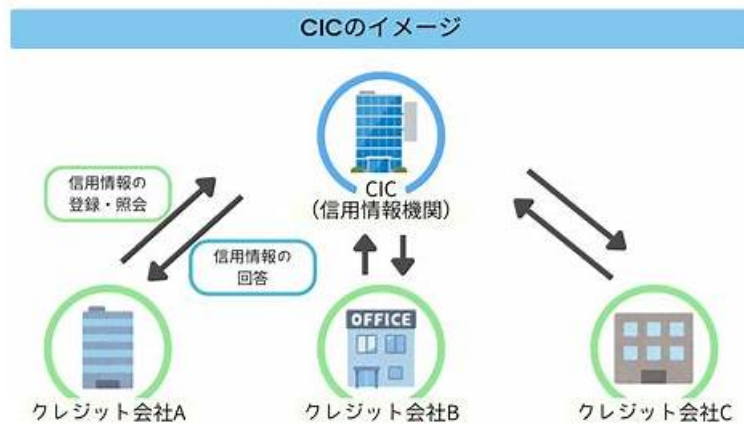


CIC対応受験 & CIC試験問題解説集



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>> CIC対応受験 <<

CIC試験問題解説集 & CIC技術試験

Pass4TestはCBICのCIC認定試験に便利なサービスを提供するサイトで、従来の試験によってPass4Testが今年のCBICのCIC認定試験を予測してもっとも真実に近い問題集を研究し続けます。

CBIC Certified Infection Control Exam 認定 CIC 試験問題 (Q235-Q240):

質問 # 235

Which humoral antibody indicates previous infection and assists in protecting tissue?

- A. IgA
- **B. IgG**
- C. IgD
- D. IgM

正解: B

解説:

Humoral antibodies, or immunoglobulins, play distinct roles in the immune system, and their presence or levels can provide insights into infection history and ongoing immune protection. The Certification Board of Infection Control and Epidemiology (CBIC) recognizes the importance of understanding immunological responses in the "Identification of Infectious Disease Processes" domain, which is critical for infection preventionists to interpret diagnostic data and guide patient care. The question focuses on identifying the antibody that indicates a previous infection and assists in protecting tissue, requiring an evaluation of the functions and kinetics of the five major immunoglobulin classes (IgA, IgD, IgG, IgM, IgE).

Option C, IgG, is the correct answer. IgG is the most abundant antibody in serum, accounting for approximately 75-80% of total immunoglobulins, and is the primary antibody involved in long-term immunity. It appears in significant levels after an initial infection,

typically rising during the convalescent phase (weeks to months after exposure) and persisting for years, serving as a marker of previous infection.

IgG provides protection by neutralizing pathogens, opsonizing them for phagocytosis, and activating the complement system, which helps protect tissues from further damage. The Centers for Disease Control and Prevention (CDC) and clinical immunology references, such as the "Manual of Clinical Microbiology" (ASM Press), note that IgG seroconversion or elevated IgG titers are commonly used to diagnose past infections (e.

g., measles, hepatitis) and indicate lasting immunity. Its ability to cross the placenta also aids in protecting fetal tissues, reinforcing its protective role.

Option A, IgA, is primarily found in mucosal secretions (e.g., saliva, tears, breast milk) and plays a key role in mucosal immunity, preventing pathogen adhesion to epithelial surfaces. While IgA can indicate previous mucosal infections and offers localized tissue protection, it is not the primary systemic marker of past infection or long-term tissue protection, making it less fitting. Option B, IgD, is present in low concentrations and is mainly involved in B-cell activation and maturation, with no significant role in indicating previous infection or protecting tissues. Option D, IgM, is the first antibody produced during an acute infection, appearing early in the immune response (within days) and indicating current or recent infection. However, its levels decline rapidly, and it does not persist to mark previous infection or provide long-term tissue protection, unlike IgG.

The CBIC Practice Analysis (2022) and CDC guidelines on serological testing emphasize IgG's role in assessing past immunity, supported by immunological literature (e.g., Janeway's Immunobiology, 9th Edition). Thus, IgG is the humoral antibody that best indicates previous infection and assists in protecting tissue, making Option C the correct choice.

References:

* CBIC Practice Analysis, 2022.

* Manual of Clinical Microbiology, ASM Press, 2019.

* Janeway's Immunobiology, 9th Edition, 2016.

* CDC Serologic Testing Guidelines, 2014.

質問 # 236

An infection preventionist is providing education to a group of medical device reprocessing staff on critical steps in cleaning instruments. Which of the following actions is recommended while using washer-disinfector?

