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CBIC Certified Infection Control Exam Sample Questions (Q280-Q285):

NEW QUESTION # 280

An infection preventionist is providing education to a group of medical device reprocessing staff on critical steps in cleaning instruments. Which of the following actions is recommended while using washer-disinfector?

- A. Close hinged instruments prior to placing in the machine
- **B. Disassemble instruments as much as possible**
- C. Stack instruments inside the machine
- D. Use circulating water with a pH of 3

Answer: B

Explanation:

Best practices for using a washer-disinfector includedisassembling instrumentsandopening hinged instrumentsto ensure proper cleaning and decontamination.

* TheAPIC Textexplains:

"Open hinged instruments and disassemble all instruments... Confirm that spray will be able to reach all loaded items without impedence."

* This ensures water and detergents reach all surfaces. Avoid stacking instruments and ensure proper placement to allow full cleaning.

References:

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

NEW QUESTION # 281

At a facility with 10,000 employees. 5,000 are at risk for bloodborne pathogen exposure. Over the past five years, 100 of the 250 needlestick injuries involved exposure to bloodborne pathogens, and 2% of exposed employees seroconverted. How many employees became infected?

- A. 0
- B. 1
- C. 2
- **D. 3**

Answer: D

Explanation:

To determine the number of employees who seroconverted (became infected) after a needlestick exposure, we use the given data:

* Total Needlestick Injuries: 250

* Needlestick Injuries Involving Bloodborne Pathogens: 100

* Seroconversion Rate: 2%

Calculation:

A black text with black numbers AI-generated content may be incorrect.

$$\text{Infected Employees} = 100 \times \frac{2}{100} = 2$$

Why Other Options Are Incorrect:

* A. 1: Incorrect calculation; 2% of 100 is 2, not 1.

* C. 5: Overestimates the actual number of infections.

* D. 10: Exceeds the calculated value based on given data.

CBIC Infection Control References:

* APIC Text, "Occupational Exposure and Seroconversion Risks".

* APIC Text, "Bloodborne Pathogens and Needlestick Injury Prevention"

NEW QUESTION # 282

Which of the following correctly characterizes endovaginal ultrasound probes?

- A. They are protected from viral contamination if covered by a sheath.
- B. They are critical items based on the Spaulding Classification System.
- C. They must be sterilized with a liquid chemical sterilant after use.
- **D. They may be contaminated with human papillomavirus pre-examination.**

Answer: D

Explanation:

The Certification Study Guide (6th edition) classifies endovaginal ultrasound probes as semi-critical devices because they come into contact with mucous membranes. As such, they require high-level disinfection (HLD) between patients, not sterilization, unless the manufacturer specifically requires it. This immediately eliminates option A, which incorrectly states sterilization is required.

Option B is incorrect because probe covers or sheaths do not eliminate the risk of contamination. Numerous studies referenced in infection prevention literature and reflected in the study guide demonstrate that probe covers can fail, tear, or leak, allowing microorganisms-including viruses-to contaminate the probe surface.

Therefore, HLD is required regardless of sheath use.

Option C is incorrect because critical items, by definition, enter sterile tissue or the vascular system.

Endovaginal probes contact mucous membranes only and are therefore not critical items under the Spaulding Classification System.

Option D is correct because endovaginal probes may be contaminated with human papillomavirus (HPV) prior to examination, even when probe covers are used. HPV is particularly concerning due to its resistance to some low-level disinfectants and its ability to persist on surfaces. The study guide highlights HPV as a key organism driving strict reprocessing requirements for these probes.

This question reflects a high-yield CIC exam concept: probe covers do not replace high-level disinfection, and viral contamination-including HPV-remains a significant risk.

Reference: Certification Study Guide (CBIC/CIC Exam Study Guide), 6th edition, Chapter 10: Cleaning, Sterilization, Disinfection, and Asepsis.

NEW QUESTION # 283

A patient with a non-crusted rash has been diagnosed with *Sarcoptes scabiei*. The patient is treated with 5% permethrin and precautions are started. The precautions can be stopped

- A. when the treatment cream is applied
- B. when the bed linen is changed
- **C. 24 hours after effective treatment**
- D. 24 hours after the second treatment

Answer: C

Explanation:

For *Sarcoptes scabiei* (scabies), Contact Precautions should remain in place until 24 hours after effective treatment has been completed. The first-line treatment is 5% permethrin cream, which is applied to the entire body and left on for 8-14 hours before being washed off.

Why the Other Options Are Incorrect?

* A. When the treatment cream is applied - The mite is still present and infectious until treatment has fully taken effect.

* B. When the bed linen is changed - While changing linens is necessary, it does not indicate that the infestation has cleared.

* D. 24 hours after the second treatment - Most cases require only one treatment with permethrin, though severe cases may need a second dose after a week.

CBIC Infection Control Reference

According to APIC guidelines, Contact Precautions can be discontinued 24 hours after effective treatment has been administered.

NEW QUESTION # 284

An environmental services staff member sustained a needle-stick injury while collecting garbage and immediately called the Occupational Health (OH) department for further direction. What should the OH department recommend FIRST?

- A. Obtain and assess immune status to bloodborne pathogens
- B. Schedule an appointment with the OH department
- **C. Administer first aid treatment**
- D. Discuss the exposure incident with staff to decide on the level of risk

Answer: C

Explanation:

The Certification Study Guide (6th edition) emphasizes that immediate first aid is the first and most critical step following an occupational exposure to blood or body fluids, including needle-stick injuries. First aid measures include promptly washing the affected area with soap and water and flushing mucous membranes with water if exposed. This immediate action helps reduce the microbial load at the exposure site and may lower the risk of transmission of bloodborne pathogens such as hepatitis B virus (HBV), hepatitis C virus (HCV), and human immunodeficiency virus (HIV).

The study guide outlines a clear sequence for managing occupational exposures. Initial wound care always precedes risk assessment, documentation, immune status evaluation, and post-exposure prophylaxis decisions.

Delaying first aid to gather information or schedule appointments is inconsistent with best practice and increases potential risk to the exposed worker.

The other options represent appropriate subsequent steps, not first actions. Scheduling an OH appointment and assessing immune status are important but occur after immediate wound care. Discussing the exposure to determine risk level is also essential, but only after first aid has been provided.

CIC exam questions frequently assess understanding of prioritization and sequencing in occupational exposure management. Recognizing that immediate first aid is always the first intervention reflects sound infection prevention practice and aligns with established occupational health protocols.

Reference: Certification Study Guide (CBIC/CIC Exam Study Guide), 6th edition, Chapter 6: Employee /Occupational Health.

NEW QUESTION # 285

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