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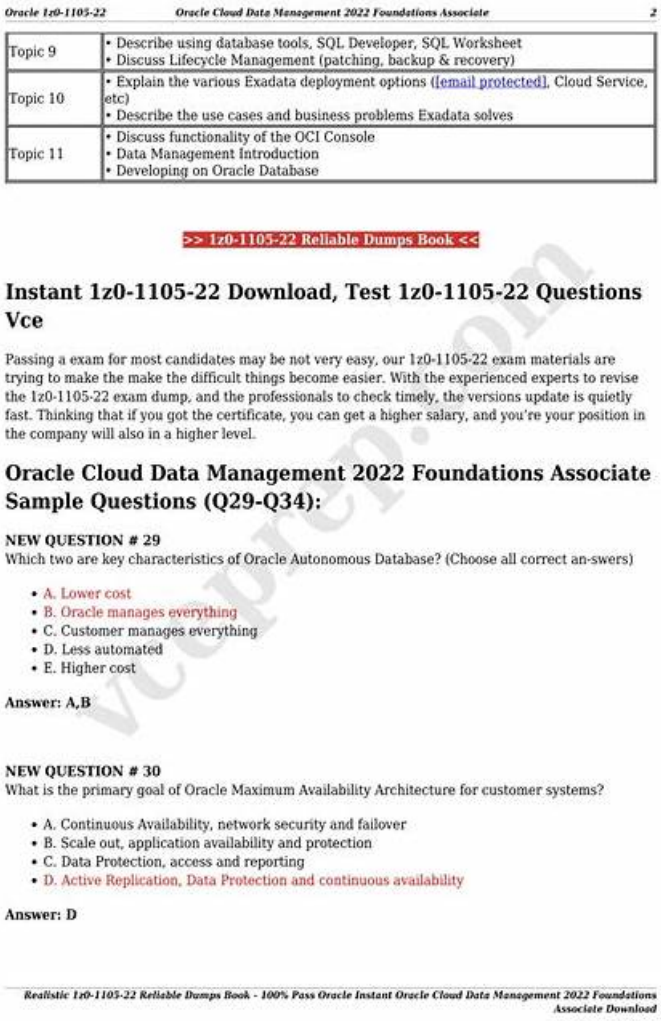

Oracle 1z0-1105-22 *Oracle Cloud Data Management 2022 Foundations Associate* *2*

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Oracle Cloud Data Management 2022 Foundations Associate Sample Questions (Q29-Q34):

NEW QUESTION # 29
Which two are key characteristics of Oracle Autonomous Database? (Choose all correct an-swers)

- A. Lower cost
- B. Oracle manages everything
- C. Customer manages everything
- D. Less automated
- E. Higher cost

Answer: A,B

NEW QUESTION # 30
What is the primary goal of Oracle Maximum Availability Architecture for customer systems?

- A. Continuous Availability, network security and failover
- B. Scale out, application availability and protection
- C. Data Protection, access and reporting
- D. Active Replication, Data Protection and continuous availability

Answer: D

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CBIC Certified Infection Control Exam Sample Questions (Q40-Q45):

NEW QUESTION # 40
Each item or package that is prepared for sterilization should be labeled with the

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

Answer: D

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 # 41
A family, including an infant of 8 months, is going on a vacation to Europe. An infection preventionist would recommend:

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

Answer: D

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 # 42
Following recent renovations on an oncology unit, three patients were identified with Aspergillus infections.
The infections were thought to be facility-acquired. Appropriate environmental microbiological monitoring would be to culture the:

- A. Air
- B. Ice
- C. Aerators
- D. Carpet

Answer: A

Explanation:
The scenario describes an outbreak of Aspergillus infections among three patients on an oncology unit following recent renovations, with the infections suspected to be facility-acquired. Aspergillus is a mold commonly associated with environmental sources, particularly airborne spores, and its presence in immunocompromised patients (e.g., oncology patients) poses a significant risk. The infection preventionist must identify the appropriate environmental microbiological monitoring strategy, guided by the Certification

