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## CBIC Certified Infection Control Exam Sample Questions (Q177-Q182):

NEW QUESTION # 177

Major construction and renovations are planned for a hospital's operating suite, and a meeting is scheduled to plan for construction activities. Aside from the infection preventionist, and representatives from environmental services and engineering, who else should be included in these planning conversations?

- A. Chief operating officer
- B. Plumbing supervisor
- C. Director of public relations
- **D. Operating room nurse manager**

**Answer: D**

Explanation:

The CBIC Certified Infection Control Exam Study Guide (6th edition) emphasizes that multidisciplinary collaboration is essential when planning construction or renovation projects in patient care areas, especially high-risk locations such as operating suites. In addition to infection prevention, environmental services, and engineering, the operating room nurse manager must be actively involved in construction planning discussions.

The operating room nurse manager represents frontline clinical operations and has direct knowledge of surgical workflows, patient movement, sterile processing needs, case scheduling, and staff practices. Their involvement ensures that construction activities are coordinated to minimize disruption to patient care, maintain sterile environments, and reduce infection risks associated with dust, airflow changes, and traffic patterns. The nurse manager also plays a key role in communicating construction-related precautions and practice changes to surgical staff.

While senior leadership (Option B) may provide oversight, they are not typically involved in detailed infection control planning. The plumbing supervisor (Option C) may be consulted for specific infrastructure issues but does not represent clinical operations. The director of public relations (Option D) is not relevant to construction-related infection risk planning.

The Study Guide highlights that ICRA planning must include clinical leadership from affected areas to ensure that infection prevention measures are practical, effective, and consistently implemented. Including the operating room nurse manager is therefore essential for safe construction planning and is a frequently tested CIC exam concept.

#### **NEW QUESTION # 178**

Documentation of each steam sterilization cycle should include which of the following pieces of information?

- A. Date sterilizer was cleaned
- **B. Load contents**
- C. Machine model number
- D. Initials of the person who prepared the instrument set

**Answer: B**

Explanation:

Documentation of each steam sterilization cycle is a regulatory and quality requirement. It must include load contents, the sterilizer ID, date, cycle number, and the person who assembled the load. These details support traceability and quality assurance.

\* The APIC Text states:

"Each item or package should be labeled with a lot-control identifier that includes the sterilizer identification number or code, a detailed list of the contents, an identifier for the person who assembled the package, the date of sterilization, the cycle number..."

\* Other options like the machine model number or date sterilizer was cleaned are not routine documentation elements for every cycle.

References:

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

#### **NEW QUESTION # 179**

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

**Answer: B**

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 # 180

Which of the following processes would the catheter-associated urinary tract infection (CAUTI) improvement team choose as a process indicator to reduce CAUTI?

- A. Documentation of indication for catheter placement
- B. Rate of asymptomatic bacteriuria
- C. Rate of catheter-associated urinary tract infections
- D. Reduction of catheter insertions per month

**Answer: A**

Explanation:

A process indicator measures whether staff are reliably performing evidence-based practices that prevent infection (i.e., how well we do what we intend to do). For CAUTI prevention, a core, guideline-supported strategy is to use indwelling urinary catheters only for appropriate indications and remove them as soon as they are no longer needed. Because inappropriate placement is a major driver of unnecessary catheter days (and therefore CAUTI risk), tracking whether the clinical indication is documented at insertion is a practical, auditable process measure that directly reflects adherence to appropriate-use policies. The CDC CAUTI prevention toolkit lists "compliance with documentation of catheter ..." as an example of a process measure, aligning with performance measurement approaches recommended for CAUTI prevention.

In contrast, the CAUTI rate (option B) is an outcome measure, not a process measure. "Reduction of catheter insertions per month" (option C) reflects volume/usage trends rather than direct compliance with a specific practice, and "rate of asymptomatic bacteriuria"

(option D) is not a recommended target metric for CAUTI prevention and routine screening for ASB is discouraged in CAUTI guidance.

### NEW QUESTION # 181

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

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

**Answer: C**

Explanation:

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.

### NEW QUESTION # 182

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