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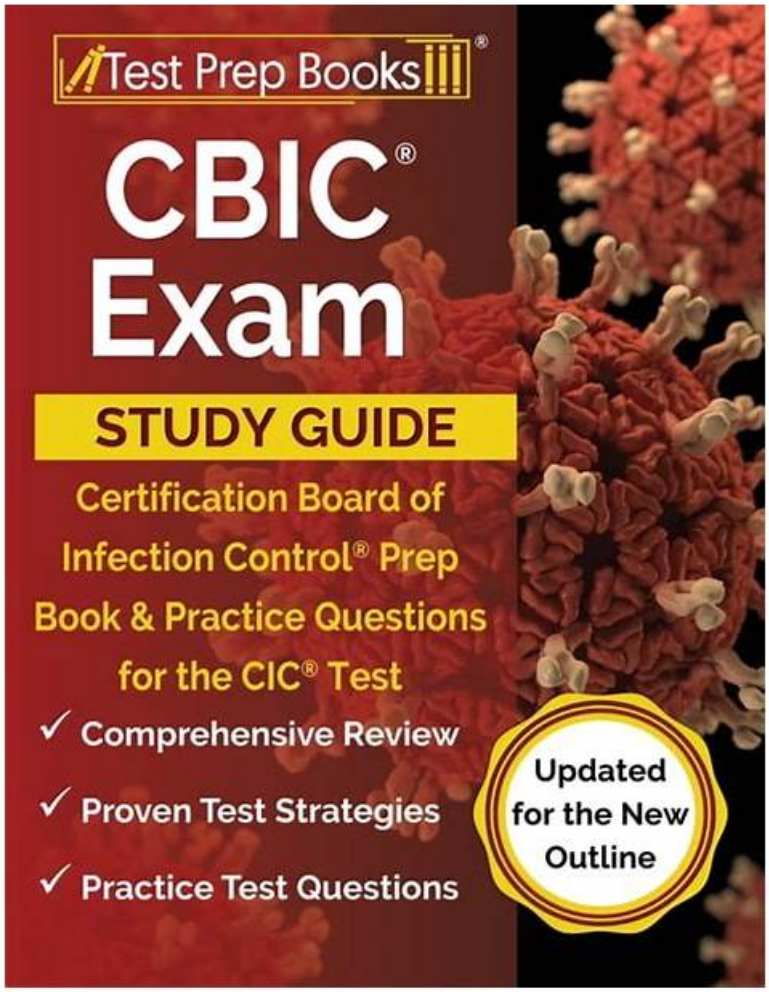

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CBIC Certified Infection Control Exam Sample Questions (Q60-Q65):

NEW QUESTION # 60
An infection preventionist is evaluating a new catheter that may decrease the rate of catheter-associated urinary tract infections. Which of the following provides the BEST information to support the selection of this catheter?

- A. Value analysis and information provided by the manufacturer
- B. Product materials and vendor information
- C. Cost benefit analysis and safety considerations
- D. Staff member preference and product availability

Answer: A

Explanation:
The correct answer is D, "Cost benefit analysis and safety considerations," as this provides the best information to support the selection of a new catheter aimed at decreasing the rate of catheter-associated urinary tract infections (CAUTIs). According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, selecting medical devices like catheters for infection prevention involves a comprehensive evaluation that balances efficacy, safety, and economic impact. A cost-benefit analysis assesses the financial implications (e.g., reduced infection rates leading to lower treatment costs) against the cost of the new catheter, while safety considerations ensure the device minimizes patient risk, such as reducing biofilm formation or irritation that contributes to CAUTIs (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment). This dual focus provides evidence-based data to justify the catheter's adoption, aligning with the goal of improving patient outcomes and reducing healthcare-associated infections (HAIs).
Option A (staff member preference and product availability) is subjective and logistical rather than evidence- based, making it insufficient for a decision that impacts infection rates. Option B (product materials and vendor information) offers technical details but lacks the broader context of efficacy and cost-effectiveness needed for a comprehensive evaluation. Option C (value analysis and information provided by the manufacturer) includes a structured assessment of value, but it may be biased toward the manufacturer's claims and lacks the independent safety and cost-benefit perspective critical for infection prevention decisions.
The emphasis on cost-benefit analysis and safety considerations reflects CBIC's priority on using data-driven and patient-centered approaches to select interventions that enhance infection control (CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.5 - Use data to guide infection prevention and control strategies). This approach ensures the catheter's selection is supported by robust evidence, optimizing both clinical and economic outcomes in the prevention of CAUTIs.
References: CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.5 - Use data to guide infection prevention and control strategies; Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment.

NEW QUESTION # 61
A healthcare personnel has an acute group A streptococcal throat infection. What is the earliest recommended time that this person may return to work after receiving appropriate antibiotic therapy?