Board of Infection Control and Epidemiology (CBIC) and CDC recommendations. Let's evaluate each option:
* A. Air: Aspergillus species are ubiquitous molds that thrive in soil, decaying vegetation, and construction dust, and they are primarily transmitted via airborne spores. Renovations can disturb these spores, leading to aerosolization and inhalation by vulnerable patients. Culturing the air using methods such as settle plates, air samplers, or high-efficiency particulate air (HEPA) filtration monitoring is a standard practice to detect Aspergillus during construction or post-renovation in healthcare settings, especially oncology units where patients are at high risk for invasive aspergillosis. This aligns with CBIC's emphasis on environmental monitoring for airborne pathogens, making it the most appropriate choice.
* B. Ice: Ice can be a source of contamination with bacteria (e.g., Pseudomonas, Legionella) or other pathogens if improperly handled or stored, but it is not a typical reservoir for Aspergillus, which is a mold requiring organic material and moisture for growth. While ice safety is important in infection control, culturing ice is irrelevant to an Aspergillus outbreak linked to renovations and is not a priority in this context.
* C. Carpet: Carpets can harbor dust, mold, and other microorganisms, especially in high-traffic or poorly maintained areas. Aspergillus spores could theoretically settle in carpet during renovations, but carpets are not a primary source of airborne transmission unless disturbed (e.g., vacuuming). Culturing carpet might be a secondary step if air sampling indicates widespread contamination, but it is less direct and less commonly recommended as the initial monitoring site compared to air sampling.
* D. Aerators: Aerators (e.g., faucet aerators) can harbor waterborne pathogens like Pseudomonas or Legionella due to biofilm formation, but Aspergillus is not typically associated with water systems unless there is significant organic contamination or aerosolization from water sources (e.g., cooling towers). Culturing aerators is relevant for waterborne outbreaks, not for an Aspergillus outbreak linked to renovations, making this option inappropriate.
The best answer is A, culturing the air, as Aspergillus is an airborne pathogen, and renovations are a known risk factor for spore dispersal in healthcare settings. This monitoring strategy allows the infection preventionist to confirm the source, assess the extent of contamination, and implement control measures (e.g., enhanced filtration, construction barriers) to protect patients. This is consistent with CBIC and CDC guidelines for managing fungal outbreaks in high-risk units.
References:
* CBIC Infection Prevention and Control (IPC) Core Competency Model (updated 2023), Domain IV: Environment of Care, which recommends air sampling for Aspergillus during construction-related outbreaks.
* CBIC Examination Content Outline, Domain III: Prevention and Control of Infectious Diseases, which includes environmental monitoring for facility-acquired infections.
* CDC Guidelines for Environmental Infection Control in Healthcare Facilities (2022), which advocate air culturing to detect Aspergillus post-renovation in immunocompromised patient areas.

NEW QUESTION # 43
Which of the following operating suite design features is LEAST important for the prevention of infection?

- A. Type of floor material
- B. Control of traffic and traffic flow patterns
- C. Placement of sinks for surgical scrubs
- D. Positive pressure air handling

Answer: A

Explanation:
The correct answer is A, "Type of floor material," as it is the least important operating suite design feature for the prevention of infection compared to the other options. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, the design of operating suites plays a critical role in infection prevention, particularly for surgical site infections (SSIs). While the type of floor material (e.g., vinyl, tile, or epoxy) can affect ease of cleaning and durability, its impact on infection prevention is secondary to other design elements that directly influence air quality, hygiene practices, and personnel movement (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.5 - Evaluate the environment for infection risks). Modern flooring materials are generally designed to be non-porous and easily disinfected, mitigating their role as a primary infection risk factor when proper cleaning protocols are followed.
Option B (positive pressure air handling) is highly important because it prevents the influx of contaminated air into the operating suite, reducing the risk of airborne pathogens, including those causing SSIs. This is a standard feature in operating rooms to maintain a sterile environment (AORN Guidelines for Perioperative Practice, 2023). Option C (placement of sinks for surgical scrubs) is critical for ensuring that surgical staff can perform effective hand and forearm antisepsis, a key step in preventing SSIs by reducing microbial load before surgery. Option D (control of traffic and traffic flow patterns) is essential to minimize the introduction of contaminants from outside the operating suite, as excessive or uncontrolled movement can increase the risk of airborne and contact transmission (CDC Guidelines for Environmental Infection Control in Healthcare Facilities, 2019).
The relative unimportance of floor material type stems from the fact that infection prevention relies more on consistent cleaning practices and the aforementioned design features, which directly address pathogen transmission routes. This aligns with CBIC's focus on evaluating environmental risks based on their direct impact on infection control (CBIC Practice Analysis, 2022, Domain III:

