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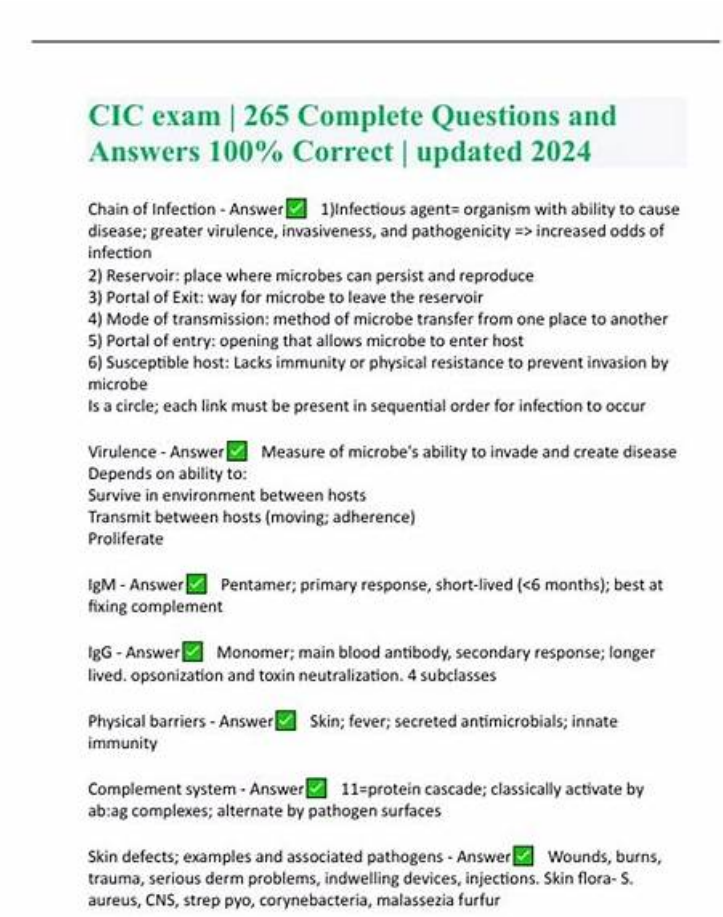

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Chain of Infection - Answer✅ 1)Infectious agent= organism with ability to cause disease; greater virulence, invasiveness, and pathogenicity => increased odds of infection
2) Reservoir: place where microbes can persist and reproduce
3) Portal of Exit: way for microbe to leave the reservoir
4) Mode of transmission: method of microbe transfer from one place to another
5) Portal of entry: opening that allows microbe to enter host
6) Susceptible host: Lacks immunity or physical resistance to prevent invasion by microbe
Is a circle; each link must be present in sequential order for infection to occur

Virulence - Answer✅ Measure of microbe's ability to invade and create disease
Depends on ability to:
Survive in environment between hosts
Transmit between hosts (moving; adherence)
Proliferate

IgM - Answer✅ Pentamer; primary response, short-lived (<6 months); best at fixing complement

IgG - Answer✅ Monomer; main blood antibody, secondary response; longer lived. opsonization and toxin neutralization. 4 subclasses

Physical barriers - Answer✅ Skin; fever; secreted antimicrobials; innate immunity

Complement system - Answer✅ 11=protein cascade; classically activate by ab:ag complexes; alternate by pathogen surfaces

Skin defects; examples and associated pathogens - Answer✅ Wounds, burns, trauma, serious derm problems, indwelling devices, injections. Skin flora- S. aureus, CNS, strep pyo, corynebacteria, malassezia furfur

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CBIC Certified Infection Control Exam Sample Questions (Q156-Q161):

NEW QUESTION # 156
The annual report for Infection Prevention shows a dramatic decrease in urinary catheter days, a decrease in the catheter utilization ratio, and a slight decrease in the number of catheter-associated urinary tract infections (CAUTIs). The report does not show an increase in the overall rate of CAUTI. How would the infection preventionist explain this to the administration?

- A. Decreasing catheter days will not have an effect on decreasing CAUTI.
- B. The rate may be higher if the denominator is very small.
- C. The rate is not affected by the number of catheter days.
- D. The rate is incorrect and needs to be recalculated.

