemiology*.

## NEW QUESTION # 138

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