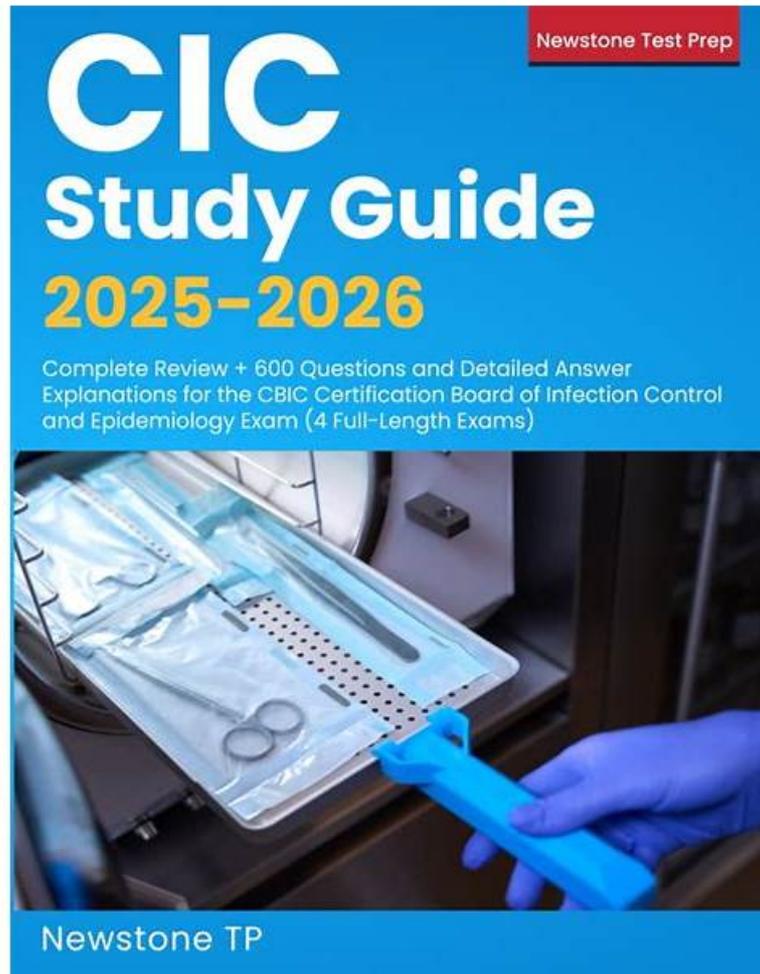


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CBIC Certified Infection Control Exam Sample Questions (Q216-Q221):

NEW QUESTION # 216

What is the most effective early detection strategy for emerging public health threats?

- A. Visit local, state, and federal public health websites on a regular schedule.
- B. Attend educational and professional webinars on global outbreaks.
- C. Rely on information provided by the facility laboratory.
- D. **Subscribe to public health alerts at the local, state, and/or federal level.**

Answer: D

Explanation:

Early detection of emerging public health threats depends on receiving timely, actionable information that can trigger rapid assessment and response within the facility. The Certification Study Guide emphasizes preparedness for biologic threats and emerging infectious diseases as part of core infection prevention practice (e.g., planning for an influx of patients with communicable diseases and responding to emerging infections).

Subscribing to public health alerts is the most effective option because alerts are designed to push critical updates (case definitions, exposure risks, recommended control measures, and reporting expectations) as soon as they are identified by public health authorities—minimizing delay compared with periodically checking websites.

Why the other options are incorrect:

* A is reactive and can miss urgent updates between scheduled checks.

* C supports ongoing education but is not a real-time early warning system.

* D is important for facility-level detection, but emerging threats are often identified first through public health surveillance and communications beyond a single facility's lab.

Reference: Certification Study Guide (CBIC/CIC Exam Study Guide), 6th edition, Chapter 5, p. 100.

NEW QUESTION # 217

Which of the following factors influences the growth of microorganisms in a multi-dose medication vial?

- A. Administration techniques
- B. **Aseptic technique**
- C. Patient comorbidities
- D. Syringe size

Answer: B

Explanation:

The CBIC Certified Infection Control Exam Study Guide (6th edition) identifies aseptic technique as the most critical factor influencing the growth of microorganisms in multi-dose medication vials. Multi-dose vials are designed for repeated entry and therefore carry an inherent risk of contamination if proper infection prevention practices are not strictly followed.

Microbial growth in a vial most often results from breaks in aseptic technique during medication preparation or access. This includes failure to disinfect the rubber septum with alcohol prior to vial entry, reuse of needles or syringes, use of contaminated hands or gloves, and improper storage after opening. Once microorganisms are introduced into a vial, preservatives may not fully inhibit growth, especially if contamination levels are high or storage conditions are suboptimal.

Syringe size (Option A) does not influence microbial growth. Patient comorbidities (Option C) affect infection risk in the patient but have no impact on contamination within the vial itself. Administration techniques (Option D) relate to how medication is delivered to the patient, not how organisms enter or proliferate within the medication container.

