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CBIC Certified Infection Control Exam Sample Questions (Q130-Q135):

NEW QUESTION # 130

Which of the following factors should be considered when evaluating countertop surface materials?

- A. Accessibility
- B. Faucet placement
- C. Sink design
- **D. Durability**

Answer: D

Explanation:

The correct answer is A, "Durability," as it is a critical factor to consider when evaluating countertop surface materials. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, the selection of materials in healthcare settings, including countertop surfaces, must prioritize infection prevention and control. Durability ensures that the surface can withstand frequent cleaning, disinfection, and physical wear without degrading, which is essential to maintain a hygienic environment and prevent the harboring of pathogens (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.4 - Implement environmental cleaning and disinfection protocols). Durable materials, such as solid surface composites or stainless steel, resist scratches, cracks, and moisture damage, reducing the risk of microbial growth and cross-contamination, which are significant concerns in healthcare facilities.

Option B (sink design) relates more to the plumbing and fixture layout rather than the inherent properties of the countertop material itself. While sink placement and design are important for workflow and hygiene, they are secondary to the material's characteristics. Option C (accessibility) is a consideration for user convenience and compliance with the Americans with Disabilities Act (ADA), but it pertains more to the installation and layout rather than the material's suitability for infection control. Option D (faucet placement) affects usability and water management but is not a direct attribute of the countertop material.

The emphasis on durability aligns with CBIC's focus on creating environments that support effective cleaning and disinfection practices, which are vital for preventing healthcare-associated infections (HAIs). Selecting durable materials helps ensure long-term infection prevention efficacy, making it a primary factor in the evaluation process (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.5 - Evaluate the environment for infection risks).

References: CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competencies 3.4 - Implement environmental cleaning and disinfection protocols, 3.5 - Evaluate the environment for infection risks.

NEW QUESTION # 131

Therapeutic antimicrobial agents should be used when

- **A. Following identification of the pathogen and sensitivities.**
- B. the patient symptoms suggest likely pathogens.
- C. the infecting agent is unknown
- D. the patient's illness warrants treatment prior to culture results

Answer: A

Explanation:

Therapeutic antimicrobial agents should ideally be pathogen-directed to minimize resistance, side effects, and treatment failure. Once the causative pathogen and its antimicrobial susceptibilities are known, the most narrow-spectrum, effective agent should be used.

Why the Other Options Are Incorrect?

* A. The infecting agent is unknown - Empiric therapy may be necessary initially, but definitive therapy should be based on pathogen identification.

* B. The patient's illness warrants treatment prior to culture results - This applies to empiric therapy, but not to definitive antimicrobial selection.

* C. The patient's symptoms suggest likely pathogens - Clinical presentation guides empiric treatment, but definitive therapy should follow culture and susceptibility testing.

CBIC Infection Control Reference

APIC emphasizes the importance of selecting antimicrobials based on pathogen identification and susceptibility testing to prevent antimicrobial resistance.

NEW QUESTION # 132

A family, including an infant of 8 months, is going on a vacation to Europe. An infection preventionist would recommend:

- A. Family members should be vaccinated for yellow fever.
- **B. Family immunization records should be reviewed by their provider.**
- C. The infant should not travel until at least 12 months of age.
- D. Exposure to rabies should be avoided.

Answer: B

Explanation:

When advising a family, including an 8-month-old infant, planning a vacation to Europe, an infection preventionist (IP) must consider travel-related health risks and vaccination recommendations tailored to the destination and age-specific guidelines. The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes the "Education and Training" domain, which includes providing evidence-based advice to prevent infections, aligning with the Centers for Disease Control and Prevention (CDC) and World Health Organization (WHO) travel health recommendations.

Option D, "Family immunization records should be reviewed by their provider," is the most appropriate recommendation. Europe, as a region, includes countries with varying health risks, but it is generally considered a low-risk area for many vaccine-preventable diseases compared to tropical regions. The CDC's

"Travelers' Health" guidelines (2023) recommend that all travelers, including infants, have their immunization status reviewed by a healthcare provider prior to travel to ensure compliance with routine vaccinations (e.g., measles, mumps, rubella [MMR], diphtheria, tetanus, pertussis [DTaP], and polio) and to assess any destination-specific needs. For an 8-month-old, the review would confirm that the infant has received age-appropriate vaccines (e.g., the first doses of DTaP, Hib, PCV, and IPV, typically starting at 2 months) and is on schedule for the 6- and 12-month doses. This step ensures the family's overall protection and identifies any gaps, making it a proactive and universally applicable recommendation.

