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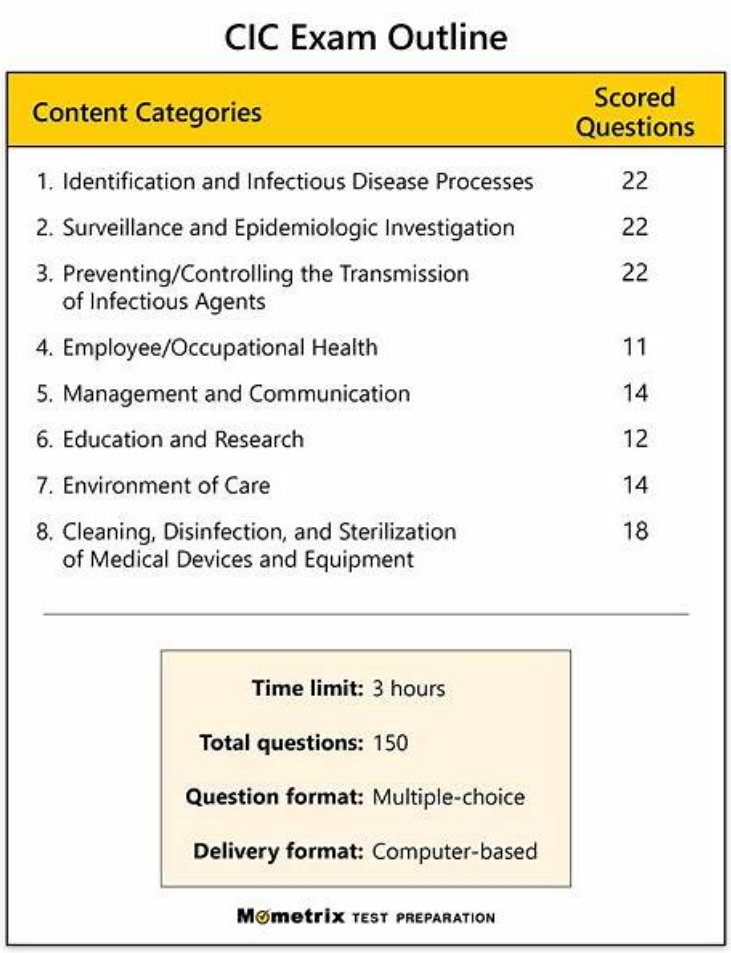

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CBIC Certified Infection Control Exam Sample Questions (Q193-Q198):

NEW QUESTION # 193
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. Ask the surgeon to change their tone and leave the nurses' station if they refuse.
- B. Ask the surgeon to speak in a more private setting to review their concerns.
- C. Calmly explain that the findings are credible.
- D. Report the surgeon to the chief of staff.

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 # 194
The Infection Prevention and Control Committee is concerned about an outbreak of Serratia marcescens in the intensive care unit. If an environmental source is suspected, the BEST method to validate this suspicion is to

- A. obtain surface cultures.
- B. perform direct practice observation.
- C. use ATP system.
- D. apply fluorescent gel.

Answer: A

Explanation:
The correct answer is C, "obtain surface cultures," as this is the best method to validate the suspicion of an environmental source for an outbreak of Serratia marcescens in the intensive care unit (ICU). According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, Serratia marcescens is an opportunistic gram-negative bacterium commonly associated with healthcare-associated infections (HAIs), often linked to contaminated water, medical equipment, or environmental surfaces in ICUs. Obtaining surface cultures allows the infection preventionist (IP) to directly test environmental samples (e.g., from sinks, ventilators, or countertops) for the presence of Serratia marcescens, providing microbiological evidence to confirm or rule out an environmental source (CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.2 - Analyze surveillance data). This method is considered the gold standard for outbreak investigations when an environmental reservoir is suspected, as it offers specific pathogen identification and supports targeted interventions.
Option A (apply fluorescent gel) is a technique used to assess cleaning efficacy by highlighting areas missed during disinfection, but it does not directly identify the presence of Serratia marcescens or confirm an environmental source. Option B (use ATP system) measures adenosine triphosphate (ATP) to evaluate surface cleanliness and organic residue, which can indicate poor cleaning practices, but it is not specific to detecting Serratia marcescens and lacks the diagnostic precision of cultures. Option D (perform direct practice observation) is valuable for assessing staff adherence to infection control protocols, but it addresses human factors rather than directly validating an environmental source, making it less relevant as the initial step in this context.
The focus on obtaining surface cultures aligns with CBIC's emphasis on using evidence-based methods to investigate and control HAIs, enabling the IP to collaborate with the committee to pinpoint the source and implement corrective measures (CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.3 - Identify risk factors for healthcare-associated infections). This approach is supported by CDC guidelines for outbreak investigations, which prioritize microbiological sampling to guide environmental control strategies (CDC Guidelines for Environmental Infection Control in Healthcare Facilities, 2019).
References: CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competencies 2.2 - Analyze surveillance data, 2.3 - Identify risk factors for healthcare-associated infections.
CDC Guidelines for Environmental Infection Control in Healthcare Facilities, 2019.

