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CBIC Certified Infection Control Exam Sample Questions (Q173-Q178):

NEW QUESTION # 173

During the last week in June, an emergency department log reveals numerous cases of profuse watery diarrhea in individuals 74 years of age and older. During the same time period, four immunocompromised patients were admitted with possible *Cryptosporidium*. Which of the following actions should the infection preventionist take FIRST?

- A. Increase surveillance facility wide for additional cases
- B. Form a tentative hypothesis about the potential reservoir for this outbreak
- **C. Characterize the outbreak by person, place, and time**
- D. Contact the laboratory to confirm stool identification results

Answer: C

Explanation:

When an outbreak of infectious disease is suspected, the first step is to conduct an epidemiologic investigation. This begins with characterizing the outbreak by person, place, and time to establish patterns and trends. This approach, known as descriptive epidemiology, provides critical insights into potential sources and transmission patterns.

Step-by-Step Justification:

* Identify Cases and Patterns:

* The infection preventionist should analyze patient demographics (person), locations of cases (place), and onset of symptoms (time). This helps in defining the outbreak scope and potential exposure sources.

* Create an Epidemic Curve:

* An epidemic curve helps determine whether the outbreak is a point-source or propagated event.

This can indicate whether the infection is spreading person-to-person or originating from a common source.

* Compare with Baseline Data:

* Reviewing historical data ensures that the observed cases exceed the expected norm, confirming an outbreak.

* Guide Further Investigation:

* Establishing basic epidemiologic patterns guides subsequent actions, such as laboratory testing, environmental sampling, and surveillance.

Why Other Options Are Incorrect:

* B. Increase surveillance facility-wide for additional cases:

* While enhanced surveillance is important, it should follow the initial characterization of the outbreak. Surveillance without a defined case profile may lead to misclassification and misinterpretation.

* C. Contact the laboratory to confirm stool identification results:

* Confirming lab results is essential but comes after defining the outbreak's characteristics. Without an epidemiologic link, testing may yield results that are difficult to interpret.

* D. Form a tentative hypothesis about the potential reservoir for this outbreak:

* Hypothesis generation occurs after sufficient epidemiologic data have been collected. Jumping to conclusions without

characterization may result in incorrect assumptions and ineffective control measures.

CBIC Infection Control References:

- * APIC Text, "Outbreak Investigations," Epidemiology, Surveillance, Performance, and Patient Safety Measures.
- * APIC/JCR Infection Prevention and Control Workbook, Chapter 4, Surveillance Program.
- * APIC Text, "Investigating Infectious Disease Outbreaks," Guidelines for Epidemic Curve Analysis.

NEW QUESTION # 174

Which of the following options describes a correct use of personal protective equipment?

- A. Personal eyeglasses should be worn during suctioning.
- **B. Surgical masks should be worn during lumbar puncture procedures.**
- C. Gloves should be worn when handling or touching a cardiac monitor that has been disinfected.
- D. Eye protection should be worn when providing patient care it at risk of spreading respiratory disease after unprotected exposure.

Answer: B

Explanation:

According to CDC and APIC guidelines, a surgical mask is required when performing lumbar punctures to prevent bacterial contamination (e.g., meningitis caused by droplet transmission of oral flora).

Why the Other Options Are Incorrect?

- * A. Personal eyeglasses should be worn during suctioning - Incorrect because eyeglasses do not provide adequate eye protection. Goggles or face shields should be used.
- * C. Gloves should be worn when handling or touching a cardiac monitor that has been disinfected - Not necessary unless recontamination is suspected.
- * D. Eye protection should be worn when providing patient care after unprotected exposure - Eye protection should be used before exposure, not just after.

CBIC Infection Control Reference

APIC states that surgical masks must be worn for procedures such as lumbar puncture to reduce infection risk.

NEW QUESTION # 175

A healthcare personnel has an acute group A streptococcal throat infection. What is the earliest recommended time that this person may return to work after receiving appropriate antibiotic therapy?

- A. 72 hours
- B. 8 hours
- **C. 24 hours**
- D. 48 hours

Answer: C

Explanation:

The correct answer is B, "24 hours," as this is the earliest recommended time that a healthcare personnel with an acute group A streptococcal throat infection may return to work after receiving appropriate antibiotic therapy. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, which align with recommendations from the Centers for Disease Control and Prevention (CDC), healthcare workers with group A Streptococcus (GAS) infections, such as streptococcal pharyngitis, should be treated with antibiotics (e.g., penicillin or a suitable alternative) to eradicate the infection and reduce transmission risk. The CDC and Occupational Safety and Health Administration (OSHA) guidelines specify that healthcare personnel can return to work after at least 24 hours of effective antibiotic therapy, provided they are afebrile and symptoms are improving, as this period is sufficient to significantly reduce the bacterial load and contagiousness (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency

3.2 - Implement measures to prevent transmission of infectious agents).

Option A (8 hours) is too short a duration to ensure the infection is adequately controlled and the individual is no longer contagious. Option C (48 hours) and Option D (72 hours) are longer periods that may apply in some cases (e.g., if symptoms persist or in outbreak settings), but they exceed the minimum recommended time based on current evidence. The 24-hour threshold is supported by studies showing that GAS shedding decreases substantially within this timeframe with appropriate antibiotic treatment, minimizing the risk to patients and colleagues (CDC Guidelines for Infection Control in Healthcare Personnel, 2019).

