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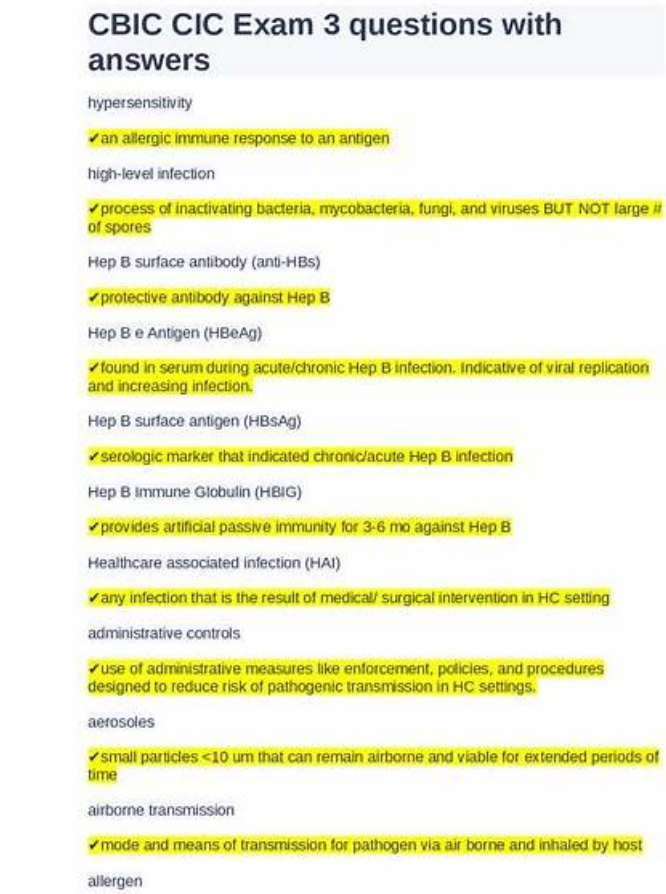

CBIC CIC Exam 3 questions with answers

hypersensitivity

✔an allergic immune response to an antigen

high-level infection

✔process of inactivating bacteria, mycobacteria, fungi, and viruses BUT NOT large # of spores

Hep B surface antibody (anti-HBs)

✔protective antibody against Hep B

Hep B e Antigen (HBeAg)

✔found in serum during acute/chronic Hep B infection. Indicative of viral replication and increasing infection.

Hep B surface antigen (HBsAg)

✔serologic marker that indicated chronic/acute Hep B infection

Hep B immune Globulin (HBIG)

✔provides artificial passive immunity for 3-6 mo against Hep B

Healthcare associated infection (HAI)

✔any infection that is the result of medical/ surgical intervention in HC setting

administrative controls

✔use of administrative measures like enforcement, policies, and procedures designed to reduce risk of pathogenic transmission in HC settings.

aerosoles

✔small particles <10 um that can remain airborne and viable for extended periods of time

airborne transmission

✔mode and means of transmission for pathogen via air borne and inhaled by host

allergen

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CBIC Certified Infection Control Exam Sample Questions (Q49-Q54):

NEW QUESTION # 49
When evaluating environmental cleaning and disinfectant products as a part of the product evaluation committee, which of the following is responsible for providing information regarding clinical trials?

- A. Manufacturer representatives
- B. Clinical representatives
- C. Environmental Services
- D. Infection Preventionist

Answer: A

Explanation:
The correct answer is D, "Manufacturer representatives," as they are responsible for providing information regarding clinical trials when evaluating environmental cleaning and disinfectant products as part of the product evaluation committee. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, manufacturers are the primary source of data on the efficacy, safety, and performance of their products, including clinical trial results that demonstrate the disinfectant's ability to reduce microbial load or prevent healthcare-associated infections (HAIs) (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.4 - Implement environmental cleaning and disinfection protocols).
This information is critical for the committee to assess whether the product meets regulatory standards (e.g., EPA registration) and aligns with infection prevention goals, and it is typically supported by documentation such as peer-reviewed studies or trial data provided by the manufacturer.
Option A (Infection Preventionist) plays a key role in evaluating the product's fit within infection control practices and may contribute expertise or conduct internal assessments, but they are not responsible for providing clinical trial data, which originates from the manufacturer. Option B (Clinical representatives) can offer insights into clinical usage and outcomes but rely on manufacturer data for trial evidence rather than generating it. Option C (Environmental Services) focuses on the practical application and cleaning processes but lacks the authority or resources to conduct or provide clinical trial information.
The reliance on manufacturer representatives aligns with CBIC's emphasis on evidence-based decision- making in product selection, ensuring that the product evaluation committee bases its choices on robust, manufacturer-supplied clinical data (CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.5 - Use data to guide infection prevention and control strategies).
This approach supports the safe and effective implementation of environmental cleaning products in healthcare settings.
References: CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.5 - Use data to guide infection prevention and control strategies; Domain III: Infection Prevention and Control, Competency 3.4 - Implement environmental cleaning and disinfection protocols.

