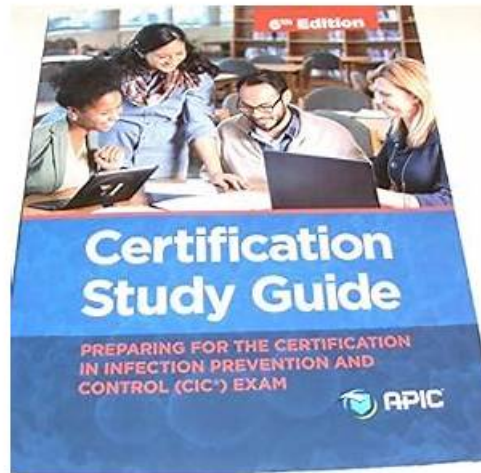


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CBIC Certified Infection Control Exam Sample Questions (Q211-Q216):

NEW QUESTION # 211

The infection preventionist (IP) is working with the Product Evaluation Committee to select a sporicidal disinfectant for *Clostridioides difficile*. An effective disinfectant for the IP to recommend is

- A. quaternary ammonium compound.
- B. isopropyl alcohol.
- C. phenolic.
- **D. sodium hypochlorite.**

Answer: D

Explanation:

The correct answer is D, "sodium hypochlorite," as it is an effective sporicidal disinfectant for *Clostridioides difficile* that the infection preventionist (IP) should recommend. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, *Clostridioides difficile* (*C. difficile*) is a spore-forming bacterium responsible for significant healthcare-associated infections (HAIs), and its spores are highly resistant to many common disinfectants. Sodium hypochlorite (bleach) is recognized by the Centers for Disease Control and Prevention (CDC) and the Environmental Protection Agency (EPA) as a sporicidal agent capable of inactivating *C. difficile* spores when used at appropriate concentrations (e.g., 1:10 dilution of household bleach) and with the recommended contact time (CBIC Practice Analysis, 2022, Domain III:

Infection Prevention and Control, Competency 3.4 - Implement environmental cleaning and disinfection protocols). This makes it a preferred choice for environmental disinfection in outbreak settings or areas with known *C. difficile* contamination.

Option A (quaternary ammonium compound) is effective against many bacteria and viruses but lacks sufficient sporicidal activity against *C. difficile* spores, rendering it inadequate for this purpose. Option B (phenolic) has broad-spectrum antimicrobial properties but is not reliably sporicidal and is less effective against *C. difficile* spores compared to sodium hypochlorite. Option C (isopropyl alcohol) is useful for disinfecting surfaces and killing some pathogens, but it is not sporicidal and evaporates quickly, making it ineffective against *C. difficile* spores.

The IP's recommendation of sodium hypochlorite aligns with CBIC's emphasis on selecting disinfectants based on their efficacy against specific pathogens and adherence to evidence-based guidelines (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.5 - Evaluate the environment for infection risks). Proper use, including correct dilution and contact time, is critical to ensure effectiveness, and the IP should collaborate with the Product Evaluation Committee to ensure implementation aligns with safety and regulatory standards (CDC Guidelines for Environmental Infection Control in Healthcare Facilities, 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. CDC Guidelines for Environmental Infection Control in Healthcare Facilities, 2019.

NEW QUESTION # 212

An infection preventionist (IP) encounters a surgeon at the nurse's station who loudly disagrees with the IP's surgical site infection findings. The IP's BEST response is to:

- A. Report the surgeon to the chief of staff.
- **B. Ask the surgeon to speak in a more private setting to review their concerns.**
- C. Ask the surgeon to change their tone and leave the nurses' station if they refuse.
- D. Calmly explain that the findings are credible.

Answer: B

Explanation:

The scenario involves a conflict between an infection preventionist (IP) and a surgeon regarding surgical site infection (SSI) findings, occurring in a public setting (the nurse's station). The IP's response must align with professional communication standards, infection control priorities, and the principles of collaboration and conflict resolution as emphasized by the Certification Board of Infection Control and Epidemiology (CBIC).

The "best" response should de-escalate the situation, maintain professionalism, and facilitate a constructive dialogue. Let's evaluate each option:

* A. Report the surgeon to the chief of staff: Reporting the surgeon to the chief of staff might be considered if the behavior escalates or violates policy (e.g., harassment or disruption), but it is an escalation that should be a last resort. This action does not address the immediate disagreement about the SSI findings or attempt to resolve the issue collaboratively. It could also strain professional relationships and is not the best initial response, as it bypasses direct communication.

* B. Calmly explain that the findings are credible: Explaining the credibility of the findings is important and demonstrates the IP's confidence in their work, which is based on evidence-based infection control practices. However, doing so in a public setting like the nurse's station, especially with a loud disagreement, may not be effective. The surgeon may feel challenged or defensive, potentially worsening the situation. While this response has merit, it lacks consideration of the setting and the need for privacy to discuss sensitive data.

* C. Ask the surgeon to speak in a more private setting to review their concerns: This response is the most appropriate as it

addresses the immediate need to de-escalate the public confrontation and move the discussion to a private setting. It shows respect for the surgeon's concerns, maintains professionalism, and allows the IP to review the SSI findings (e.g., data collection methods, definitions, or surveillance techniques) in a controlled environment. This aligns with CBIC's emphasis on effective communication and collaboration with healthcare teams, as well as the need to protect patient confidentiality and maintain a professional atmosphere. It also provides an opportunity to educate the surgeon on the evidence behind the findings, which is a key IP role.

