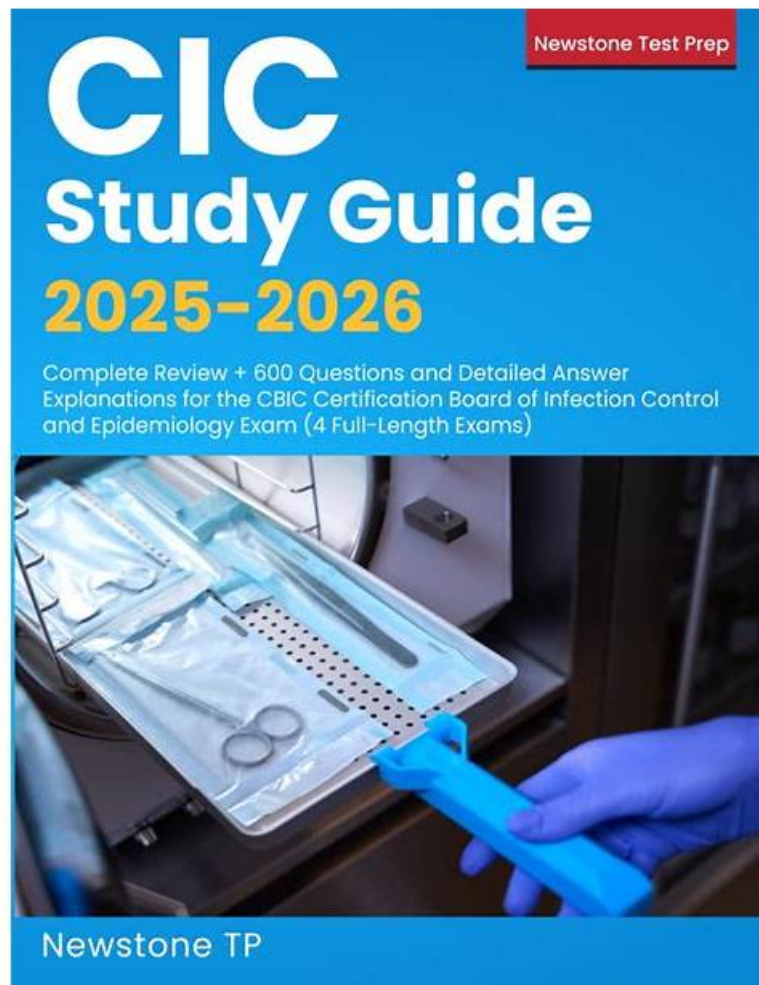


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## CBIC Certified Infection Control Exam Sample Questions (Q109-Q114):

### NEW QUESTION # 109

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

**Answer: C**

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 # 110

Which of the following is the correct collection technique to obtain a laboratory specimen for suspected pertussis?

- A. Nasopharyngeal culture
- B. Cough plate
- C. Nares culture
- D. Sputum culture

**Answer: A**

### NEW QUESTION # 111

What should an infection preventionist prioritize when designing education programs?

- A. Departmental budgets
- B. Marketing research
- C. Learning and behavioral science theories
- D. Prior healthcare experiences

**Answer: C**

Explanation:

The correct answer is D, "Learning and behavioral science theories," as this is what an infection preventionist (IP) should prioritize when designing education programs. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, effective education programs in infection prevention and control are grounded in evidence-based learning theories and behavioral science principles. These theories, such as adult learning theory (andragogy), social learning theory, and the health belief model, provide a framework for understanding how individuals acquire knowledge, develop skills, and adopt behaviors (CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competency 4.1 - Develop and implement educational programs). Prioritizing these theories ensures that educational content is tailored to the learners' needs, enhances engagement, and promotes sustained behavior change—such as adherence to hand hygiene or proper use of personal protective equipment (PPE)—which are critical for reducing healthcare-associated infections (HAIs).

Option A (marketing research) is more relevant to commercial strategies and audience targeting outside the healthcare education context, making it less applicable to the IP's role in designing clinical education programs. Option B (departmental budgets) is an important logistical consideration for resource allocation, but it is secondary to the design process; financial constraints should influence implementation rather than the foundational design based on learning principles. Option C (prior healthcare experiences) can inform the customization of content by identifying learners' backgrounds, but it is not the primary priority; it should be assessed within the context of applying learning and behavioral theories to address those experiences effectively.

The focus on learning and behavioral science theories aligns with CBIC's emphasis on developing and evaluating educational programs that drive measurable improvements in infection control practices (CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competency 4.2 - Evaluate the effectiveness of educational programs). By prioritizing these theories, the IP can create programs that are scientifically sound, learner-centered, and impactful, ultimately enhancing patient and staff safety.