- A. Close hinged instruments prior to placing in the machine
- **B. Disassemble instruments as much as possible**
- C. Use circulating water with a pH of 3
- D. Stack instruments inside the machine

正解: B

解説:

Best practices for using a washer-disinfector includedisassembling instrumentsandopening hinged instrumentsto ensure proper cleaning and decontamination.

* TheAPIC Textexplains:

"Open hinged instruments and disassemble all instruments... Confirm that spray will be able to reach all loaded items without impedance."

* This ensures water and detergents reach all surfaces. Avoid stacking instruments and ensure proper placement to allow full cleaning.

References:

APIC Text, 4th Edition, Chapter 108 - Sterile Processing

質問 # 237

An infection preventionist (IP) is informed of a measles outbreak in a nearby community. What is the IP's FIRST priority when working with Occupational Health?

- A. Set up a mandatory vaccination clinic in collaboration with Occupational Health and local public health partners.
- B. Isolate employees who have recently traveled to areas with measles outbreaks.
- C. Reassign employees who are pregnant from caring for patients with suspected measles.
- **D. Verify that employees in high-risk exposure areas of the facility have adequate immunity to measles.**

正解: D

解説:

When an infection preventionist (IP) is informed of a measles outbreak in a nearby community, the immediate priority is to protect

healthcare workers and patients from potential exposure, particularly in a healthcare setting where vulnerable populations are present. Working with Occupational Health, the IP must follow a structured approach to mitigate the risk of transmission, guided by principles from the Certification Board of Infection Control and Epidemiology (CBIC) and public health guidelines. Let's evaluate each option to determine the first priority:

* A. Isolate employees who have recently traveled to areas with measles outbreaks: Isolating employees who may have been exposed to measles during travel is an important infection control measure to prevent transmission within the facility. However, this action assumes that exposure has already occurred and requires identification of affected employees first. Without knowing the immunity status of the workforce, this step is reactive rather than preventive and cannot be the first priority.

* B. Reassign employees who are pregnant from caring for patients with suspected measles: Reassigning pregnant employees is a protective measure due to the severe risks measles poses to fetuses (e.g., congenital rubella syndrome risks, though measles itself is more about maternal complications). This action is specific to a subset of employees and depends on identifying patients with suspected measles, which may not yet be confirmed. It is a secondary step that follows assessing overall immunity and exposure risks, making it inappropriate as the first priority.

* C. Verify that employees in high-risk exposure areas of the facility have adequate immunity to measles:

Verifying immunity is the foundational step in preventing measles transmission in a healthcare setting.

Measles is highly contagious, and healthcare workers in high-risk areas (e.g., emergency departments, pediatric wards) are at increased risk of exposure. The CBIC and CDC recommend ensuring that all healthcare personnel have documented evidence of measles immunity (e.g., two doses of MMR vaccine, laboratory evidence of immunity, or prior infection) as a primary infection control strategy during outbreaks. This step allows the IP to identify vulnerable employees, implement targeted interventions, and comply with occupational health regulations. It is the most proactive and immediate priority when an outbreak is reported in the community.

* D. Set up a mandatory vaccination clinic in collaboration with Occupational Health and local public health partners: Establishing a vaccination clinic is a critical long-term strategy to increase immunity and control the outbreak. However, this requires planning, resource allocation, and coordination, which take time. It is a subsequent step that follows verifying immunity status to identify those who need vaccination. While important, it cannot be the first priority due to its logistical demands.

The first priority is C, as verifying immunity among employees in high-risk areas establishes a baseline to prevent transmission before reactive measures (e.g., isolation, reassignment) or broader interventions (e.g., vaccination clinics) are implemented. This aligns with CBIC's focus on proactive risk assessment and occupational health safety during infectious disease outbreaks, ensuring a rapid response to protect the healthcare workforce and patients.

References:

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

Prevention and Control of Infectious Diseases, which prioritizes immunity verification during outbreaks.

* CBIC Examination Content Outline, Domain IV: Environment of Care, which includes ensuring employee immunity as part of outbreak preparedness.

* CDC Guidelines for Measles Prevention (2023), which recommend verifying healthcare worker immunity as the initial step during a measles outbreak.

質問 # 238

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 sent home
- B. Staff should don a respirator, gown, and face shield.
- **C. Patient should be masked and placed in a private room with door closed.**
- D. Patient should be offered the Measles, Mumps, Rubella (MMR) vaccine

正解: C

解説:

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.

質問 # 239

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

正解: D

解説:

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.

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.

質問 # 240

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