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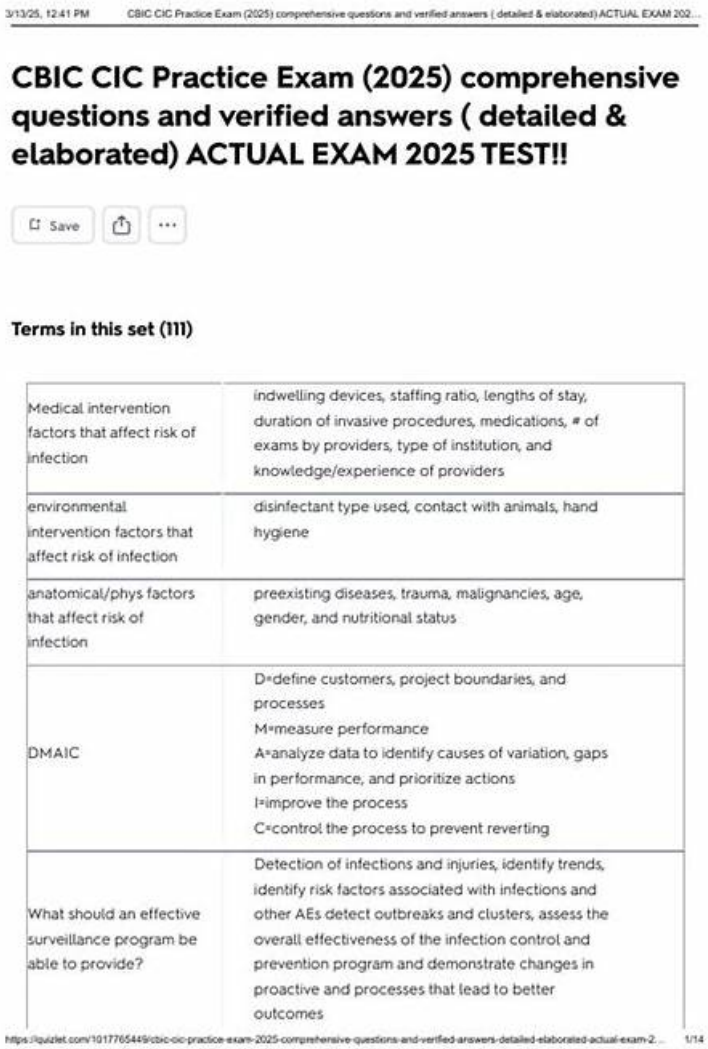

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Medical intervention factors that affect risk of infection	indwelling devices, staffing ratio, lengths of stay, duration of invasive procedures, medications, # of exams by providers, type of institution, and knowledge/experience of providers
environmental intervention factors that affect risk of infection	disinfectant type used, contact with animals, hand hygiene
anatomical/phys factors that affect risk of infection	preexisting diseases, trauma, malignancies, age, gender, and nutritional status
DMAIC	D=define customers, project boundaries, and processes M=measure performance A=analyze data to identify causes of variation, gaps in performance, and prioritize actions I=improve the process C=control the process to prevent reverting
What should an effective surveillance program be able to provide?	Detection of infections and injuries, identify trends, identify risk factors associated with infections and other AEs detect outbreaks and clusters, assess the overall effectiveness of the infection control and prevention program and demonstrate changes in proactive and processes that lead to better outcomes

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CBIC Certified Infection Control Exam Sample Questions (Q57-Q62):

NEW QUESTION # 57
A healthcare professional in a clinical microbiology laboratory is concerned about routine exposure to Neisseria meningitidis in culture. The healthcare professional last received the Meningococcal vaccine 8 years ago. What recommendation should be given to the healthcare professional regarding their meningococcal vaccination?

- A. They are due for a booster as it has been over 5 years.
- B. They are due for a booster as it has been over 7 years.
- C. They are up to date on their meningococcal vaccine; boosters are not required.
- D. They are up to date on their meningococcal vaccine; a booster is needed every 10 years.