Answer: B

Explanation:
The correct answer is B, "The rate may be higher if the denominator is very small," as this provides the most plausible explanation for the observed data in the annual report. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, the CAUTI rate is calculated as the number of CAUTIs per 1,000 catheter days, where catheter days serve as the denominator. The report indicates a dramatic decrease in urinary catheter days and a slight decrease in the number of CAUTIs, yet the overall CAUTI rate has not increased. This discrepancy can occur if the denominator (catheter days) becomes very small, which can inflate or destabilize the rate, potentially masking an actual increase in the infection risk per catheter day (CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.2 - Analyze surveillance data). A smaller denominator amplifies the impact of even a slight change in the number of infections, suggesting that the rate may be higher than expected or less reliable, necessitating further investigation.
Option A (the rate is incorrect and needs to be recalculated) assumes an error in the calculation without evidence, which is less specific than the denominator effect explanation. Option C (the rate is not affected by the number of catheter days) is incorrect because the CAUTI rate is directly influenced by the number of catheter days as the denominator; a decrease in catheter days should typically lower the rate if infections decrease proportionally, but the lack of an increase here suggests a calculation or interpretation issue. Option D (decreasing catheter days will not have an effect on decreasing CAUTI) contradicts evidence-based practice, as reducing catheter days is a proven strategy to lower CAUTI incidence, though the rate's stability here indicates a potential statistical artifact.
The explanation focusing on the denominator aligns with CBIC's emphasis on accurate surveillance and data analysis to guide infection prevention strategies, allowing the infection preventionist to advise administration on the need to review data trends or adjust monitoring methods (CBIC Practice Analysis, 2022, Domain II:
Surveillance and Epidemiologic Investigation, Competency 2.5 - Use data to guide infection prevention and control strategies). This insight can prompt a deeper analysis to ensure the CAUTI rate reflects true infection risk.
References: CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competencies 2.2 - Analyze surveillance data, 2.5 - Use data to guide infection prevention and control strategies.

NEW QUESTION # 157
A team was created to determine what has contributed to the recent increase in catheter associated urinary tract infections (CAUTIs). What quality tool should the team use?

- A. Gap analysis
- B. Fishbone diagram
- C. Plan, do, study, act (PDSA)
- D. Failure mode and effect analysis (FMEA)

Answer: B

Explanation:
The correct answer is B, "Fishbone diagram," as this is the most appropriate quality tool for the team to use when determining what has contributed to the recent increase in catheter-associated urinary tract infections (CAUTIs). According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, the fishbone diagram, also known as an Ishikawa or cause-and-effect diagram, is a structured tool used to identify and categorize potential causes of a problem. In this case, the team needs to explore the root causes of the CAUTI increase, which could include factors such as improper catheter insertion techniques, inadequate

maintenance, staff training gaps, or environmental issues (CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.2 - Analyze surveillance data). The fishbone diagram organizes these causes into categories (e.g., people, process, equipment, environment), facilitating a comprehensive analysis and guiding further investigation or intervention.
Option A (gap analysis) is useful for comparing current performance against a desired standard or benchmark, but it is more suited for identifying deficiencies in existing processes rather than uncovering the specific causes of a recent increase. Option C (plan, do, study, act [PDSA]) is a cyclical quality improvement methodology for testing and implementing changes, which would be relevant after identifying causes and designing interventions, not as the initial tool for root cause analysis. Option D (failure mode and effect analysis [FMEA]) is a proactive risk assessment tool used to predict and mitigate potential failures in a process before they occur, making it less applicable to analyzing an existing increase in CAUTIs.
The use of a fishbone diagram aligns with CBIC's emphasis on using data-driven tools to investigate and address healthcare-associated infections (HAIs) like CAUTIs, supporting the team's goal of pinpointing contributory factors (CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.3 - Identify risk factors for healthcare-associated infections). This tool's visual and collaborative nature also fosters team engagement, which is essential for effective problem-solving in infection prevention.
References: CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competencies 2.2 - Analyze surveillance data, 2.3 - Identify risk factors for healthcare-associated infections.

NEW QUESTION # 158
An infection preventionist is calculating measures of central tendency regarding duration of a surgical procedure using this data set: 2, 2, 3, 4, and 9. Which of the following statements is correct?

- A. The mean is 4.
- B. The median is 2.
- C. The mode is 3.
- D. The standard deviation is 7.