Option A, "Exposure to rabies should be avoided," is a general travel safety tip applicable to any destination where rabies is endemic (e.g., parts of Eastern Europe or rural areas with wildlife). However, rabies risk in most European countries is low, and pre-exposure vaccination is not routinely recommended for travelers unless specific high-risk activities (e.g., handling bats) are planned. The CDC advises avoiding animal bites rather than vaccinating unless indicated, making this less specific and urgent than a records review. Option B,

"Family members should be vaccinated for yellow fever," is incorrect. Yellow fever is not endemic in Europe, and vaccination is not required or recommended for travel to any European country. The WHO International Health Regulations (2005) and CDC list yellow fever vaccination as mandatory only for travelers from or to certain African and South American regions, rendering this irrelevant. Option C, "The infant should not travel until at least 12 months of age," lacks a clear evidence base. While some vaccines (e.g., MMR) are typically given at 12 months, the 8-month-old can travel safely if up-to-date on age-appropriate immunizations. The CDC allows travel for infants as young as 6 weeks with medical clearance, and delaying travel to 12 months is not a standard recommendation unless specific risks (e.g., disease outbreaks) are present, which are not indicated here.

The CBIC Practice Analysis (2022) and CDC Travelers' Health resources prioritize pre-travel health assessments, including immunization reviews, as the foundation for safe travel. Option D ensures a comprehensive approach tailored to the family's needs, making it the best recommendation for a trip to Europe.

References:

* CBIC Practice Analysis, 2022.

* CDC Travelers' Health, 2023.

* WHO International Health Regulations, 2005.

The correct answer is B, "Blood pressure cuff," as this item is appropriately cleaned with a disinfectant that is an approved hospital disinfectant with no tuberculocidal claim. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, the selection of disinfectants for medical equipment depends on the item's classification and intended use. The Environmental Protection Agency (EPA) categorizes hospital disinfectants based on their efficacy against specific pathogens, with tuberculocidal claims indicating effectiveness against *Mycobacterium tuberculosis*, a highly resistant organism. A disinfectant without a tuberculocidal claim is suitable for non-critical items—those that contact intact skin but not mucous membranes or sterile tissues—such as blood pressure cuffs, which require only low-level disinfection to reduce bacterial and viral loads (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.4 - Implement environmental cleaning and disinfection protocols).

This aligns with CDC guidelines, which designate low-level disinfectants as adequate for non-critical surfaces.

Option A (laryngoscope blades) is incorrect because laryngoscope blades are semi-critical items that contact mucous membranes (e.g., the oropharynx) and require high-level disinfection or sterilization, which necessitates a disinfectant with tuberculocidal activity to ensure efficacy against a broader spectrum of pathogens, including mycobacteria. Option C (respiratory therapy equipment) is also incorrect, as this equipment (e.g., ventilators or nebulizers) is semi-critical or critical depending on its use, requiring at least intermediate- to high-level disinfection, which exceeds the capability of a non-tuberculocidal disinfectant.

Option D (ultrasound probe) is inappropriate if used on intact skin (non-critical, allowing low-level disinfection), but many ultrasound probes contact mucous membranes or sterile sites, necessitating high-level disinfection with a tuberculocidal agent, making this option unreliable without context.

The selection of a blood pressure cuff aligns with CBIC's emphasis on using appropriate disinfectants based on the Spaulding classification to prevent healthcare-associated infections (HAIs) (CBIC Practice Analysis,

2022, Domain III: Infection Prevention and Control, Competency 3.5 - Evaluate the environment for infection risks). This is supported by EPA and CDC guidelines, which guide disinfectant use based on item risk levels (EPA Disinfectant Product List, 2023; CDC Disinfection Guidelines, 2019).

References: CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competencies 3.4 - Implement environmental cleaning and disinfection protocols, 3.5 - Evaluate the environment for infection risks. EPA Disinfectant Product List, 2023. CDC Guidelines for Disinfection and Sterilization in Healthcare Facilities, 2019.

NEW QUESTION # 133

A healthcare personnel has an acute group A streptococcal throat infection. What is the earliest recommended time that this person may return to work after receiving appropriate antibiotic therapy?