NEW QUESTION # 50
What rate is expressed by the number of patients who acquire infections over a specified time period divided by the population at risk of acquiring an infection during that time period?

- A. Disease specific
- B. Point prevalence
- C. Incidence rate
- D. Period prevalence

Answer: C

Explanation:
Theincidence ratemeasuresnew cases of infection in a population over a defined time periodusing the formula:

$$\text{Incidence Rate} = \left(\frac{\text{New cases}}{\text{Total population at risk}}\right) \times \text{Multiplier (e.g., 1,000 or 100,000)}$$

Why the Other Options Are Incorrect?
* B. Disease specific- Refers to infectionscaused by a particular pathogen, not the general rate of new infections.
* C. Point prevalence- Measuresexisting cases at a specific point in time, not new cases.

* D. Period prevalence- Includesboth old and new cases over a set period, unlike incidence, which only considers new cases.
CBIC Infection Control Reference
APIC definesincidence rate as the number of new infections in a population over a given period.

NEW QUESTION # 51
Each item or package that is prepared for sterilization should be labeled with the

- A. sterilizer identification number or code.
- B. type of sterilization process.
- C. storage location.
- D. cleaning method (e.g., mechanical or manual).

Answer: A

Explanation:
The correct answer is C, "sterilizer identification number or code," as this is the essential information that each item or package prepared for sterilization should be labeled with. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, proper labeling of sterilized items is a critical component of infection prevention and control to ensure traceability and verify the sterilization process. The sterilizer identification number or code links the item to a specific sterilization cycle, allowing the infection preventionist (IP) and sterile processing staff to track the equipment used, confirm compliance with standards (e.g., AAMI ST79), and facilitate recall or investigation if issues arise (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment). This labeling ensures that the sterility of the item can be assured and documented, protecting patient safety by preventing the use of inadequately processed items.
Option A (storage location) is important for inventory management but is not directly related to the sterilization process itself and does not provide evidence of the sterilization event. Option B (type of sterilization process) indicates the method (e.g., steam, ethylene oxide), which is useful but less critical than the sterilizer identification, as the process type alone does not confirm the specific cycle or equipment used.
Option D (cleaning method, e.g., mechanical or manual) is a preliminary step in reprocessing, but it is not required on the sterilization label, as the focus shifts to sterilization verification once the item is prepared.
The requirement for a sterilizer identification number or code aligns with CBIC's emphasis on maintaining rigorous tracking and quality assurance in the reprocessing of medical devices, ensuring accountability and adherence to best practices (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.5 - Evaluate the environment for infection risks). This practice is mandated by standards such as AAMI ST79 to support effective infection control in healthcare settings.
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 # 52
Peripherally inserted central catheter (PICC)-associated bloodstream infections (BSIs) have been increasing over the past four months. Which of the following interventions is MOST likely to have contributed to the increase?

- A. Use of chlorhexidine skin antisepsis during insertion of the PICC
- B. Replacement of the intravenous administration sets every 72 hours
- C. Use of a positive pressure device on the PICC
- D. Daily bathing adult intensive care unit patients with chlorhexidine

Answer: B

Explanation:
Peripherally inserted central catheter (PICC)-associated bloodstream infections (BSIs) are a significant concern in healthcare settings, and identifying factors contributing to their increase is critical for infection prevention. The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes the
"Surveillance and Epidemiologic Investigation" and "Prevention and Control of Infectious Diseases" domains, which align with the Centers for Disease Control and Prevention (CDC) guidelines for preventing intravascular catheter-related infections. The question asks for the intervention most likely to have contributed to the rise in PICC-associated BSIs over four months, requiring an evaluation of each option based on evidence-based practices.
Option C, "Replacement of the intravenous administration sets every 72 hours," is the most likely contributor to the increase. The CDC's "Guidelines for the Prevention of Intravascular Catheter-Related Infections" (2017) recommend that intravenous administration sets (e.g., tubing for fluids or medications) be replaced no more frequently than every 72-96 hours unless clinically

