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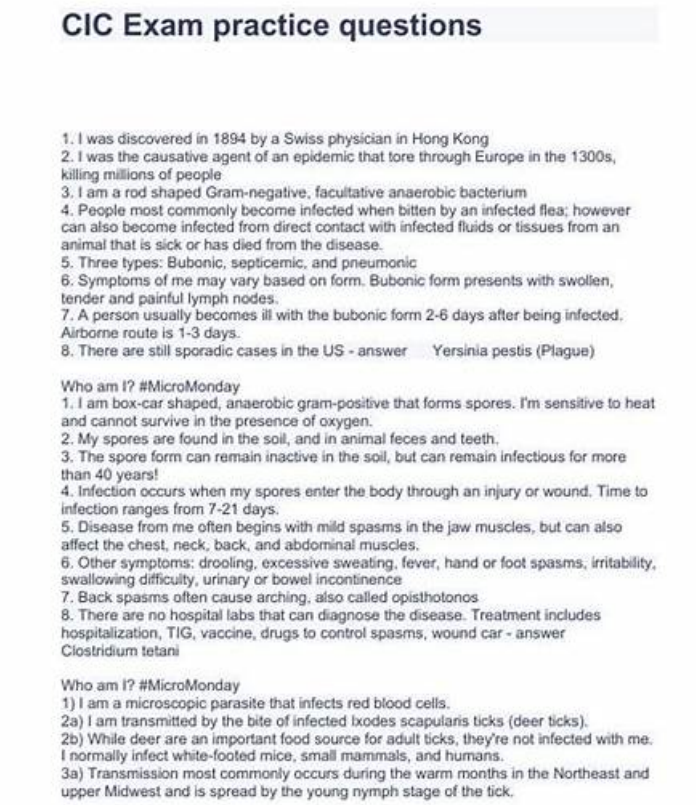

CIC Exam practice questions

1. I was discovered in 1894 by a Swiss physician in Hong Kong
2. I was the causative agent of an epidemic that tore through Europe in the 1300s, killing millions of people
3. I am a rod shaped Gram-negative, facultative anaerobic bacterium
4. People most commonly become infected when bitten by an infected flea; however can also become infected from direct contact with infected fluids or tissues from an animal that is sick or has died from the disease.
5. Three types: Bubonic, septicemic, and pneumonic
6. Symptoms of me may vary based on form. Bubonic form presents with swollen, tender and painful lymph nodes.
7. A person usually becomes ill with the bubonic form 2-6 days after being infected. Airborne route is 1-3 days.
8. There are still sporadic cases in the US - answer Yersinia pestis (Plague)

Who am I? #MicroMonday
1. I am box-car shaped, anaerobic gram-positive that forms spores. I'm sensitive to heat and cannot survive in the presence of oxygen.
2. My spores are found in the soil, and in animal feces and teeth.
3. The spore form can remain inactive in the soil, but can remain infectious for more than 40 years!
4. Infection occurs when my spores enter the body through an injury or wound. Time to infection ranges from 7-21 days.
5. Disease from me often begins with mild spasms in the jaw muscles, but can also affect the chest, neck, back, and abdominal muscles.
6. Other symptoms: drooling, excessive sweating, fever, hand or foot spasms, irritability, swallowing difficulty, urinary or bowel incontinence
7. Back spasms often cause arching, also called opisthotonos
8. There are no hospital labs that can diagnose the disease. Treatment includes hospitalization, TIG, vaccine, drugs to control spasms, wound car - answer Clostridium tetani

Who am I? #MicroMonday
1) I am a microscopic parasite that infects red blood cells.
2a) I am transmitted by the bite of infected Ixodes scapularis ticks (deer ticks).
2b) While deer are an important food source for adult ticks, they're not infected with me. I normally infect white-footed mice, small mammals, and humans.
3a) Transmission most commonly occurs during the warm months in the Northeast and upper Midwest and is spread by the young nymph stage of the tick.