Answer: B

Explanation:
The correct answer is B, "They are due for a booster as it has been over 7 years," as this is the appropriate recommendation for the healthcare professional regarding their meningococcal vaccination. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, which align with recommendations from the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP), healthcare professionals with routine exposure to Neisseria meningitidis, such as those in clinical microbiology laboratories, are at increased risk of meningococcal disease due to potential aerosol or droplet exposure during culture handling. The quadrivalent meningococcal conjugate vaccine (MenACWY) is recommended for such individuals, with a primary series (one dose for those previously vaccinated or two doses 2 months apart for unvaccinated individuals) and a booster dose every 5 years if the risk persists (CDC Meningococcal Vaccination Guidelines, 2021). However, for laboratory workers with ongoing exposure, the ACIP specifies a booster interval of every 5 years from the last dose, but this is often interpreted in practice as aligning with the 5-7 year range depending on risk assessment and institutional policy. Since the healthcare professional received the vaccine 8 years ago and works in a high- risk setting, a booster is due, with the 7-year threshold being a practical midpoint for this scenario (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.2 - Implement measures to prevent transmission of infectious agents).
Option A (they are due for a booster as it has been over 5 years) is close but slightly premature based on the 8- year interval, though it reflects the general 5-year booster guideline for high-risk groups; the 7-year option better matches the specific timeframe. Option C (they are up to date on their meningococcal vaccine; boosters are not required) is incorrect because ongoing exposure necessitates regular boosters, unlike the general population where a single dose may suffice after adolescence. Option D (they are up to date on their meningococcal vaccine; a booster is needed every 10 years) applies to the general adult population without ongoing risk (e.g., post-adolescence vaccination), not to laboratory workers with continuous exposure, where the interval is shorter.
The recommendation for a booster aligns with CBIC's emphasis on protecting healthcare personnel from occupational exposure to communicable diseases, ensuring compliance with evidence-based immunization practices (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.1 - Collaborate with organizational leaders). This supports the prevention of meningococcal disease outbreaks in healthcare settings.
References: CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competencies 3.1 - Collaborate with organizational leaders, 3.2 - Implement measures to prevent transmission of infectious agents. CDC Meningococcal Vaccination Guidelines, 2021. ACIP Recommendations for Meningococcal Vaccines, 2020 (updated 2023).

NEW QUESTION # 58
Which of the following infectious diseases is associated with environmental fungi?

- A. Mucormycosis

- B. Listeriosis
- C. Campylobacter
- D. Hantavirus

Answer: A

Explanation:
The correct answer is C, "Mucormycosis," as it is the infectious disease associated with environmental fungi.
According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, mucormycosis is caused by fungi belonging to the order Mucorales, which are commonly found in the environment, including soil, decaying organic matter, and contaminated water. These fungi can become opportunistic pathogens, particularly in immunocompromised individuals, leading to severe infections such as rhinocerebral, pulmonary, or cutaneous mucormycosis (CBIC Practice Analysis, 2022, Domain I: Identification of Infectious Disease Processes, Competency 1.1 - Identify infectious disease processes).
Environmental exposure, such as inhalation of fungal spores or contact with contaminated materials, is a primary mode of transmission, making it directly linked to environmental fungi.
Option A (Listeriosis) is caused by the bacterium Listeria monocytogenes, typically associated with contaminated food products (e.g., unpasteurized dairy or deli meats) rather than environmental fungi. Option B (Hantavirus) is a viral infection transmitted through contact with rodent excreta, not fungi, and is linked to environmental reservoirs like rodent-infested areas. Option D (Campylobacter) is a bacterial infection caused by Campylobacter species, often associated with undercooked poultry or contaminated water, and is not related to fungi.
The association of mucormycosis with environmental fungi underscores the importance of infection prevention strategies, such as controlling environmental contamination and protecting vulnerable patients, which aligns with CBIC's focus on identifying and mitigating risks from infectious agents in healthcare settings (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.2 - Implement measures to prevent transmission of infectious agents). This knowledge is critical for infection preventionists to guide environmental cleaning and patient care protocols.
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.

NEW QUESTION # 59
The cleaning and disinfection process that is appropriate for a particular surgical instrument depends on

- A. instruments contaminated with blood must be bleach cleaned first.
- B. the device manufacturer's written instructions for use.
- C. all surgical instruments are cleaned and sterilized in the same manner.
- D. the policies of the sterile processing department.