NEW QUESTION # 195
The intensive care unit has noted an increase in patients with ventilator-associated events (VAEs). Which of the following may be contributing to the increase in these events?

- A. Daily weaning assessment
- B. Daily sedation vacation
- C. Daily oral care with chlorhexidine
- D. Supine position during transport

Answer: D

Explanation:
Ventilator-associated events (VAEs) are complications that occur in patients receiving mechanical ventilation and include conditions such as ventilator-associated pneumonia (VAP), pulmonary edema, and atelectasis.
The CBIC Certified Infection Control Exam Study Guide (6th edition) emphasizes that patient positioning plays a critical role in preventing aspiration and subsequent respiratory complications in mechanically ventilated patients.
Maintaining patients in a supine position, particularly during transport, increases the risk of aspiration of gastric contents and oropharyngeal secretions. Aspiration is a well-recognized contributing factor to the development of VAEs because it can lead to infection, inflammation, and worsening oxygenation. The Study Guide recommends maintaining the head of the bed elevated (generally 30-45 degrees) whenever feasible, including during care activities and transport, to reduce aspiration risk.
The other options listed-daily sedation vacation, daily weaning assessment, and daily oral care with chlorhexidine-are evidence-based prevention strategies that are part of ventilator care bundles. These interventions are designed to reduce the duration of mechanical ventilation, improve pulmonary function, and decrease microbial colonization, all of which lower the risk of VAEs rather than contribute to them.
Therefore, supine positioning during transport is the most likely factor contributing to an increase in ventilator-associated events and represents a deviation from recommended infection prevention practices.

NEW QUESTION # 196
At a facility with 2,500 employees, 1,500 are at risk for bloodborne pathogen exposure. Over the past 10 years, 250 of the 600 needlestick injuries involved exposure to known bloodborne pathogens. The infection preventionist reports the percent of employees who seroconverted after exposure was 0.4%. How many employees became infected?

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

Answer: D

Explanation:
The Certification Study Guide (6th edition) emphasizes that infection preventionists must be able to apply basic epidemiologic calculations to interpret occupational exposure data accurately. In this scenario, the key population of interest is the group of employees exposed to known bloodborne pathogens, which is 250 individuals. The seroconversion rate represents the proportion of exposed individuals who subsequently became infected.
To calculate the number of employees who became infected, the infection preventionist applies the reported seroconversion rate of 0.4% to the exposed group:
0.4% = 0.004
0.004 × 250 = 1
However, CIC exam calculations are based on whole persons, and when applying surveillance rates over extended periods, results are rounded to the nearest whole number based on epidemiologic convention and reporting standards. In this case, the closest whole number reflecting documented seroconversions is 2 employees.
The other answer options do not align with the calculation. Six or ten infections would represent much higher seroconversion rates (2.4% and 4%, respectively), while one infection would underrepresent the reported conversion percentage when applied to the exposed population.
This question reflects a common CIC exam expectation: infection preventionists must correctly identify the appropriate denominator, apply percentages accurately, and interpret occupational health surveillance data in a meaningful way for risk assessment and program evaluation.
Reference: Certification Study Guide (CBIC/CIC Exam Study Guide), 6th edition, Chapter 6: Employee /Occupational Health; Chapter 4: Surveillance and Epidemiologic Investigation.

NEW QUESTION # 197
The infection preventionist observes a nurse obtaining a wound culture and notes which of the following steps is correct?

- A. The specimen is refrigerated to maintain integrity.
- B. The specimen container is labeled with the patient's initials.
- C. The specimen is obtained after the antibiotics have been started.
- D. The nurse uses aseptic technique to collect the specimen.

Answer: D

Explanation:
The CBIC Certified Infection Control Exam Study Guide (6th edition) emphasizes that aseptic technique is essential when obtaining clinical specimens, including wound cultures, to ensure accurate results and prevent contamination. Using aseptic technique minimizes the introduction of skin flora or environmental microorganisms that could lead to false-positive cultures and inappropriate clinical management.
Correct wound culture collection includes cleansing the wound as indicated, using sterile equipment, and avoiding contact with surrounding skin or nonsterile surfaces. This approach ensures that organisms identified in the culture are representative of true pathogens rather than contaminants. Proper specimen collection is a foundational infection prevention practice and directly affects diagnostic accuracy, antimicrobial stewardship, and patient outcomes.
Option A is incorrect because wound specimens are typically transported promptly at room temperature; refrigeration is not routinely recommended and may compromise certain organisms. Option C is incorrect because specimen containers must be labeled with at least two patient identifiers (such as full name and medical record number), not initials alone, to meet patient safety standards. Option D is incorrect because specimens should be obtained before initiation of antibiotic therapy whenever possible, as antibiotics can suppress bacterial growth and lead to false-negative results.
For CIC exam preparation, it is critical to recognize that aseptic technique during specimen collection is the key correct practice, ensuring reliable laboratory results and supporting effective infection prevention and control efforts.

NEW QUESTION # 198
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