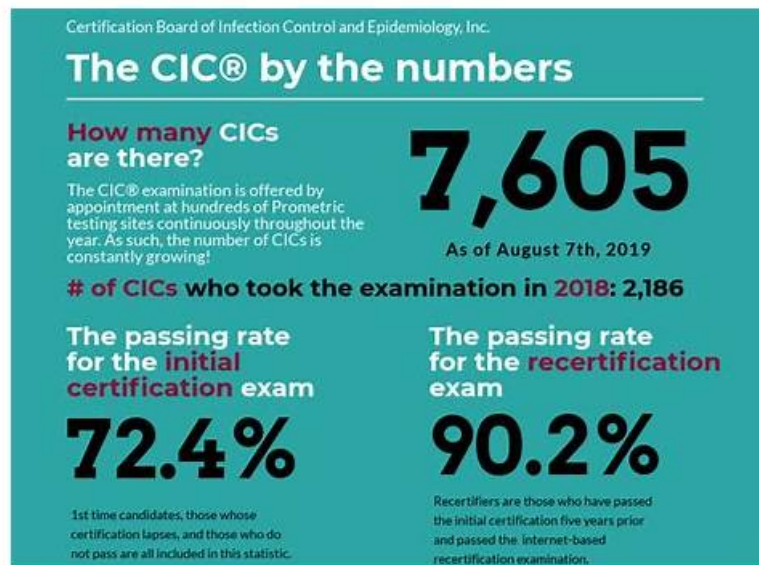


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CBIC Certified Infection Control Exam Sample Questions (Q96-Q101):

NEW QUESTION # 96

Which of the following options describes a correct use of personal protective equipment?

- A. Gloves should be worn when handling or touching a cardiac monitor that has been disinfected.
- **B. Surgical masks should be worn during lumbar puncture procedures.**
- C. Personal eyeglasses should be worn during suctioning.
- D. Eye protection should be worn when providing patient care it at risk of spreading respiratory disease after unprotected exposure.

Answer: B

Explanation:

According to CDC and APIC guidelines, a surgical mask is required when performing lumbar punctures to prevent bacterial contamination (e.g., meningitis caused by droplet transmission of oral flora).

Why the Other Options Are Incorrect?

* A. Personal eyeglasses should be worn during suctioning - Incorrect because eyeglasses do not provide adequate eye protection. Goggles or face shields should be used.

* C. Gloves should be worn when handling or touching a cardiac monitor that has been disinfected

- Not necessary unless recontamination is suspected.

* D. Eye protection should be worn when providing patient care after unprotected exposure - Eye protection should be used before exposure, not just after.

CBIC Infection Control Reference

APIC states that surgical masks must be worn for procedures such as lumbar puncture to reduce infection risk.

NEW QUESTION # 97

The infection preventionist and Occupational Health discuss the 65% influenza vaccination rate for healthcare personnel. Which is MOST effective method to increase compliance?

- A. Pre-schedule healthcare personnel for vaccine administration
- B. Educate staff about risks of not receiving vaccine
- C. Offer the vaccine year round to increase compliance
- **D. Require annual vaccine as a condition of employment**

Answer: D

Explanation:

Requiring influenza vaccination as a condition of employment has consistently been shown to be the most effective method to increase compliance among healthcare personnel.

* The APIC/JCR Workbook recommends this as a gold standard:

"Some organizations have adopted policies requiring annual vaccination as a condition of employment unless medically contraindicated".

* CDC and APIC also support this method for maximizing coverage and protecting vulnerable populations.

References:

APIC/JCR Workbook, 4th Edition, Chapter 10 - Occupational Health Issues
APIC Position Paper: Influenza Vaccination Should Be a Condition of Employment for Healthcare Personnel

NEW QUESTION # 98

An infection preventionist is asked to recommend a product for disinfection of bronchoscopes. Which of the following agents would be appropriate?

- A. Iodophor
- B. Phenolic
- C. Alcohol
- **D. Peracetic acid**

Answer: D

Explanation:

The correct answer is D, "Peracetic acid," as this agent is appropriate for the disinfection of bronchoscopes.