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CBIC Certified Infection Control Exam Sample Questions (Q289-Q294):

NEW QUESTION # 289
Therapeutic antimicrobial agents should be used when

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

Answer: B

Explanation:
Therapeutic antimicrobial agentsshould ideally bepathogen-directedto minimizeresistance, side effects, and treatment failure. Once thecausative pathogen and its antimicrobial susceptibilities are known, the mostnarrow-spectrum, effectiveagent 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 toempiric therapy
, but not todefinitive antimicrobial selection.
* C. The patient's symptoms suggest likely pathogens- Clinical presentation guidesempiric treatment
, butdefinitive therapy should follow culture and susceptibility testing.
CBIC Infection Control Reference
APIC emphasizes theimportance of selecting antimicrobials based on pathogen identification and susceptibility testingto preventantimicrobial resistance.

NEW QUESTION # 290
Which of the following microorganisms does NOT cause gastroenteritis in humans?

- A. Coxsackievirus
- B. Rhinovirus
- C. Norovirus
- D. Rotavirus

Answer: B

Explanation:
Gastroenteritis, characterized by inflammation of the stomach and intestines, typically presents with symptoms such as diarrhea, vomiting, and abdominal pain. The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes the identification of infectious agents in the "Identification of Infectious Disease Processes" domain, aligning with the Centers for Disease Control and Prevention (CDC) guidelines on foodborne and enteric diseases. The question requires identifying the microorganism among the options that does not cause gastroenteritis, necessitating an evaluation of each pathogen's clinical associations.
Option B, "Rhinovirus," is the correct answer as it does not cause gastroenteritis. Rhinoviruses are the primary cause of the common cold, affecting the upper respiratory tract and leading to symptoms like runny nose, sore throat, and cough. The CDC and WHO classify rhinoviruses as picornaviruses that replicate in the nasopharynx, with no significant evidence linking them to gastrointestinal illness in humans. Their transmission is primarily through respiratory droplets, not the fecal-oral route associated with gastroenteritis.
Option A, "Norovirus," is a well-known cause of gastroenteritis, often responsible for outbreaks of acute vomiting and diarrhea, particularly in closed settings like cruise ships or nursing homes. The CDC identifies norovirus as the leading cause of foodborne illness in the U.S., transmitted via the fecal-oral route. Option C,
"Rotavirus," is a major cause of severe diarrheal disease in infants and young children worldwide, also transmitted fecal-orally, with the CDC noting its significance before widespread vaccination reduced its impact. Option D, "Coxsackievirus," a member of the enterovirus genus, can cause gastroenteritis, particularly in children, alongside other syndromes like hand-foot-mouth disease. The CDC and clinical literature (e.g., Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases) document its gastrointestinal involvement, though it is less common than norovirus or rotavirus.
The CBIC Practice Analysis (2022) and CDC guidelines on enteric pathogens underscore the importance of distinguishing between respiratory and gastrointestinal pathogens for effective infection control. Rhinovirus's exclusive association with respiratory illness makes Option B the microorganism that does not cause gastroenteritis.
References:
* CBIC Practice Analysis, 2022.
* CDC Norovirus Fact Sheet, 2021.

* CDC Rotavirus Vaccination Information, 2020.
* Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases, 9th Edition, 2019.

NEW QUESTION # 291
What inflammatory reaction may occur in the eye after cataract surgery due to a breach in disinfection and sterilization of intraocular surgical instruments?

- A. Bacterial conjunctivitis
- B. Toxic Posterior Segment Syndrome
- C. Toxic Anterior Segment Syndrome
- D. Endophthalmitis

