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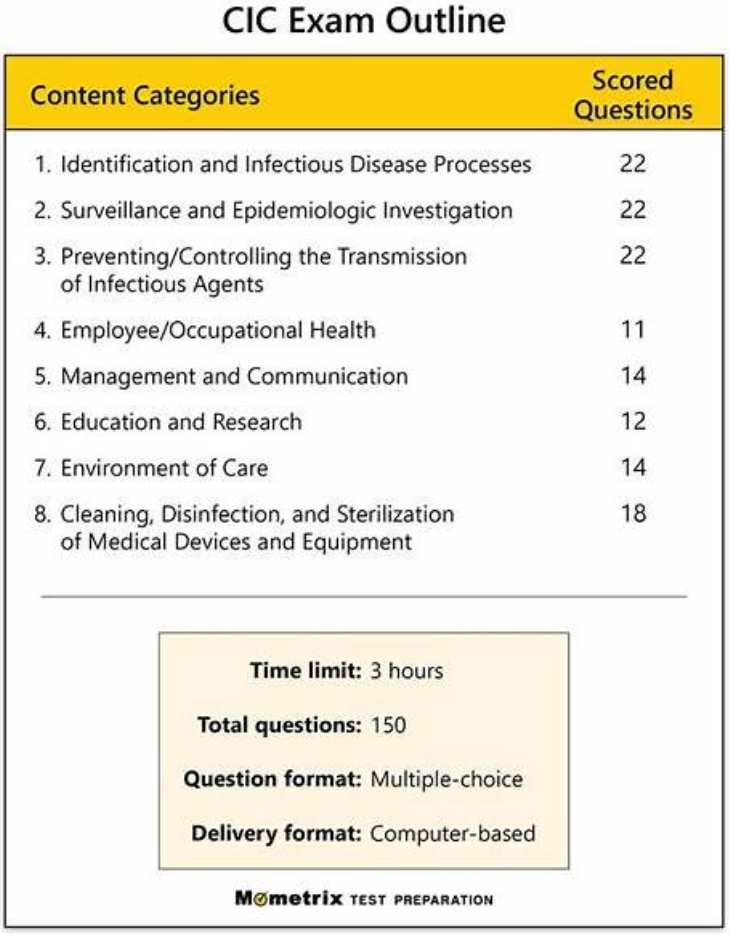

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CBIC Certified Infection Control Exam Sample Questions (Q14-Q19):

NEW QUESTION # 14
What rate is expressed by the number of patients who acquire infections over a specified time period divided by the population at risk of acquiring an infection during that time period?

- A. Disease specific
- B. Period prevalence
- C. Point prevalence
- D. Incidence rate

Answer: D

Explanation:
Theincidence ratemeasuresnew cases of infection in a population over a defined time periodusing the formula:

$$\text{Incidence Rate} = \left(\frac{\text{New cases}}{\text{Total population at risk}}\right) \times \text{Multiplier (e.g., 1,000 or 100,000)}$$

Why the Other Options Are Incorrect?
* B. Disease specific- Refers to infectionscaused by a particular pathogen, not the general rate of new infections.
* C. Point prevalence- Measuresexisting cases at a specific point in time, not new cases.
* D. Period prevalence- Includesboth old and new cases over a set period, unlike incidence, which only considers new cases.
CBIC Infection Control Reference
APIC definesincidence rate as the number of new infections in a population over a given period.

NEW QUESTION # 15
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. Reassign employees who are pregnant from caring for patients with suspected measles.
- C. Verify that employees in high-risk exposure areas of the facility have adequate immunity to measles.
- D. Isolate employees who have recently traveled to areas with measles outbreaks.

Answer: C

Explanation:
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.

NEW QUESTION # 16
Peripherally inserted central catheter (PICC)-associated bloodstream infections (BSIs) have been increasing over the past four months. Which of the following interventions is MOST likely to have contributed to the increase?

- A. Use of chlorhexidine skin antisepsis during insertion of the PICC
- B. Replacement of the intravenous administration sets every 72 hours
- C. Use of a positive pressure device on the PICC
- D. Daily bathing adult intensive care unit patients with chlorhexidine

Answer: B

Explanation:
Peripherally inserted central catheter (PICC)-associated bloodstream infections (BSIs) are a significant concern in healthcare settings, and identifying factors contributing to their increase is critical for infection prevention. The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes the
"Surveillance and Epidemiologic Investigation" and "Prevention and Control of Infectious Diseases" domains, which align with the Centers for Disease Control and Prevention (CDC) guidelines for preventing intravascular catheter-related infections. The question asks for the intervention most likely to have contributed to the rise in PICC-associated BSIs over four months, requiring an evaluation of each option based on evidence-based practices.
Option C, "Replacement of the intravenous administration sets every 72 hours," is the most likely contributor to the increase. The CDC's "Guidelines for the Prevention of Intravascular Catheter-Related Infections" (2017) recommend that intravenous administration sets (e.g., tubing for fluids or medications) be replaced no more frequently than every 72-96 hours unless clinically indicated (e.g., contamination or specific therapy requirements). Frequent replacement, such as every 72 hours as a routine practice, can introduce opportunities for contamination during the change process, especially if aseptic technique is not strictly followed. Studies cited in the CDC guidelines, including those by O'Grady et al. (2011), indicate that unnecessary manipulation of catheter systems increases the risk of introducing pathogens, potentially leading to BSIs. A change to a 72- hour replacement schedule, if not previously standard, could explain the observed increase over the past four months.
Option A, "Use of chlorhexidine skin antisepsis during insertion of the PICC," is a recommended practice to reduce BSIs. Chlorhexidine, particularly in a 2% chlorhexidine gluconate with 70% alcohol solution, is the preferred skin antiseptic for catheter insertion due to its broad-spectrum activity and residual effect, as supported by the CDC (2017). This intervention should decrease, not increase, infection rates, making it an unlikely contributor. Option B, "Daily bathing adult intensive care unit patients with chlorhexidine," is another evidence-based strategy to reduce healthcare-associated infections, including BSIs, by decolonizing the skin of pathogens like Staphylococcus aureus. The CDC and SHEA (Society for Healthcare Epidemiology of America) guidelines (2014) endorse chlorhexidine bathing in intensive care units, suggesting it should lower, not raise, BSI rates. Option D, "Use of a positive pressure device on the PICC," aims to prevent catheter occlusion and reduce the need for frequent flushing, which could theoretically decrease infection risk by minimizing manipulation. However, there is no strong evidence linking positive pressure devices to increased BSIs; if improperly used or maintained, they might contribute marginally, but this is less likely than the impact of frequent tubing changes.
The CBIC Practice Analysis (2022) and CDC guidelines highlight that deviations from optimal catheter maintenance practices, such as overly frequent administration set replacements, can increase infection risk.
Given the four-month timeframe and the focus on an intervention's potential negative impact, Option C stands out as the most plausible contributor due to the increased manipulation and contamination risk associated with routine 72-hour replacements.
References:
* CBIC Practice Analysis, 2022.
* CDC Guidelines for the Prevention of Intravascular Catheter-Related Infections, 2017.
* O'Grady, N. P., et al. (2011). Guidelines for the Prevention of Intravascular Catheter-Related Infections. Clinical Infectious