According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, bronchoscopes are semi-critical devices that require high-level disinfection (HLD) to eliminate all microorganisms except high levels of bacterial spores, as they come into contact with mucous membranes but not sterile tissues. Peracetic acid is recognized by the Centers for Disease Control and Prevention (CDC) and the Association for the Advancement of Medical Instrumentation (AAMI) as an effective high-level disinfectant for endoscopes, including bronchoscopes, due to its broad-spectrum antimicrobial activity, rapid action, and compatibility with the delicate materials (e.g., optics and channels) of these devices (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment). It is commonly used in automated endoscope reprocessors, ensuring thorough disinfection when combined with proper cleaning and rinsing protocols. Option A (iodophor) is typically used for intermediate-level disinfection and skin antisepsis, but it is not sufficient for high-level disinfection of bronchoscopes unless specifically formulated and validated for this purpose, which is uncommon. Option B (alcohol) is effective against some pathogens but evaporates quickly, fails to penetrate organic material, and is not recommended for HLD of

endoscopes due to potential damage to internal components and inadequate sporicidal activity. Option C (phenolic) is suitable for surface disinfection but lacks the efficacy required for high-level disinfection of semi-critical devices like bronchoscopes, as it does not reliably eliminate all microbial threats, including mycobacteria.

The selection of peracetic acid aligns with CBIC's emphasis on evidence-based reprocessing practices to prevent healthcare-associated infections (HAIs) associated with endoscope use (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.4 - Implement environmental cleaning and disinfection protocols). This choice ensures patient safety by adhering to manufacturer and regulatory guidelines, such as those in AAMI ST91 (AAMI ST91:2015, Flexible and semi-rigid endoscope processing in health care facilities).

References: CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competencies 3.3 - Ensure safe reprocessing of medical equipment, 3.4 - Implement environmental cleaning and disinfection protocols. AAMI ST91:2015, Flexible and semi-rigid endoscope processing in health care facilities. CDC Guidelines for Disinfection and Sterilization in Healthcare Facilities, 2019.

NEW QUESTION # 99

Which of the following stains is used to identify mycobacteria?

- A. India ink
- B. Gram
- C. Acid-fast
- D. Methylene blue

Answer: C

Explanation:

Mycobacteria, including species such as *Mycobacterium tuberculosis* and *Mycobacterium leprae*, are a group of bacteria known for their unique cell wall composition, which contains a high amount of lipid-rich mycolic acids. This characteristic makes them resistant to conventional staining methods and necessitates the use of specialized techniques for identification. The acid-fast stain is the standard method for identifying mycobacteria in clinical and laboratory settings. This staining technique, developed by Ziehl-Neelsen, involves the use of carbol fuchsin, which penetrates the lipid-rich cell wall of mycobacteria. After staining, the sample is treated with acid-alcohol, which decolorizes non-acid-fast organisms, while mycobacteria retain the red color due to their resistance to decolorization—hence the term "acid-fast." This property allows infection preventionists and microbiologists to distinguish mycobacteria from other bacteria under a microscope.

Option B, the Gram stain, is a common differential staining technique used to classify most bacteria into Gram-positive or Gram-negative based on the structure of their cell walls. However, mycobacteria do not stain reliably with the Gram method due to their thick, waxy cell walls, rendering it ineffective for their identification. Option C, methylene blue, is a simple stain used to observe bacterial morphology or as a counterstain in other techniques (e.g., Gram staining), but it lacks the specificity to identify mycobacteria.

Option D, India ink, is used primarily to detect encapsulated organisms such as *Cryptococcus neoformans* by creating a negative staining effect around the capsule, and it is not suitable for mycobacteria.

The CBIC's "Identification of Infectious Disease Processes" domain underscores the importance of accurate diagnostic methods in infection control, including the use of appropriate staining techniques to identify pathogens like mycobacteria. The acid-fast stain is specifically recommended by the CDC and WHO for the initial detection of mycobacterial infections, such as tuberculosis, in clinical specimens (CDC, Laboratory Identification of Mycobacteria, 2008). This aligns with the CBIC Practice Analysis (2022), which emphasizes the role of laboratory diagnostics in supporting infection prevention strategies.

References:

- * CBIC Practice Analysis, 2022.
- * CDC Laboratory Identification of Mycobacteria, 2008.
- * WHO Guidelines for the Laboratory Diagnosis of Tuberculosis, 2014.

NEW QUESTION # 100

Ongoing education for the Infection Preventionist (IP) is MOST important because

- A. self-directed learning is not a major force for the adult learner.
- B. it is necessary to maintain a competitive edge.
- C. motivation to change comes from the Management Team.
- D. the healthcare environment is fast-paced with frequent changes.

Answer: D

Explanation:

Ongoing education for Infection Preventionists (IPs) is essential due to the rapidly evolving healthcare landscape and emergence of new infectious diseases, regulations, and technologies.

* From the APIC Text:

"Professional development is essential to keeping the infection preventionist up to date with the latest knowledge, skills, and strategies for preventing infections."

* The APIC/JCR Workbook also notes:

"Because information related to emerging infectious diseases... changes rapidly... IPs should actively review information for updates and guidance." References:

APIC Text, 4th Edition, Chapter 2 - Competency and Certification

APIC/JCR Workbook, 4th Edition, Chapter 3 - Education and Training

NEW QUESTION # 101

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