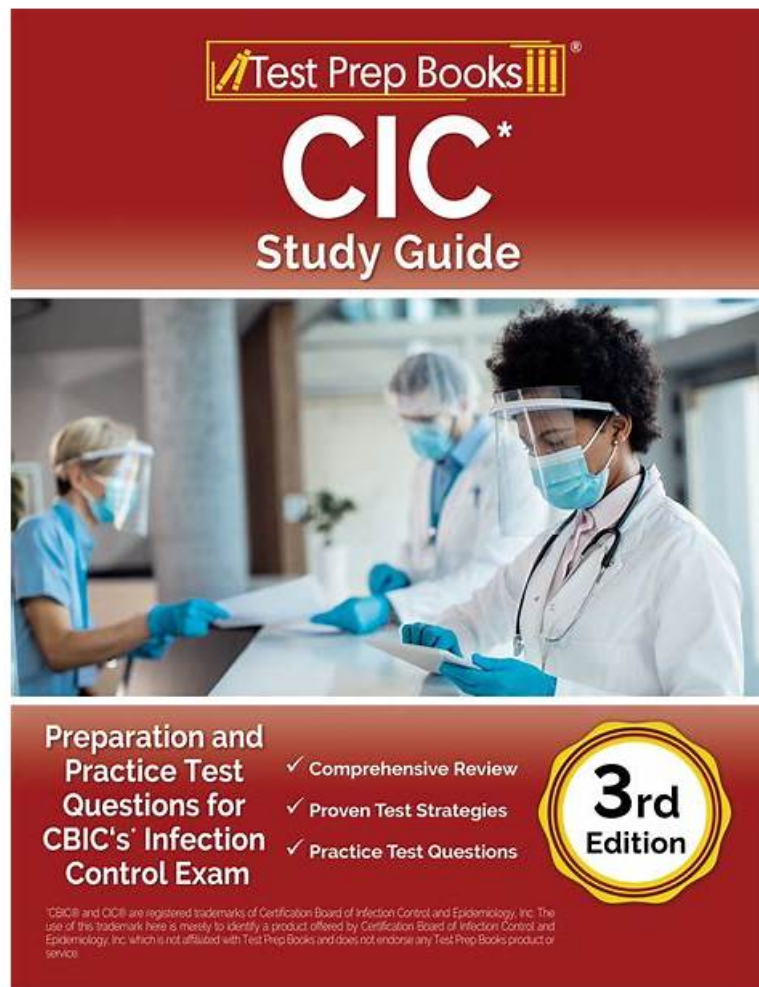


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## CBIC Certified Infection Control Exam Sample Questions (Q56-Q61):

### NEW QUESTION # 56

A patient with fever, rash, and meningoencephalitis is admitted to the hospital, placed in Droplet Precautions, and started on antibiotic therapy. Bacterial cultures of the blood and spinal fluid are negative, and infection with West Nile virus is strongly suspected by the infectious disease consultant. Appropriate control measures should include:

- A. Discontinuing Droplet Precautions.
- B. Continuing present measures.
- C. Administering immunoglobulin to family members.
- D. Quarantining the family's pet parakeet.

**Answer: A**

Explanation:

West Nile virus (WNV) is a mosquito-borne infection. In routine healthcare and household settings, WNV is not spread through coughing, sneezing, or touching and is not transmitted by casual person-to-person contact. Because Transmission-Based Precautions (e.g., Droplet) are used when there is evidence or strong concern for transmission via droplet/contact/airborne routes, WNV suspicion does not justify continuing Droplet Precautions once other droplet-spread causes are no longer suspected. CDC isolation guidance principles indicate that when there is no evidence for person-to-person transmission by droplet, contact, or airborne routes, Standard Precautions are appropriate. Therefore, the correct action is to discontinue Droplet Precautions and manage the patient using Standard Precautions (hand hygiene and appropriate PPE based on anticipated exposure to blood/body fluids).

The other options are not indicated: immunoglobulin for family members is not a standard infection control measure for WNV, quarantining a pet parakeet is irrelevant to WNV transmission, and "continuing present measures" would unnecessarily maintain Droplet Precautions without a transmission-based indication.

### NEW QUESTION # 57

The primary source of organisms that cause surgical site infections is the

- A. operating room personnel.
- B. operating room environment.
- C. patient's endogenous flora
- D. healthcare personnel's hands.

**Answer: C**

Explanation:

The primary source of organisms causing surgical site infections (SSIs) is the patient's own endogenous flora. Bacteria from the skin, mucous membranes, or gastrointestinal tract contaminate the surgical site, leading to infection. Common pathogens include *Staphylococcus aureus*, coagulase-negative staphylococci, and Enterobacteriaceae.

Why the Other Options Are Incorrect?

- \* A. Operating room environment - While environmental contamination can contribute, it is not the primary source.
- \* B. Operating room personnel - Infection control measures (hand hygiene, gloves, masks) reduce transmission from personnel.
- \* D. Healthcare personnel's hands - Although hand contamination is a risk, it is secondary to the patient's endogenous flora.

CBIC Infection Control Reference

According to APIC guidelines, the patient's own flora is the primary source of SSIs.

### NEW QUESTION # 58

Microfiber cloths and mops are preferred over cotton because microfiber:

- A. Is positively charged to better attract dirt.
- B. Can be laundered and dried with other textiles.
- C. Is more cost effective.
- D. Is versatile for both smooth and rough surfaces.