* D. Ask the surgeon to change their tone and leave the nurses' station if they refuse: Requesting a change in tone is reasonable given the loud disagreement, but demanding the surgeon leave if they refuse is confrontational and risks escalating the conflict. This approach could damage the working relationship and does not address the underlying disagreement about the SSI findings. While maintaining a respectful environment is important, this response prioritizes control over collaboration and is less constructive than seeking a private discussion.

The best response is C, as it promotes a professional, collaborative approach by moving the conversation to a private setting. This allows the IP to address the surgeon's concerns, explain the SSI surveillance methodology (e.g., NHSN definitions or CBIC guidelines), and maintain a positive working relationship, which is critical for effective infection prevention programs. This strategy reflects CBIC's focus on leadership, communication, and teamwork in healthcare settings.

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CBIC Infection Prevention and Control (IPC) Core Competency Model (updated 2023), Domain V:

Management and Communication, which stresses effective interpersonal communication and conflict resolution.

CBIC Examination Content Outline, Domain V: Leadership and Program Management, which includes collaborating with healthcare personnel and addressing disagreements professionally.

CDC Guidelines for SSI Surveillance (2023), which emphasize the importance of clear communication of findings to healthcare teams.

NEW QUESTION # 213

Which of the following products or methods is effective for sterilization of heat-sensitive critical items?

- A. Hydrogen peroxide gas plasma
- B. Quaternary ammonium
- C. Chlorine-based
- D. Phenolics

Answer: A

Explanation:

The CBIC Certified Infection Control Exam Study Guide (6th edition) explains that critical items—those that enter sterile tissue or the vascular system—must be sterile at the time of use. When these items are heat-sensitive and cannot tolerate steam sterilization, low-temperature sterilization technologies are required.

Among the options listed, hydrogen peroxide gas plasma is an FDA-cleared, low-temperature sterilization method specifically designed for heat- and moisture-sensitive medical devices.

Hydrogen peroxide gas plasma sterilization achieves sterilization by generating reactive free radicals that destroy microorganisms, including bacteria, viruses, fungi, and spores. The study guide emphasizes that this method provides true sterilization rather than disinfection and is widely used for delicate instruments such as certain endoscopes, optical devices, and electronic equipment. It also offers advantages such as short cycle times and minimal toxic residues.

The other options are incorrect because they do not achieve sterilization. Phenolics, chlorine-based products, and quaternary ammonium compounds are disinfectants, not sterilants, and are inappropriate for critical items.

Even at high concentrations, these agents cannot reliably destroy bacterial spores and therefore do not meet the definition of sterilization.

This question highlights a key CIC exam concept: critical items require sterilization, and when heat cannot be used, approved low-temperature sterilization technologies such as hydrogen peroxide gas plasma are required to ensure patient safety.

NEW QUESTION # 214

Documentation of each steam sterilization cycle should include which of the following pieces of information?

- A. Load contents
- B. Date sterilizer was cleaned
- C. Machine model number
- D. Initials of the person who prepared the instrument set

Answer: A

Explanation:

Documentation of each steam sterilization cycle is a regulatory and quality requirement. It must include load contents, the sterilizer ID, date, cycle number, and the person who assembled the load. These details support traceability and quality assurance.

* The APIC Text states:

"Each item or package should be labeled with a lot-control identifier that includes the sterilizer identification number or code, a detailed list of the contents, an identifier for the person who assembled the package, the date of sterilization, the cycle number..."

* Other options like the machine model number or date sterilizer was cleaned are not routine documentation elements for every cycle.

References:

APIC Text, 4th Edition, Chapter 108 - Sterile Processing

NEW QUESTION # 215

A patient is Hepatitis B surface antigen (HBsAg) negative, Hepatitis B surface antibody (anti-HBs) positive, and Hepatitis B core antibody (anti-HBc) negative. Which of the following explains these results?

- A. Response to hepatitis B vaccine series
- B. Previous hepatitis B infection
- C. Low-level hepatitis B infectiousness
- D. A recent blood transfusion

Answer: A

Explanation:

The Certification Study Guide (6th edition) explains that interpretation of hepatitis B serologic markers is a fundamental competency for infection preventionists, particularly in occupational health and exposure management. In this scenario, the patient is HBsAg negative, indicating no current hepatitis B infection; anti-HBs positive, indicating immunity; and anti-HBc negative, meaning there has been no prior natural infection with hepatitis B virus.

This specific serologic pattern is diagnostic of immunity due to vaccination. The hepatitis B vaccine contains only purified hepatitis B surface antigen, not core antigen. As a result, vaccinated individuals develop antibodies to the surface antigen (anti-HBs) but do not develop antibodies to the core antigen (anti-HBc). The study guide emphasizes this distinction as the key factor in differentiating vaccine-induced immunity from immunity due to past infection.

The incorrect options reflect different serologic patterns. Previous hepatitis B infection would produce a positive anti-HBc result. A recent blood transfusion does not confer long-term immunity or this marker pattern. Low-level infectivity would require detectable surface antigen or core antibody.

This question reflects a classic CIC exam topic: recognizing the serologic profile of vaccine-induced immunity. Correct interpretation supports appropriate employee health decisions, post-exposure management, and immunization program evaluation.

Reference: Certification Study Guide (CBIC/CIC Exam Study Guide), 6th edition, Chapter 6: Employee /Occupational Health; Chapter 3: Identification of Infectious Disease Processes.

NEW QUESTION # 216

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