Answer: A

Explanation:
Measures of central tendency (mean, median, mode) and dispersion (standard deviation) are statistical tools used to summarize data, such as the duration of surgical procedures, which can help infection preventionists identify trends or risks for surgical site infections. The Certification Board of Infection Control and Epidemiology (CBIC) supports the use of data analysis in the "Surveillance and Epidemiologic Investigation" domain, aligning with epidemiological principles outlined by the Centers for Disease Control and Prevention (CDC). The question provides a data set of 2, 2, 3, 4, and 9, and requires determining the correct statement by calculating these measures.
* Mean: The mean is the average of the data set, calculated by summing all values and dividing by the number of observations. For the data set 2, 2, 3, 4, and 9:(2 + 2 + 3 + 4 + 9) ÷ 5 = 20 ÷ 5 = 4. Thus, the mean is 4, making Option C correct.
* Median: The median is the middle value when the data set is ordered. With five values (2, 2, 3, 4, 9), the middle value is the third number, which is 3. Option A states the median is 2, which is incorrect.
* Mode: The mode is the most frequently occurring value. In this data set, 2 appears twice, while 3, 4, and 9 appear once each, making 2 the mode. Option B states the mode is 3, which is incorrect.
* Standard Deviation: The standard deviation measures the spread of data around the mean. For a small data set like this, the calculation involves finding the variance (average of squared differences from the mean) and taking the square root. The mean is 4, so the deviations are: $(2-4)^2 = 4$, $(2-4)^2 = 4$, $(3-4)^2 = 1$, $(4-4)^2 = 0$, $(9-4)^2 = 25$. The sum of squared deviations is 4 + 4 + 1 + 0 + 25 = 34. The variance is 34 ÷ 5
= 6.8, and the standard deviation is #6.8 # 2.61 (not 7). Option D states the standard deviation is 7, which is incorrect without further context (e.g., a population standard deviation with n-1 denominator would be #34 # 5.83, still not 7).
The CBIC Practice Analysis (2022) and CDC guidelines encourage accurate statistical analysis to inform infection control decisions, such as assessing surgical duration as a risk factor for infections. Based on the calculations, the mean of 4 is the only correct statement among the options, confirming Option C as the answer. Note that the standard deviation of 7 might reflect a miscalculation or misinterpretation (e.g., using a different formula or data set), but with the given data, it does not hold.
References:
* CBIC Practice Analysis, 2022.
* CDC Principles of Epidemiology in Public Health Practice, 3rd Edition, 2012.

NEW QUESTION # 159
In evaluating the infection control and ventilation measures for operating rooms the Infection Preventionist should know that the air

changes per hour (ACH) should be maintained at greater than or equal to 15 ACH.
How many of these changes should be fresh air?

- A. Greater than or equal to 3
- B. Greater than or equal to 5
- C. Greater than or equal to 7
- D. Greater than or equal to 6

Answer: A

Explanation:
In operating rooms,a minimum of 15 air changes per hour (ACH)is required, withat least 3 of those ACH being from fresh or outdoor air. This requirement helps reduce microbial contamination and provides a clean surgical environment.
* According to theAPIC Text:
"In each, air should flow out of the room and the minimum ACH should be 15, withthree of these ACH being fresh or outdoor air."
* This aligns with design specifications outlined in the 2006 Guidelines for design and construction of health care facilities.
References:
APIC Text, 4th Edition, Chapter 116 - HVAC Systems

NEW QUESTION # 160
Which of the following represents the most effective strategy for preventing Clostridioides difficile transmission in a healthcare facility?

- A. Routine use of alcohol-based hand rub for hand hygiene after patient contact.
- B. Daily environmental cleaning with quaternary ammonium compounds.
- C. Strict antimicrobial stewardship to limit unnecessary antibiotic use.
- D. Universal C. difficile screening on admission for high-risk patients.

Answer: C

Explanation:
* Antimicrobial stewardship is the most effective strategy to reduce C. difficile infections (CDI) by limiting the use of broad-spectrum antibiotics.
* Quaternary ammonium disinfectants (A) are ineffective against C. difficile spores; bleach-based disinfectants are preferred.
* Routine screening (C) is not cost-effective for prevention.
* Alcohol-based hand rubs (D) do not kill C. difficile spores; soap and water should be used.
CBIC Infection Control References:
* APIC Text, "C. difficile Prevention Strategies," Chapter 9.

NEW QUESTION # 161
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