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CIC Exam Outline

Content Categories	Scored Questions
1. Identification and Infectious Disease Processes	22
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Time limit: 3 hours

Total questions: 150

Question format: Multiple-choice

Delivery format: Computer-based

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CBIC Certified Infection Control Exam Sample Questions (Q163-Q168):

NEW QUESTION # 163

Which of the following individuals should be excluded from receiving live attenuated influenza virus?

- A. Healthy persons aged 2 to 49
- B. Persons with allergies to chicken feathers
- C. Persons simultaneously receiving an inactivated vaccine
- D. Pregnant persons

Answer: D

Explanation:

The correct answer is A, "Pregnant persons," as they should be excluded from receiving the live attenuated influenza virus (LAIV) vaccine. 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) and the Advisory Committee on Immunization Practices (ACIP), the LAIV, commonly known as the nasal spray flu vaccine, contains a live attenuated form of the influenza virus. This vaccine is contraindicated in pregnant individuals due to the theoretical risk of the attenuated virus replicating and potentially harming the fetus, despite limited evidence of adverse outcomes (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.2 - Implement measures to prevent transmission of infectious agents).

Pregnant persons are instead recommended to receive the inactivated influenza vaccine (IIV), which is considered safe during pregnancy.

Option B (healthy persons aged 2 to 49) is incorrect because this group is generally eligible to receive LAIV, provided they have no other contraindications, as the vaccine is approved for healthy, non-pregnant individuals in this age range (CDC Immunization Schedules, 2024). Option C (persons with allergies to chicken feathers) is not a contraindication for LAIV; the vaccine is produced in eggs, and while egg allergy was historically a concern, current guidelines indicate that LAIV can be administered to persons with egg allergies if they can tolerate egg in their diet, with precautions managed by healthcare providers. Option D (persons simultaneously receiving an inactivated vaccine) is also incorrect, as LAIV can be co-administered with inactivated vaccines without issue, according to ACIP recommendations, as there is no significant interference between the two vaccine types.

The exclusion of pregnant persons reflects CBIC's emphasis on tailoring infection prevention strategies, including vaccination programs, to protect vulnerable populations while minimizing risks (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.1 - Collaborate with organizational leaders). This decision is based on precautionary principles outlined in CDC and ACIP guidelines to ensure maternal and fetal safety (CDC Prevention and Control of Seasonal Influenza with Vaccines, 2023).

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 Prevention and Control of Seasonal Influenza with Vaccines, 2023. CDC Immunization Schedules, 2024.

NEW QUESTION # 164

A surgeon is beginning a new procedure in the facility within the next two weeks and requires loaner instruments. Infection prevention processes should ensure that

- A. the planning process takes place after the instruments have arrived.
- B. items arrive in time for immediate use steam sterilization.
- C. instruments are able to be used prior to the biological indicator results.
- D. staff education related to loaner instrument reprocessing has occurred.

Answer: D

Explanation:

The correct answer is D, "staff education related to loaner instrument reprocessing has occurred," as this is the infection prevention process that should be ensured when a surgeon is beginning a new procedure requiring loaner instruments within the next two weeks. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, loaner instruments-those borrowed from external sources for temporary use-pose unique infection prevention challenges due to potential variability in reprocessing standards and unfamiliarity among staff. Ensuring that staff are educated on proper reprocessing protocols (e.g., cleaning, sterilization, and handling per manufacturer instructions and AAMI ST79) is critical to prevent healthcare- associated infections (HAIs) (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment). This education should cover the specific requirements for loaner instruments, including documentation and verification of sterilization, and should occur proactively before the instruments are used to ensure competency and compliance.

Option A (items arrive in time for immediate use steam sterilization) is a logistical consideration, but it does not address the infection prevention process itself; timely arrival is necessary but insufficient without proper reprocessing validation. Option B (instruments are able to be used prior to the biological indicator results) is unsafe, as biological indicators are essential to confirm sterilization efficacy,

and using instruments before results are available violates infection control standards. Option C (the planning process takes place after the instruments have arrived) is impractical, as planning (e.g., coordinating with vendors, assessing reprocessing needs) must occur in advance to ensure readiness and safety, not as a reactive step.

The focus on staff education aligns with CBIC's emphasis on preparing healthcare personnel to handle loaner instruments safely, reducing the risk of contamination and ensuring patient safety (CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competency 4.1 - Develop and implement educational programs).

This proactive measure is supported by AAMI and CDC guidelines, which stress the importance of training for reprocessing complex or unfamiliar devices.

References: CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment; Domain IV: Education and Research, Competency 4.1 - Develop and implement educational programs. AAMI ST79:2017, Comprehensive guide to steam sterilization and sterility assurance in health care facilities.