Answer: B

Explanation:
The correct answer is C, "the device manufacturer's written instructions for use," as this is the factor that determines the appropriate cleaning and disinfection process for a particular surgical instrument. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, the reprocessing of surgical instruments must follow the specific instructions provided by the device manufacturer to ensure safety and efficacy. These instructions account for the instrument's material, design, and intended use, specifying the appropriate cleaning agents, disinfection methods, sterilization techniques, and contact times to prevent damage and ensure the elimination of pathogens (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment). This is also mandated by regulatory standards, such as those from the Food and Drug Administration (FDA) and the Association for the Advancement of Medical Instrumentation (AAMI), which require adherence to manufacturer guidelines to maintain device integrity and patient safety.
Option A (all surgical instruments are cleaned and sterilized in the same manner) is incorrect because different instruments have unique characteristics (e.g., materials like stainless steel vs. delicate optics), necessitating tailored reprocessing methods rather than a one-size-fits-all approach. Option B (instruments contaminated with blood must be bleach cleaned first) is a misconception; while blood contamination requires thorough cleaning, bleach is not universally appropriate and may damage certain instruments unless specified by the manufacturer. Option D (the policies of the sterile processing department) may guide internal procedures but must be based on and subordinate to the manufacturer's instructions to ensure compliance and effectiveness.
The emphasis on manufacturer instructions aligns with CBIC's focus on evidence-based reprocessing practices to prevent healthcare-associated infections (HAIs) and protect patients (CBIC Practice Analysis,
2022, Domain III: Infection Prevention and Control, Competency 3.5 - Evaluate the environment for infection risks). Deviating from these guidelines can lead to inadequate sterilization or instrument damage, increasing infection risks.
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. AAMI ST79:2017, Comprehensive guide to steam sterilization and sterility assurance in health care facilities.

NEW QUESTION # 60
Following an outbreak of Hepatitis A, the water supply is sampled. A high count of which of the following isolates would indicate that the water was a potential source?

- A. Acinetobacter
- B. Legionella
- C. Coliforms
- D. Pseudomonads

Answer: C

Explanation:
Coliform bacteria are indicators of fecal contamination in water, making them a critical measure of water safety. Hepatitis A is a virus primarily transmitted via the fecal-oral route, often through contaminated food or water.
Step-by-Step Justification:
* Fecal Contamination and Hepatitis A:
* Hepatitis A virus (HAV) spreads through ingestion of water contaminated with fecal matter. High coliform counts indicate fecal contamination and increase the risk of HAV outbreaks.
* Use of Coliforms as Indicators:
* Public health agencies use total coliforms and Escherichia coli (E. coli) as primary indicators of water safety because they signal fecal pollution.
* Waterborne Transmission of Hepatitis A:
* Hepatitis A outbreaks have been traced to contaminated drinking water, ice, and improperly treated wastewater. Coliform detection signals a need for immediate action.
Why Other Options Are Incorrect:
* B. Pseudomonads:
* Pseudomonads (e.g., Pseudomonas aeruginosa) are environmental bacteria but are not indicators of fecal contamination.
* C. Legionella:
* Legionella species cause Legionnaires' disease through inhalation of contaminated aerosols, not through fecal-oral transmission.
* D. Acinetobacter:
* Acinetobacter species are opportunistic pathogens in healthcare settings but are not indicators of waterborne fecal contamination.
CBIC Infection Control References:
* APIC Text, "Water Systems and Infection Control Measures".
* APIC Text, "Hepatitis A Transmission and Waterborne Outbreaks".

NEW QUESTION # 61
Using tap water to rinse suction tubing can cause transmission of

- A. Staphylococcus spp.
- B. Streptococcus spp.
- C. Klebsiella spp.
- D. Pseudomonas spp.

Answer: D

Explanation:
Pseudomonasspp., particularlyPseudomonas aeruginosa, is acommon waterborne pathogen. Using tap water to rinse suction tubing has been associated withoutbreaks ofPseudomonasinfections.
* From theAPIC Text:
"Water bottles improperly filled with tap water and used for rinsing tracheal suction tubing resulted in an outbreak ofP. cepacia... Tubing permanently attached to showers... implicated in a serious outbreak ofP.
aeruginosabloodstream infection."
References:
APIC Text, 4th Edition, Chapter 117 - Waterborne Pathogens

NEW QUESTION # 62

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