The infection preventionist's role includes enforcing return-to-work policies to prevent healthcare-associated infections (HAIs), aligning with CBIC's emphasis on timely and evidence-based interventions to control infectious disease transmission in healthcare

settings (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.1 - Collaborate with organizational leaders). Compliance with this recommendation also supports occupational health protocols to balance staff safety and patient care.

References: CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competencies 3.1 - Collaborate with organizational leaders, 3.2 - Implement measures to prevent transmission of infectious agents. CDC Guidelines for Infection Control in Healthcare Personnel, 2019.

NEW QUESTION # 176

A healthcare facility has installed a decorative water fountain in their lobby for the enjoyment of patients and visitors. What is an important issue for the infection preventionist to consider?

- A. Cryptosporidium growth in the fountain
- B. Children getting *Salmonella enteritidis*
- C. Aerosolization of *Legionella pneumophila*
- D. Growth of *Acinetobacter baumannii*

Answer: C

Explanation:

The installation of a decorative water fountain in a healthcare facility lobby introduces a potential environmental hazard that an infection preventionist must evaluate, guided by the Certification Board of Infection Control and Epidemiology (CBIC) principles and infection control best practices. Water features can serve as reservoirs for microbial growth and dissemination, particularly in settings with vulnerable populations such as patients. The key is to identify the most significant infection risk associated with such a water source. Let's analyze each option:

* A. Children getting *Salmonella enteritidis*: *Salmonella enteritidis* is a foodborne pathogen typically associated with contaminated food or water sources like poultry, eggs, or untreated drinking water.

While children playing near a fountain might theoretically ingest water, *Salmonella* is not a primary concern for decorative fountains unless they are specifically contaminated with fecal matter, which is uncommon in a controlled healthcare environment. This risk is less relevant compared to other waterborne pathogens.

* B. Cryptosporidium growth in the fountain: *Cryptosporidium* is a parasitic protozoan that causes gastrointestinal illness, often transmitted through contaminated drinking water or recreational water (e.g., swimming pools). While decorative fountains could theoretically harbor *Cryptosporidium* if contaminated, this organism requires specific conditions (e.g., fecal contamination) and is more associated with untreated or poorly maintained water systems. In a healthcare setting with regular maintenance, this is a lower priority risk compared to bacterial pathogens spread via aerosols.

* C. Aerosolization of *Legionella pneumophila*: *Legionella pneumophila* is a gram-negative bacterium that thrives in warm, stagnant water environments, such as cooling towers, hot water systems, and decorative fountains. It causes Legionnaires' disease, a severe form of pneumonia, and Pontiac fever, both transmitted through inhalation of contaminated aerosols. In healthcare facilities, where immunocompromised patients are present, aerosolization from a water fountain poses a significant risk, especially if the fountain is not regularly cleaned, disinfected, or monitored. The CBIC and CDC highlight *Legionella* as a critical concern in water management programs, making this the most important issue for an infection preventionist to consider.

* D. Growth of *Acinetobacter baumannii*: *Acinetobacter baumannii* is an opportunistic pathogen commonly associated with healthcare-associated infections (e.g., ventilator-associated pneumonia, wound infections), often found on medical equipment or skin. While it can survive in moist environments, its growth in a decorative fountain is less likely compared to *Legionella*, which is specifically adapted to water systems. The risk of *Acinetobacter* transmission via a fountain is minimal unless it becomes a direct contamination source, which is not a primary concern for this scenario.

The most important issue is C, aerosolization of *Legionella pneumophila*, due to its potential to cause severe respiratory infections, its association with water features, and the heightened vulnerability of healthcare facility populations. The infection preventionist should ensure the fountain is included in the facility's water management plan, with regular testing, maintenance, and disinfection to prevent *Legionella* growth and aerosol spread, as recommended by CBIC and CDC guidelines.

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

Environment of Care, which addresses waterborne pathogens like *Legionella* in healthcare settings.

CBIC Examination Content Outline, Domain III: Prevention and Control of Infectious Diseases, which includes managing environmental risks such as water fountains.

CDC Toolkit for Controlling *Legionella* in Common Sources of Exposure (2021), which identifies decorative fountains as a potential source of *Legionella* aerosolization.

NEW QUESTION # 177

During an outbreak of ventilator-associated pneumonia (VAP), the infection preventionist should FIRST:

- **A. Review adherence to ventilator bundle elements.**
- B. Perform bacterial cultures from ventilator circuits.
- C. Isolate all ventilated patients in negative pressure rooms.
- D. Implement preemptive antibiotic therapy in all ventilated patients.

Answer: A

Explanation:

* Reviewing compliance with VAP prevention bundles (e.g., head-of-bed elevation, oral care, sedation breaks) is the first step in outbreak control.

* Preemptive antibiotics (B) are not recommended due to antibiotic resistance risks.

* Negative pressure rooms (C) are not required for VAP.

* Ventilator circuit cultures (D) do not guide patient management.

CBIC Infection Control References:

* APIC Text, "VAP Prevention Measures," Chapter 11.

NEW QUESTION # 178

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