Diseases.
* SHEA Compendium, Strategies to Prevent Central Line-Associated Bloodstream Infections, 2014.

NEW QUESTION # 17
Therapeutic antimicrobial agents should be used when

- A. the infecting agent is unknown
- B. the patient symptoms suggest likely pathogens.
- C. Following identification of the pathogen and sensitives.
- D. the patient's illness warrants treatment prior to culture results

Answer: C

Explanation:
Therapeutic antimicrobial agents should ideally be pathogen-directed to minimize resistance, side effects, and treatment failure. Once the causative pathogen and its antimicrobial susceptibilities are known, the most narrow-spectrum, effective agent should be used.
Why the Other Options Are Incorrect?
* A. The infecting agent is unknown - Empiric therapy may be necessary initially, but definitive therapy should be based on pathogen identification.
* B. The patient's illness warrants treatment prior to culture results - This applies to empiric therapy, but not to definitive antimicrobial selection.
* C. The patient's symptoms suggest likely pathogens - Clinical presentation guides empiric treatment, but definitive therapy should follow culture and susceptibility testing.
CBIC Infection Control Reference
APIC emphasizes the importance of selecting antimicrobials based on pathogen identification and susceptibility testing to prevent antimicrobial resistance.

NEW QUESTION # 18
Which of the following statements describes the MOST important consideration of an infection preventionist when assessing the effectiveness of an infection control action plan?

- A. Monitor and validate the related outcome and process measures.
- B. Develop a timeline and assign responsibilities for the stated action.
- C. Update the plan before the risk assessment is completed.
- D. Re-evaluate the action plan every three years.

Answer: A

Explanation:
Assessing the effectiveness of an infection control action plan is a critical responsibility of an infection preventionist (IP) to ensure that interventions reduce healthcare-associated infections (HAIs) and improve patient safety. The Certification Board of Infection Control and Epidemiology (CBIC) highlights this process within the "Surveillance and Epidemiologic Investigation" and "Performance Improvement" domains, emphasizing the need for ongoing evaluation and data-driven decision-making. The Centers for Disease Control and Prevention (CDC) and other guidelines stress that the ultimate goal of an action plan is to achieve measurable outcomes, such as reduced infection rates, which requires systematic monitoring and validation.
Option D, "Monitor and validate the related outcome and process measures," is the most important consideration. Outcome measures (e.g., infection rates, morbidity, or mortality) indicate whether the action plan has successfully reduced the targeted infection risk, while process measures (e.g., compliance with hand hygiene or proper catheter insertion techniques) assess whether the implemented actions are being performed correctly. Monitoring involves continuous data collection and analysis, while validation ensures the data's accuracy and relevance to the plan's objectives. The CBIC Practice Analysis (2022) underscores that effective infection control relies on evaluating both outcomes (e.g., decreased central line-associated bloodstream infections) and processes (e.g., adherence to aseptic protocols), making this a dynamic and essential step. The CDC's "Compendium of Strategies to Prevent HAIs" (2016) further supports this by recommending regular surveillance and feedback as key to assessing intervention success.
Option A, "Re-evaluate the action plan every three years," suggests a periodic review, which is a good practice for long-term planning but is insufficient as the most important consideration. Infection control requires more frequent assessment (e.g., quarterly or annually) to respond to emerging risks or outbreaks, making this less critical than ongoing monitoring. Option B, "Update the plan before the risk assessment is completed," is illogical and counterproductive. Updating a plan without a completed risk assessment lacks evidence-based grounding, undermining the plan's effectiveness and contradicting the CBIC's emphasis on data-driven interventions. Option C, "Develop a timeline and assign responsibilities for the stated action," is an important initial step in

implementing an action plan, ensuring structure and accountability. However, it is a preparatory activity rather than the most critical factor in assessing effectiveness, which hinges on post- implementation evaluation.
The CBIC Practice Analysis (2022) and CDC guidelines prioritize outcome and process monitoring as the cornerstone of infection control effectiveness, enabling IPs to adjust strategies based on real-time evidence.
Thus, Option D represents the most important consideration for assessing an infection control action plan's success.
References:
* CBIC Practice Analysis, 2022.
* CDC Compendium of Strategies to Prevent Healthcare-Associated Infections, 2016.

NEW QUESTION # 19
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