indicated (e.g., contamination or specific therapy requirements). Frequent replacement, such as every 72 hours as a routine practice, can introduce opportunities for contamination during the change process, especially if aseptic technique is not strictly followed. Studies cited in the CDC guidelines, including those by O'Grady et al. (2011), indicate that unnecessary manipulation of catheter systems increases the risk of introducing pathogens, potentially leading to BSIs. A change to a 72- hour replacement schedule, if not previously standard, could explain the observed increase over the past four months.
Option A, "Use of chlorhexidine skin antisepsis during insertion of the PICC," is a recommended practice to reduce BSIs. Chlorhexidine, particularly in a 2% chlorhexidine gluconate with 70% alcohol solution, is the preferred skin antiseptic for catheter insertion due to its broad-spectrum activity and residual effect, as supported by the CDC (2017). This intervention should decrease, not increase, infection rates, making it an unlikely contributor. Option B, "Daily bathing adult intensive care unit patients with chlorhexidine," is another evidence-based strategy to reduce healthcare-associated infections, including BSIs, by decolonizing the skin of pathogens like Staphylococcus aureus. The CDC and SHEA (Society for Healthcare Epidemiology of America) guidelines (2014) endorse chlorhexidine bathing in intensive care units, suggesting it should lower, not raise, BSI rates. Option D, "Use of a positive pressure device on the PICC," aims to prevent catheter occlusion and reduce the need for frequent flushing, which could theoretically decrease infection risk by minimizing manipulation. However, there is no strong evidence linking positive pressure devices to increased BSIs; if improperly used or maintained, they might contribute marginally, but this is less likely than the impact of frequent tubing changes.
The CBIC Practice Analysis (2022) and CDC guidelines highlight that deviations from optimal catheter maintenance practices, such as overly frequent administration set replacements, can increase infection risk.
Given the four-month timeframe and the focus on an intervention's potential negative impact, Option C stands out as the most plausible contributor due to the increased manipulation and contamination risk associated with routine 72-hour replacements.
References:
CBIC Practice Analysis, 2022.
CDC Guidelines for the Prevention of Intravascular Catheter-Related Infections, 2017.
O'Grady, N. P., et al. (2011). Guidelines for the Prevention of Intravascular Catheter-Related Infections.
Clinical Infectious Diseases.
SHEA Compendium, Strategies to Prevent Central Line-Associated Bloodstream Infections, 2014.

NEW QUESTION # 53
A patient with suspected active tuberculosis is being transferred from a mental health facility to a medical center by emergency medical services. Which of the following should an infection preventionist recommend to the emergency medical technician (EMT)?

- A. Place an N95 respirator on both the patient and the EMT.
- B. Place a surgical mask on both the patient and the EMT.
- C. Place an N95 respirator on the patient and a surgical mask on the EMT.
- D. Place a surgical mask on the patient and an N95 respirator on the EMT.

Answer: C

Explanation:
Active tuberculosis (TB) is an airborne disease transmitted through the inhalation of droplet nuclei containing Mycobacterium tuberculosis. Effective infection control measures are critical during patient transport to protect healthcare workers, such as emergency medical technicians (EMTs), and to prevent community spread. The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes the use of appropriate personal protective equipment (PPE) and source control as key strategies in the "Prevention and Control of Infectious Diseases" domain, aligning with guidelines from the Centers for Disease Control and Prevention (CDC).
For a patient with suspected active TB, the primary goal is to contain the infectious particles at the source (the patient) while ensuring the EMT is protected from inhalation exposure. Option C, placing an N95 respirator on the patient and a surgical mask on the EMT, is the most appropriate recommendation. The N95 respirator on the patient serves as source control by filtering the exhaled air, reducing the dispersion of infectious droplets. However, fitting an N95 respirator on the patient may be challenging, especially in an emergency setting or if the patient is uncooperative, so a surgical mask is often used as an alternative source control measure. For the EMT, a surgical mask provides a basic barrier but does not offer the same level of respiratory protection as an N95 respirator. The CDC recommends that healthcare workers, including EMTs, use an N95 respirator (or higher-level respiratory protection) when in close contact with a patient with suspected or confirmed active TB, unless an airborne infection isolation room is available, which is not feasible during transport.
Option A is incorrect because placing a surgical mask on both the patient and the EMT does not provide adequate respiratory protection for the EMT. Surgical masks are not designed to filter small airborne particles like those containing TB bacilli and do not meet the N95 standard required for airborne precautions. Option B is impractical and unnecessary, as placing an N95 respirator on both the patient and the EMT is overly restrictive and logistically challenging, especially for the patient during transport. Option D reverses the PPE roles, placing the surgical mask on the patient(insufficient for source control) and the N95 respirator on the EMT (appropriate for protection but misaligned with the need to control the patient's exhalation). The CBIC and CDC guidelines prioritize

source control on the patient and respiratory protection for the healthcare worker, making Option C the best fit.
This recommendation is consistent with the CBIC's emphasis on implementing transmission-based precautions (CDC, 2005, Guideline for Preventing the Transmission of Mycobacterium tuberculosis in Healthcare Settings) and the use of PPE tailored to the mode of transmission, as outlined in the CBIC Practice Analysis (2022).
References:
CBIC Practice Analysis, 2022.
CDC Guideline for Preventing the Transmission of Mycobacterium tuberculosis in Healthcare Settings, 2005.

NEW QUESTION # 54
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