The Study Guide emphasizes that strict adherence to aseptic technique—including hand hygiene, use of sterile needles and syringes, septum disinfection, and proper storage—is essential to prevent contamination of multi-dose vials. Numerous healthcare-associated outbreaks have been traced to failures in these practices.

For the CIC exam, this question reinforces that aseptic technique is the primary determinant of microbial contamination and growth in medication vials, making it the correct answer.

NEW QUESTION # 218

The rate of catheter-associated urinary tract infections (CAUTIs) has decreased following recent practice changes. To present these

results to the Quality Committee, the infection preventionist should use:

- A. An affinity diagram
- B. A fishbone diagram
- C. A root cause analysis.
- **D. A run chart.**

Answer: D

Explanation:

To communicate that CAUTI rates decreased after practice changes, the best tool is a run chart, which displays a measure over time and helps determine whether observed changes represent real improvement rather than random variation. The Institute for Healthcare Improvement (IHI) describes run charts as graphs of data over time and emphasizes that improvement and sustainability are demonstrated by observing patterns and shifts over time.

Run charts are especially appropriate for infection prevention metrics because they allow a Quality Committee to see: (1) the baseline period before interventions, (2) the timing of practice changes, and (3) whether there is a sustained downward trend or "shift" in CAUTI rates. Patient safety measurement guidance likewise notes that run charts are a standard quality tool to display trends in patient-safety measures over time and evaluate whether process changes are leading to improvement.

By contrast, an affinity diagram organizes ideas/themes, and fishbone diagrams and root cause analyses are primarily for analyzing causes of a problem-not for clearly presenting a time-based improvement result to leadership. A run chart is therefore the most appropriate communication method.

NEW QUESTION # 219

Healthcare-associated transmission of methicillin-resistant *Staphylococcus aureus* (MRSA) is commonly associated with which of the following?

- A. MRSA-infected patients
- B. Improper ventilation
- **C. Inadequate hand hygiene**
- D. MRSA-colonized healthcare workers

Answer: C

Explanation:

The CBIC Certified Infection Control Exam Study Guide (6th edition) identifies inadequate hand hygiene as the most common and significant factor associated with healthcare-associated transmission of methicillin-resistant *Staphylococcus aureus* (MRSA). MRSA is primarily transmitted via direct contact, most often through the hands of healthcare personnel after contact with colonized or infected patients or contaminated environmental surfaces.

While MRSA-infected or colonized patients serve as reservoirs for the organism, transmission does not occur unless there is a breakdown in infection prevention practices, particularly hand hygiene. Numerous studies and surveillance findings cited in the Study Guide demonstrate that adherence to hand hygiene protocols- before and after patient contact, after contact with bodily fluids, and after contact with the patient environment-is the single most effective measure to reduce MRSA spread within healthcare facilities. Improper ventilation (Option A) is associated with airborne pathogens, not MRSA, which is not transmitted via the airborne route. MRSA-colonized healthcare workers (Option D) are far less commonly implicated in transmission than transient hand contamination, and routine screening of staff is not recommended except during specific outbreak investigations. Option B describes a reservoir, not the primary mechanism of transmission.

For CIC exam purposes, this question reinforces a foundational principle of infection prevention: failure to perform appropriate hand hygiene is the leading cause of healthcare-associated MRSA transmission, making it the correct and best answer.

NEW QUESTION # 220

The infection preventionist recognizes that facility renovation projects are associated with risk for healthcare-associated infections (HAIs). What is the primary rationale for this risk?

- A. Improper training regarding hand hygiene for contracted workers
- B. Increased numbers of construction staff resulting in congested workspaces
- C. Trash removal using uncovered carts
- **D. Environmental dispersal of microorganisms**

Answer: D

Explanation:

The Certification Study Guide (6th edition) identifies environmental dispersal of microorganisms as the primary reason healthcare construction and renovation activities increase the risk of healthcare-associated infections (HAIs). Construction activities such as demolition, drilling, and ceiling penetration disturb dust and building materials that may harbor fungal spores and other microorganisms, particularly *Aspergillus* species.

Once aerosolized, these organisms can spread through airflow to patient care areas if containment and ventilation controls are inadequate.

The study guide emphasizes that immunocompromised patients—such as those in oncology units, transplant units, and intensive care settings—are especially vulnerable to infections caused by airborne fungi released during construction. Numerous outbreaks of invasive aspergillosis have been linked directly to renovation and construction projects that lacked appropriate infection control risk assessment (ICRA) measures.

The incorrect options describe secondary or contributory issues but are not the primary mechanism of infection risk. While increased personnel traffic, hand hygiene training, and waste handling are important considerations, they do not represent the central hazard posed by construction. The fundamental risk is airborne dissemination of microorganisms from disrupted environmental reservoirs. CIC exam questions frequently test knowledge of construction-related infection risks and the importance of engineering controls such as negative pressure containment, HEPA filtration, and dust barriers. Recognizing environmental dispersal as the primary risk underscores why rigorous planning and infection control oversight are essential during renovation projects.

Reference: Certification Study Guide (CBIC/CIC Exam Study Guide), 6th edition, Chapter 9: Environment of Care.

NEW QUESTION # 221

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