References: CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competencies 4.1 - Develop and implement educational programs, 4.2 - Evaluate the effectiveness of educational programs.

## NEW QUESTION # 112

The infection preventionist (IP) is assisting pharmacists in investigating medication contamination at the hospital's compounding pharmacy. As part of the medication recall process, the IP should:

- A. Inspect for safe injection practices.
- **B. Identify the potential source of contamination.**
- C. Have laboratory culture all medication.
- D. Inform all discharged patients of potential medication contamination.

**Answer: B**

Explanation:

The scenario involves an infection preventionist (IP) assisting pharmacists in addressing medication contamination at the hospital's compounding pharmacy, with a focus on the medication recall process. The IP's role is to apply infection control expertise to mitigate risks, guided by the Certification Board of Infection Control and Epidemiology (CBIC) principles and best practices. The recall process requires a systematic approach to identify, contain, and resolve the issue, and the "first" or most critical step must be determined.

Let's evaluate each option:

\* A. Have laboratory culture all medication: Culturing all medication to confirm contamination is a valuable step to identify affected batches and guide the recall. However, this is a resource-intensive process that depends on first understanding the scope and source of the problem. Without identifying the potential source of contamination, culturing all medication could be inefficient and delay the recall.

This step is important but secondary to initial investigation.

\* B. Inspect for safe injection practices: Inspecting for safe injection practices (e.g., single-use vials, proper hand hygiene, sterile technique) is a critical infection control measure, especially in compounding pharmacies where contamination often arises from procedural errors (e.g., reuse of syringes, improper cleaning). While this is a proactive step to prevent future contamination, it addresses ongoing practices rather than the immediate recall process for the current contamination event. It is a complementary action but not the first priority.

\* C. Identify the potential source of contamination: Identifying the potential source of contamination is the foundational step in the recall process. This involves investigating the compounding environment (e.g., water quality, equipment, personnel practices), raw materials, and production processes to pinpoint where the contamination occurred (e.g., bacterial ingress, cross-contamination). The CBIC emphasizes root cause analysis as a key infection prevention strategy, enabling targeted recalls, corrective actions, and prevention of recurrence. This step is essential before culturing, inspecting, or notifying patients, making it the IP's primary responsibility in this context.

\* D. Inform all discharged patients of potential medication contamination: Notifying patients is a critical step to ensure public safety and allow for medical follow-up if they received contaminated medication.

However, this action requires prior identification of the contaminated batches and their distribution, which depends on determining

the source and confirming the extent of the issue. Premature notification without evidence could cause unnecessary alarm and is not the first step in the recall process.

The best answer is C, as identifying the potential source of contamination is the initial and most critical step in the medication recall process. This allows the IP to collaborate with pharmacists to trace the contamination, define the affected products, and guide subsequent actions (e.g., culturing, inspections, notifications). This aligns with CBIC's focus on systematic investigation and risk mitigation in healthcare-associated infection events.

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CBIC Infection Prevention and Control (IPC) Core Competency Model (updated 2023), Domain III:

Prevention and Control of Infectious Diseases, which includes identifying sources of contamination in healthcare settings.

CBIC Examination Content Outline, Domain V: Management and Communication, which emphasizes root cause analysis during outbreak investigations.

CDC Guidelines for Safe Medication Compounding (2022), which recommend identifying contamination sources as the first step in a recall process.

### NEW QUESTION # 113

There are four cases of ventilator-associated pneumonia in a surgical intensive care unit with a total of 200 ventilator days and a census of 12 patients. Which of the following BEST expresses how this should be reported?

- A. Postoperative pneumonia rate of 6% in SICU patients
- B. More information is needed regarding ventilator days per patient
- C. Ventilator-associated pneumonia rate of 2%
- D. 20 ventilator-associated pneumonia cases/1000 ventilator days

**Answer: D**

Explanation:

The standard way to report ventilator-associated pneumonia (VAP) rates is:

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$$\text{VAP Rate} = \left( \frac{\text{Number of VAP cases}}{\text{Total ventilator days}} \right) \times 1000$$

- Number of VAP cases = 4
- Total ventilator days = 200

$$\left( \frac{4}{200} \right) \times 1000 = 20 \text{ cases per 1000 ventilator days}$$

Why the Other Options Are Incorrect?

\* A. Ventilator-associated pneumonia rate of 2%- This does not use the correct denominator (ventilator days).

\* C. Postoperative pneumonia rate of 6% in SICU patients-Not relevant, as the data focuses on VAP, not postoperative pneumonia.

\* D. More information is needed regarding ventilator days per patient-The total ventilator days are already provided, so no additional data is required.

CBIC Infection Control Reference

APIC and NHSN recommend reporting VAP rates as cases per 1,000 ventilator days.

### NEW QUESTION # 114

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