Infection Prevention and Control, Competency 3.4 - Implement environmental cleaning and disinfection protocols).
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. AORN Guidelines for Perioperative Practice, 2023. CDC Guidelines for Environmental Infection Control in Healthcare Facilities, 2019.

NEW QUESTION # 44
During the past week, three out of four blood cultures from a febrile neonate in an intensive care unit grew coagulase-negative staphylococci. This MOST likely indicates:

- A. Infection.
- B. Contamination.
- C. Colonization.
- D. Laboratory error.

Answer: B

Explanation:
The scenario involves a febrile neonate in an intensive care unit (ICU) with three out of four blood cultures growing coagulase-negative staphylococci (CoNS) over the past week. The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes accurate interpretation of microbiological data in the
"Identification of Infectious Disease Processes" domain, aligning with the Centers for Disease Control and Prevention (CDC) guidelines for healthcare-associated infections. Determining whether this represents a true infection, contamination, colonization, or laboratory error requires evaluating the clinical and microbiological context.
Option B, "Contamination," is the most likely indication. Coagulase-negative staphylococci, such as Staphylococcus epidermidis, are common skin flora and frequent contaminants in blood cultures, especially in neonates where skin preparation or sampling technique may be challenging. The CDC's "Guidelines for the Prevention of Intravascular Catheter-Related Infections" (2017) and the Clinical and Laboratory Standards Institute (CLSI) note that multiple positive cultures (e.g., two or more) are typically required to confirm true bacteremia, particularly with CoNS, unless accompanied by clear clinical signs of infection (e.g., worsening fever, hemodynamic instability) and no other explanation. The inconsistency (three out of four cultures) and the neonate's ICU setting-where contamination from skin or catheter hubs is common-suggest that the positive cultures likely result from contamination during blood draw rather than true infection. Studies, such as those in the Journal of Clinical Microbiology (e.g., Beekmann et al., 2005), indicate that CoNS in blood cultures is contaminated in 70-80% of cases when not supported by robust clinical correlation.
Option A, "Laboratory error," is possible but less likely as the primary explanation. Laboratory errors (e.g., mislabeling or processing mistakes) could occur, but the repeated growth in three of four cultures suggests a consistent finding rather than a random error, making contamination a more plausible cause. Option C,
"Colonization," refers to the presence of microorganisms on or in the body without invasion or immune response. While CoNS can colonize the skin or catheter sites, colonization does not typically result in positive blood cultures unless there is an invasive process, which is not supported by the data here. Option D,
"Infection," is the least likely without additional evidence. True CoNS bloodstream infections (e.g., catheter- related) in neonates are serious but require consistent positive cultures, clinical deterioration (e.g., persistent fever, leukocytosis), and often imaging or catheter removal confirmation. The febrile state alone, with inconsistent culture results, does not meet the CDC's criteria for diagnosing infection (e.g., at least two positive cultures from separate draws).
The CBIC Practice Analysis (2022) and CDC guidelines stress differentiating contamination from infection to avoid unnecessary treatment, which can drive antibiotic resistance. Given the high likelihood of contamination with CoNS in this context, Option B is the most accurate answer.
References:
* CBIC Practice Analysis, 2022.
* CDC Guidelines for the Prevention of Intravascular Catheter-Related Infections, 2017.
* Beekmann, S. E., et al. (2005). Coagulase-Negative Staphylococci in Blood Cultures. Journal of Clinical Microbiology.
* CLSI Guidelines on Blood Culture Interpretation, 2018.

NEW QUESTION # 45
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