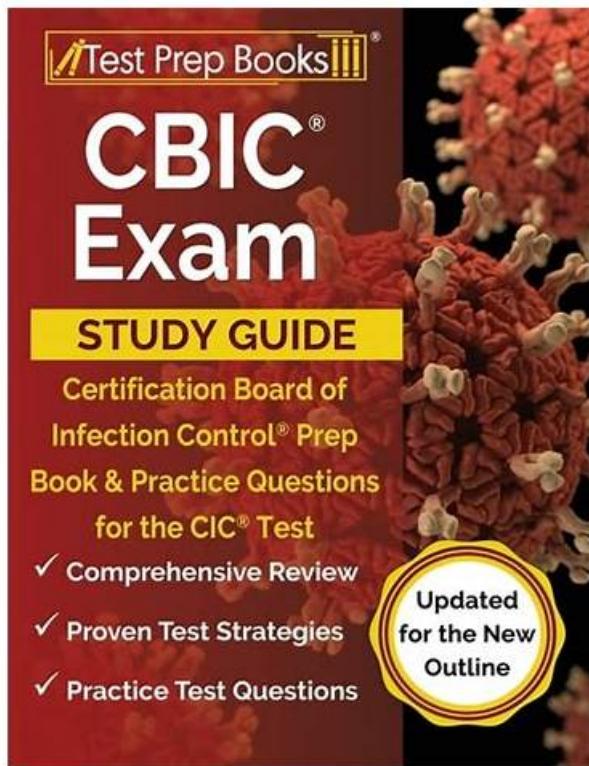


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CBIC Certified Infection Control Exam Sample Questions (Q55-Q60):

NEW QUESTION # 55

A suspected measles case has been identified in an outpatient clinic without an airborne infection isolation room (AIIR). Which of the following is the BEST course of action?

- A. Patient should be masked and placed in a private room with door closed.
- B. Patient should be sent home

- C. Patient should be offered the Measles, Mumps, Rubella (MMR) vaccine
- D. Staff should don a respirator, gown, and face shield.

Answer: A

Explanation:

Measles is a highly contagious airborne disease, and the best immediate action in an outpatient clinic without an Airborne Infection Isolation Room (AIIR) is to mask the patient and isolate them in a private room with the door closed.

Why the Other Options Are Incorrect?

- * A. Patient should be sent home - While home isolation may be necessary, sending the patient home without proper precautions increases exposure risk.
- * B. Staff should don a respirator, gown, and face shield - While N95 respirators are necessary for staff, this does not address patient containment.
- * C. Patient should be offered the MMR vaccine - The vaccine does not treat active measles infection and should be given only as post-exposure prophylaxis to susceptible contacts.

CBIC Infection Control Reference

Measles cases in outpatient settings require immediate airborne precautions to prevent transmission.

NEW QUESTION # 56

What is a characteristic of immediate-use steam sterilization?

- A. Alternative to purchasing expensive instrument sets.
- B. Can be used for the following surgery if properly stored.
- C. Performed in emergencies where cleaning is the most critical step.
- D. **Substitute for maintaining sufficient amounts of sterile instruments.**

Answer: D

Explanation:

The correct answer is C, "Substitute for maintaining sufficient amounts of sterile instruments," as this is a characteristic of immediate-use steam sterilization (IUSS). According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, IUSS, formerly known as flash sterilization, is a process designed to rapidly sterilize items that are needed urgently when pre-sterilized inventory is unavailable or insufficient. It serves as a temporary solution to address gaps in sterile instrument availability, such as during unexpected surges in surgical demand or equipment shortages, provided strict protocols are followed (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment). However, IUSS is not a routine practice and should be minimized due to its limitations, including the lack of immediate biologic indicator results.

Option A (alternative to purchasing expensive instrument sets) is incorrect because IUSS is not intended as a cost-saving measure or a replacement for acquiring necessary equipment; it is a contingency process. Option B (can be used for the following surgery if properly stored) is misleading, as IUSS items are intended for immediate use and not for storage or use in subsequent procedures, which requires standard sterilization cycles with proper packaging and validation. Option D (performed in emergencies where cleaning is the most critical step) overemphasizes cleaning and mischaracterizes IUSS; while cleaning is a critical initial step, the process is defined by its rapid sterilization for emergency use, not solely by cleaning priority.

The characteristic of substituting for insufficient sterile instruments aligns with CBIC's focus on ensuring safe reprocessing practices while acknowledging the practical challenges in healthcare settings (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.5 - Evaluate the environment for infection risks). This is supported by AAMI ST79, which outlines IUSS as a last-resort measure to maintain surgical readiness (AAMI ST79:2017).