Answer: C

Explanation:
The correct answer is C, "Toxic Anterior Segment Syndrome," as this is the inflammatory reaction that may occur in the eye after cataract surgery due to a breach in disinfection and sterilization of intraocular surgical instruments. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, Toxic Anterior Segment Syndrome (TASS) is a sterile, acute inflammatory reaction that can result from contaminants introduced during intraocular surgery, such as endotoxins, residues from improper cleaning, or chemical agents left on surgical instruments due to inadequate disinfection or sterilization processes (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment). TASS typically presents within 12-48 hours post-surgery with symptoms like pain, redness, and anterior chamber inflammation, and it is distinct from infectious causes because it is not microbial in origin. A breach in reprocessing protocols, such as failure to remove detergents or improper sterilization, is a known risk factor, making it highly relevant to infection prevention efforts in surgical settings.
Option A (endophthalmitis) is an infectious inflammation of the internal eye structures, often caused by bacterial or fungal contamination, which can also result from poor sterilization but is distinguished from TASS by its infectious nature and longer onset (days to weeks). Option B (bacterial conjunctivitis) affects the conjunctiva and is typically a surface infection unrelated to intraocular surgery or sterilization breaches of surgical instruments. Option D (toxic posterior segment syndrome) is not a recognized clinical entity in the context of cataract surgery; inflammation in the posterior segment is more commonly associated with infectious endophthalmitis or other conditions, not specifically linked to reprocessing failures.
The focus on TASS aligns with CBIC's emphasis on ensuring safe reprocessing to prevent adverse outcomes in surgical patients, highlighting the need for rigorous infection control measures (CBIC Practice Analysis,
2022, Domain III: Infection Prevention and Control, Competency 3.5 - Evaluate the environment for infection risks). This is supported by CDC and American Academy of Ophthalmology guidelines, which identify TASS as a preventable complication linked to reprocessing errors (CDC Guidelines for Disinfection and Sterilization, 2019; AAO TASS Task Force Report, 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. CDC Guidelines for Disinfection and Sterilization in Healthcare Facilities, 2019. AAO TASS Task Force Report,
2017.

NEW QUESTION # 292
An infection preventionist observing the technologist in sterile processing load the washer-disinfector or washer-decontaminator should expect to see them:

- A. Put the heaviest items on the top rack of the washer.
- B. Disassemble instruments and open hinged instruments.
- C. Fill the load with mixed items to maximize efficiency.
- D. Place fresh surgical instruments from the case cart directly onto the rack.

Answer: B

Explanation:
Proper loading of a washer-disinfector is designed to maximize detergent and water contact with all instrument surfaces and internal features. CDC guidance for cleaning and sterilizing practices specifically notes that hinged instruments should be opened fully and items with removable parts should be disassembled (unless the manufacturer provides validated instructions indicating otherwise). This ensures the cleaning solution can reach high-risk areas such as box locks, joints, and crevices, which are common sites for retained soil and bioburden.
The other options describe practices that can compromise cleaning effectiveness and safety. "Filling the load with mixed items to

maximize efficiency" (A) risks improper positioning, shadowing, and inadequate exposure of surfaces to spray action and detergent. Placing the heaviest items on the top rack (B) is contrary to common reprocessing guidance, which generally places heavier sets lower to prevent damage and to support effective spray patterns.
Finally, instruments should not be taken "directly from the case cart" onto the rack (D) without appropriate sorting/preparation and following the device manufacturer's instructions for use (IFU), including opening, disassembly, and correct placement in trays/baskets. The expected best practice during loading is therefore disassemble instruments and open hinged instruments

NEW QUESTION # 293
The infection preventionist (IP) is working with Environmental Services to evaluate a new disinfectant for purchase by the facility. With which of the following should the IP be MOST concerned?

- A. Staff preference
- B. Vendor knowledge of product
- C. Safety of the product
- D. Vendor proximity to the facility

Answer: C

Explanation:
When evaluating a new disinfectant, theinfection preventionist's primary concern must be the safety and effectiveness of the product. This includes ensuring the product is EPA-registered, effective against targeted pathogens, safe for both the environment and users, and compliant with regulatory guidelines.
* From theAPIC/JCR Workbook, key considerations include:
"Organizations should evaluate each product to ensure that it can be used safely and include a review of dilutions, storage, shelf life, PPE needed, and disposal and ventilation requirements to ensure that OSHA, EPA, or local requirements are met".
* TheCBIC Study Guidereinforces that:
"Safety and efficacy are critical factors in evaluating new products, with particular emphasis on infection prevention and user safety".
* The other options, while relevant, are not the most critical factors in determining product adoption from an infection control standpoint.
References:
APIC/JCR Workbook, 4th Edition, Chapter 8 - Disinfection and Sterilization CBIC Study Guide, 6th Edition, Product Evaluation Section

NEW QUESTION # 294
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Though the Infection Control concept itself is relatively new, CBIC hasn't officially released the live version of CIC exam.

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