NEW QUESTION # 165

The Sterile Processing Department alerts an infection preventionist that a load of surgical instruments sterilized with high temperature steam/moist heat needs to be recalled. Which of the following is the MOST likely reason for the recall?

- A. Failure of the biological Indicator *Geobacillus stearothermophilus*
- B. Incorrect placement of the instruments In the tray
- C. Placement of the biological Indicator on the bottom shelf over the drain
- D. Failure of the biological Indicator *Bacillus subtilis*

Answer: A

Explanation:

The most likely reason for the recall of a steam-sterilized load is the failure of the biological indicator (BI), specifically *Geobacillus stearothermophilus*, which is used to monitor high-temperature steam (moist heat) sterilization processes. This organism is the biological indicator of choice because it has high resistance to moist heat and thus serves as a reliable marker for sterilization efficacy. The APIC Text and AAMI ST79 guidelines confirm that *Geobacillus stearothermophilus* is used for steam sterilization and that a failed BI indicates a failure in the sterilization process, which requires immediate action, including recalling all items sterilized since the last negative BI and reprocessing them. This is a crucial aspect of ensuring patient safety and preventing the use of potentially non-sterile surgical instruments.

* According to the APIC Text:

"BIs are the only process indicators that directly monitor the lethality of a given sterilization process. [...] *Geobacillus stearothermophilus* spores are used to monitor steam sterilization..."

* The CIC Study Guide (6th ed.) also specifies that:

"Evidence of sterilization failures (e.g., positive biological indicators) is the most common reason for a recall."

* Additionally, it is noted:

"With steam sterilization, the instrument load does not need to be recalled for a single positive biological indicator test, with the exception of implantable objects." However, multiple positive BIs or BI failure confirmation does require a recall.

* The incorrect options explained:

- * A. *Bacillus subtilis*- This is not used in steam sterilization but rather in dry heat or EO processes.
- * C. Placement of the biological indicator on the bottom shelf over the drain- While incorrect placement can lead to test failure, the recall is prompted by BI failure, not just placement.
- * D. Incorrect placement of instruments- This can cause sterilization failure but is not the direct trigger for a recall unless it leads to a failed BI.

References:

CIC Study Guide, 6th Edition, Chapter 10 - Cleaning, Sterilization, Disinfection, Asepsis, Pages 211, 236 APIC Text, 4th Edition, Chapter 106 - Sterile Processing ANSI/AAMI ST79:2017, cited throughout APIC Text and APIC 4 for sterilization monitoring protocols.

NEW QUESTION # 166

Which of the following patients with human immunodeficiency virus infection requires Airborne precautions?

- A. 46-year-old female with a cavitary lesion in upper lobe
- B. 36-year-old male with cryptococcal meningitis
- C. 24-year-old male newly diagnosed with a CD4 count of 70
- D. 28-year-old female with *Mycobacterium avium* in sputum

Answer: A

Explanation:

HIV patients require Airborne Precautions if they have tuberculosis (TB). A cavitary lesion in the upper lobe is highly suggestive of active pulmonary TB, which requires Airborne Precautions due to aerosolized transmission.

Why the Other Options Are Incorrect?

* A. 24-year-old male newly diagnosed with a CD4 count of 70 - Low CD4 count alone does not warrant Airborne Precautions unless there is active TB or another airborne pathogen.

* B. 28-year-old female with *Mycobacterium avium* in sputum - *Mycobacterium avium* complex (MAC) is not airborne, and standard precautions are sufficient.

* C. 36-year-old male with cryptococcal meningitis - *Cryptococcus neoformans* is not transmitted via the airborne route, so Airborne Precautions are unnecessary.

CBIC Infection Control Reference

Patients with HIV and suspected TB require Airborne Precautions until TB is ruled out.

NEW QUESTION # 167

While completing compliance rounds in the Central Supply department, the infection preventionist notes items that have completed the sterilization process are showing evidence of moisture on the inside of the sterilization package. The FIRST step that the IP should take is to

- A. instruct central supply staff to recall all items in the affected load and reprocess.
- B. do nothing as it is normal to have some condensation on the inside of the sterilization package.
- C. monitor employee's compliance with facility policy regarding the sterilization process.
- D. re-educate the employee on the sterilization process.

Answer: A

Explanation:

Any evidence of moisture inside a sterilization package indicates a compromised sterilization process. The immediate action is to recall and reprocess the entire affected load.

* According to ANSI/AAMI ST79 and cited in the APIC Text:

"Any items with packaging that appears to be wet should not be used." These items must be reprocessed to ensure sterility is not compromised.

* This is not a matter for education or monitoring - it requires direct corrective action to protect patient safety.

References:

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

NEW QUESTION # 168

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