**Answer: A**

Explanation:

The CBIC Certified Infection Control Exam Study Guide (6th edition) explains that microfiber cleaning materials are preferred over traditional cotton cloths and mops because of their electrostatic properties, which enhance cleaning effectiveness. Microfiber is composed of very fine synthetic fibers that become positively charged, allowing them to attract and trap negatively charged dirt, dust, and microorganisms rather than simply pushing them across surfaces.

This electrostatic attraction enables microfiber to remove a significantly higher percentage of bacteria and organic material from surfaces compared to cotton, even when used with less cleaning solution or disinfectant. The split fiber structure also increases surface area, allowing microorganisms and debris to be captured within the fibers rather than redistributed. These properties make microfiber particularly effective for environmental cleaning in healthcare settings, where surface contamination contributes to transmission of healthcare-associated infections.

Option A is incorrect because microfiber products are often more expensive initially, though they may be cost-effective over time.

Option C is incorrect because microfiber must be laundered separately under specific conditions to maintain effectiveness. Option D may be true but is not the primary reason for preference.

For the CIC exam, it is important to recognize that microfiber's positive charge and superior ability to attract and retain microorganisms are the key reasons it is favored over cotton for environmental cleaning and infection prevention.

### NEW QUESTION # 59

When developing an exposure control plan, the MOST important aspect in the prevention of exposure to tuberculosis is:

- A. Use of personal protective equipment.
- B. Prompt initiation of chemotherapeutic agents.
- C. Placement of the patient in an airborne infection isolation room.
- **D. Identification of a potentially infectious patient.**

**Answer: D**

Explanation:

Tuberculosis (TB), caused by *Mycobacterium tuberculosis*, is an airborne disease that poses a significant risk in healthcare settings, particularly through exposure to infectious droplets. The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes the "Prevention and Control of Infectious Diseases" domain, which includes developing exposure control plans, aligning with the Centers for Disease Control and Prevention (CDC) "Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Healthcare Settings" (2005). The question seeks the most important aspect of an exposure control plan to prevent TB exposure, requiring a prioritization of preventive strategies.

Option B, "Identification of a potentially infectious patient," is the most important aspect. Early identification of individuals with suspected or confirmed TB (e.g., through symptom screening like persistent cough, fever, or weight loss, or diagnostic tests like chest X-rays and sputum smears) allows for timely isolation and treatment, preventing further transmission. The CDC guidelines stress that the first step in an exposure control plan is to recognize patients with signs or risk factors for infectious TB, as unrecognized cases are the primary source of healthcare worker and patient exposures. The Occupational Safety and Health Administration (OSHA) also mandates risk assessment and early detection as foundational to TB control plans.

Option A, "Placement of the patient in an airborne infection isolation room," is a critical control measure once a potentially infectious patient is identified. Airborne infection isolation rooms (AIIRs) with negative pressure ventilation reduce the spread of infectious droplets, as recommended by the CDC. However, this step depends on prior identification; placing a patient in an AIIR without knowing their infectious status is inefficient and not the initial priority. Option C, "Prompt initiation of chemotherapeutic agents," is essential for treating active TB and reducing infectiousness, typically within days of effective therapy, per CDC guidelines.

However, this follows identification and diagnosis (e.g., via acid-fast bacilli smear or culture), making it a secondary action rather than the most important preventive aspect. Option D, "Use of personal protective equipment," such as N95 respirators, is a key protective measure for healthcare workers once an infectious patient is identified, as outlined by the CDC and OSHA. However, PPE is a reactive measure that mitigates exposure after identification and isolation, not the foundational step to prevent it.

The CBIC Practice Analysis (2022) and CDC guidelines prioritize early identification as the cornerstone of TB exposure prevention, enabling all subsequent interventions. Option B ensures that the exposure control plan addresses the source of transmission at its outset, making it the most important aspect.

References:

\* CBIC Practice Analysis, 2022.

\* CDC Guidelines for Preventing the Transmission of *Mycobacterium tuberculosis* in Healthcare Settings, 2005.

\* OSHA Respiratory Protection Standard, 29 CFR 1910.134.

### NEW QUESTION # 60

Which of the following is the BEST study design for assessing the benefit of a new treatment?

- A. Correlational study
- B. Parallel group study
- C. Interrupted time series
- **D. Randomized controlled trial**

**Answer: D**

Explanation:

The CBIC Certified Infection Control Exam Study Guide (6th edition) identifies the randomized controlled trial (RCT) as the gold standard study design for assessing the benefit of a new treatment. RCTs are specifically designed to determine causality by minimizing bias and confounding variables through random assignment of participants to intervention and control groups. This ensures that differences in outcomes can be attributed with the highest level of confidence to the treatment being studied rather than to external factors.

In an RCT, participants are randomly allocated to receive either the new treatment or a comparison intervention (such as standard therapy or placebo). Randomization balances known and unknown risk factors between groups, while controlled conditions allow precise measurement of treatment effects. This design is particularly important when evaluating new therapies, medications, or interventions where efficacy and safety must be clearly demonstrated.

The other study designs listed are less rigorous for assessing treatment benefit. An interrupted time series is useful for evaluating system-level interventions over time but is more susceptible to confounding influences.

A correlational study can identify associations but cannot establish cause and effect. A parallel group study without randomization lacks adequate control for bias and confounding.

For CIC exam preparation, it is essential to recognize that when the objective is to assess the benefit or effectiveness of a new treatment, a randomized controlled trial provides the strongest and most reliable evidence, making it the best answer.

## NEW QUESTION # 61

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