References: CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competencies 3.3 - Ensure safe reprocessing of medical equipment, 3.5 - Evaluate the environment for infection risks. AAMI ST79:2017, Comprehensive guide to steam sterilization and sterility assurance in health care facilities.

NEW QUESTION # 57

Using tap water to rinse suction tubing can cause transmission of

- A. **Pseudomonas** spp.
- B. **Streptococcus** spp.
- C. **Klebsiella** spp.
- D. **Staphylococcus** spp.

Answer: A

Explanation:

Pseudomonasspp., particularly *Pseudomonas aeruginosa*, is a common waterborne pathogen. Using tap water to rinse suction tubing has been associated with outbreaks of *Pseudomonas* infections.

* From the APIC Text:

"Water bottles improperly filled with tap water and used for rinsing tracheal suction tubing resulted in an outbreak of *P. cepacia*... Tubing permanently attached to showers... implicated in a serious outbreak of *P. aeruginosa* bloodstream infection."

References:

APIC Text, 4th Edition, Chapter 117 - Waterborne Pathogens

NEW QUESTION # 58

Infection Prevention and Control identified a cluster of *Aspergillus fumigatus* infections in the transplant unit.

The infection preventionist (IP) meets with the unit director and Environmental Services director to begin investigation. What information does the IP need from the Environmental Services director?

- A. Date of last terminal clean of the infected patient rooms
- B. Hospital grade disinfectant used on the transplant unit
- C. Use of dust mitigating strategies during floor care
- D. Date of the last cleaning of the fish tank in the waiting room

Answer: A

Explanation:

The correct answer is A, "Date of last terminal clean of the infected patient rooms," as this is the most critical information the infection preventionist (IP) needs from the Environmental Services director to begin the investigation of a cluster of *Aspergillus fumigatus* infections in the transplant unit. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, *Aspergillus fumigatus* is an environmental fungus that thrives in areas with poor ventilation, construction dust, or inadequate cleaning, posing a significant risk to immunocompromised patients, such as those in transplant units. A terminal clean-thorough disinfection and cleaning of a patient room after discharge or transfer-is a key infection control measure to eliminate fungal spores and other pathogens (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.4 - Implement environmental cleaning and disinfection protocols).

Determining the date of the last terminal clean helps the IP assess whether lapses in cleaning schedules or procedures could have contributed to the cluster, guiding further environmental sampling or process improvements.

Option B (hospital grade disinfectant used on the transplant unit) is relevant to the investigation but is secondary; the IP would need to know the cleaning schedule first to contextualize the disinfectant's effectiveness. Option C (use of dust mitigating strategies during floor care) is important, as *Aspergillus* spores can be aerosolized during floor maintenance, but this is a specific procedural detail that follows the initial focus on cleaning history. Option D (date of the last cleaning of the fish tank in the waiting room) is unlikely to be a priority unless evidence suggests a direct link to the transplant unit, which is not indicated here; *Aspergillus* is more commonly associated with air quality and room cleaning rather than fish tanks.

The focus on the date of the last terminal clean aligns with CBIC's emphasis on investigating environmental factors in healthcare-associated infection (HAI) clusters, enabling the IP to collaborate with Environmental Services to pinpoint potential sources and implement corrective actions (CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.2 - Analyze surveillance data). This step is foundational to controlling the outbreak and protecting vulnerable patients.

References: CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.2 - Analyze surveillance data; Domain III: Infection Prevention and Control, Competency 3.4 - Implement environmental cleaning and disinfection protocols.

NEW QUESTION # 59

An infection preventionist has been asked to consult on disinfectant products for use in a long term care home. What should their primary concern be?

- A. Patient care items are cleaned whenever visibly soiled.
- B. Disinfectant products should be compatible with the patient care devices used by the facility.
- C. An appropriate disinfectant should be available whenever items are used on patients known to be colonized with multi drug resistant organisms.
- D. Disinfectant products should have a mild odor to reduce allergy concerns.

Answer: B

Explanation:

The most critical factor in choosing disinfectants in long-term care is compatibility with medical devices to prevent damage and ensure safety. Improper selection can compromise disinfection efficacy and equipment longevity.

* The APIC/JCR Workbook highlights:

"Organizations should evaluate compatibility of disinfectant products with the materials used in patient care equipment.

Incompatibility can lead to equipment degradation or malfunction".

* This ensures compliance with manufacturer instructions and preserves warranty and functionality.

References:

APIC/JCR Workbook, 4th Edition, Chapter 8 - Disinfection and Sterilization

NEW QUESTION # 60

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