- A. 48 hours
- **B. 24 hours**
- C. 72 hours
- D. 8 hours

Answer: B

Explanation:

The correct answer is B, "24 hours," as this is the earliest recommended time that a healthcare personnel with an acute group A streptococcal throat infection may return to work after receiving appropriate antibiotic therapy. 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), healthcare workers with group A Streptococcus (GAS) infections, such as streptococcal pharyngitis, should be treated with antibiotics (e.g., penicillin or a suitable alternative) to eradicate the infection and reduce transmission risk. The CDC and Occupational Safety and Health Administration (OSHA) guidelines specify that healthcare personnel can return to work after at least 24 hours of effective antibiotic therapy, provided they are afebrile and symptoms are improving, as this period is sufficient to significantly reduce the bacterial load and contagiousness (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency

3.2 - Implement measures to prevent transmission of infectious agents).

Option A (8 hours) is too short a duration to ensure the infection is adequately controlled and the individual is no longer contagious. Option C (48 hours) and Option D (72 hours) are longer periods that may apply in some cases (e.g., if symptoms persist or in outbreak settings), but they exceed the minimum recommended time based on current evidence. The 24-hour threshold is supported by studies showing that GAS shedding decreases substantially within this timeframe with appropriate antibiotic treatment, minimizing the risk to patients and colleagues (CDC Guidelines for Infection Control in Healthcare Personnel, 2019).

The infection preventionist's role includes enforcing return-to-work policies to prevent healthcare-associated infections (HAIs), aligning with CBIC's emphasis on timely and evidence-based interventions to control infectious disease transmission in healthcare settings (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.1 - Collaborate with organizational leaders). Compliance with this recommendation also supports occupational health protocols to balance staff safety and patient care.

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 Guidelines for Infection Control in Healthcare Personnel, 2019.

NEW QUESTION # 134

An employee is presenting to Occupational Health for clearance prior to starting work at a healthcare facility.

They have a history of having received the Bacillus Calmette-Guérin (BCG) vaccination. What is the preferred methodology for pre-work clearance?

- A. Initial chest radiograph
- **B. Interferon-gamma release assay**
- C. Two-step purified protein derivative-based Tuberculin skin test (TST)
- D. Referral to tuberculosis (TB) clinic

Answer: B

Explanation:

The preferred methodology for pre-work clearance in this scenario is the interferon-gamma release assay (IGRA), making option C the correct choice. This conclusion is supported by the guidelines from the Certification Board of Infection Control and Epidemiology (CBIC), which align with recommendations from the Centers for Disease Control and Prevention (CDC) for

tuberculosis (TB) screening in healthcare workers.

The employee's history of receiving the Bacillus Calmette-Guérin (BCG) vaccination, a vaccine commonly used in some countries to prevent severe forms of TB, is significant because it can cause false-positive results in the traditional Tuberculin skin test (TST) due to cross-reactivity with BCG antigens (CBIC Practice Analysis, 2022, Domain I: Identification of Infectious Disease Processes, Competency 1.3 - Apply principles of epidemiology).

The IGRA, such as the QuantiFERON-TB Gold test, measures the release of interferon-gamma from T-cells in response to specific TB antigens (e.g., ESAT-6 and CFP-10) that are not present in BCG or most non-tuberculous mycobacteria. This makes it a more specific and reliable test for detecting latent TB infection (LTBI) in individuals with a history of BCG vaccination, avoiding the false positives associated with the TST.

The CDC recommends IGRA over TST for BCG-vaccinated individuals when screening for TB prior to healthcare employment (CDC Guidelines for Preventing Transmission of Mycobacterium tuberculosis, 2005, updated 2019).

Option A (referral to tuberculosis clinic) is a general action but not a specific methodology for clearance; it may follow testing if results indicate further evaluation is needed. Option B (initial chest radiograph) is used to detect active TB disease rather than latent infection and is not a primary screening method for pre-work clearance, though it may be indicated if IGRA results are positive.

Option D (two-step purified protein derivative-based Tuberculin skin test) is less preferred because the BCG vaccination can lead to persistent cross-reactivity, reducing its specificity and reliability in this context. The two-step TST is typically used to establish a baseline in unvaccinated individuals with potential prior exposure, but it is not ideal for BCG-vaccinated individuals.

The IP's role includes ensuring accurate TB screening to protect both the employee and patients, aligning with CBIC's focus on preventing transmission of infectious diseases in healthcare settings (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.2 - Implement measures to prevent transmission of infectious agents).

References: CBIC Practice Analysis, 2022, Domain I: Identification of Infectious Disease Processes, Competency 1.3 - Apply principles of epidemiology; Domain III: Infection Prevention and Control, Competency 3.2 - Implement measures to prevent transmission of infectious agents. CDC Guidelines for Preventing Transmission of Mycobacterium tuberculosis, 2005, updated 2019.

NEW QUESTION # 135

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