- A. 48 hours
- B. 24 hours
- C. 8 hours
- D. 72 hours

Answer: B

Explanation:
The correct answer is B, "24 hours," as this is the earliest recommended time that a healthcare personnel with an acute group A streptococcal throat infection may return to work after receiving appropriate antibiotic therapy. 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), healthcare workers with group A Streptococcus (GAS) infections, such as streptococcal pharyngitis, should be treated with antibiotics (e.g., penicillin or a suitable alternative) to eradicate the infection and reduce transmission risk. The CDC and Occupational Safety and Health Administration (OSHA) guidelines specify that healthcare personnel can return to work after at least 24 hours of effective antibiotic therapy, provided they are afebrile and symptoms are improving, as this period is sufficient to significantly reduce the bacterial load and contagiousness (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency
3.2 - Implement measures to prevent transmission of infectious agents).
Option A (8 hours) is too short a duration to ensure the infection is adequately controlled and the individual is no longer contagious. Option C (48 hours) and Option D (72 hours) are longer periods that may apply in some cases (e.g., if symptoms persist or in

outbreak settings), but they exceed the minimum recommended time based on current evidence. The 24-hour threshold is supported by studies showing that GAS shedding decreases substantially within this timeframe with appropriate antibiotic treatment, minimizing the risk to patients and colleagues (CDC Guidelines for Infection Control in Healthcare Personnel, 2019).
The infection preventionist's role includes enforcing return-to-work policies to prevent healthcare-associated infections (HAIs), aligning with CBIC's emphasis on timely and evidence-based interventions to control infectious disease transmission in healthcare settings (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.1 - Collaborate with organizational leaders). Compliance with this recommendation also supports occupational health protocols to balance staff safety and patient care.
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 Guidelines for Infection Control in Healthcare Personnel, 2019.

NEW QUESTION # 62
Which of the following community-acquired infections has the greatest potential public health impact?

- A. Cryptococcal meningitis
- B. Clostridial myositis (gas gangrene)
- C. Fifth disease (parvovirus B-19)
- D. Cryptosporidium enteritis

Answer: D

Explanation:
The correct answer is A, "Cryptosporidium enteritis," as it has the greatest potential public health impact among the listed community-acquired infections. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, the public health impact of an infection is determined by factors such as its transmissibility, severity, population at risk, and potential for outbreaks. Cryptosporidium enteritis, caused by the protozoan parasite Cryptosporidium, is a waterborne illness that spreads through contaminated water or food, leading to severe diarrhea, particularly in immunocompromised individuals. Its significant public health impact stems from its high transmissibility in community settings (e.g., via recreational water or daycare centers), the difficulty in eradicating the oocysts with standard chlorination, and the potential to cause large-scale outbreaks affecting vulnerable populations, such as children or the elderly (CBIC Practice Analysis, 2022, Domain I: Identification of Infectious Disease Processes, Competency 1.3 - Apply principles of epidemiology). This is exemplified by notable outbreaks, such as the 1993 Milwaukee outbreak affecting over 400,000 people.
Option B (Fifth disease, caused by parvovirus B-19) is a viral infection primarily affecting children, causing a mild rash and flu-like symptoms. While it can pose risks to pregnant women (e.g., fetal anemia), it is generally self-limiting and has limited community-wide transmission potential, reducing its public health impact. Option C (clostridial myositis, or gas gangrene, caused by Clostridium perfringens) is a severe but rare infection typically associated with traumatic wounds or surgery, with limited person-to-person spread, making its public health impact low due to its sporadic nature. Option D (cryptococcal meningitis, caused by Cryptococcus neoformans) primarily affects immunocompromised individuals (e.g., those with HIV/AIDS) and is not highly transmissible in the general community, confining its impact to specific at-risk groups rather than the broader population.
The selection of Cryptosporidium enteritis aligns with CBIC's focus on identifying infections with significant epidemiological implications, enabling infection preventionists to prioritize surveillance and control measures for diseases with high outbreak potential (CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.1 - Conduct surveillance for healthcare-associated infections and epidemiologically significant organisms). This is supported by CDC data highlighting waterborne pathogens as major public health concerns (CDC Parasites - Cryptosporidium, 2023).
References: CBIC Practice Analysis, 2022, Domain I: Identification of Infectious Disease Processes, Competency 1.3 - Apply principles of epidemiology; Domain II: Surveillance and Epidemiologic Investigation, Competency 2.1 - Conduct surveillance for healthcare-associated infections and epidemiologically significant organisms. CDC Parasites - Cryptosporidium, 2023.

NEW QUESTION # 63
A new hospital disinfectant with a 3-minute contact time has been purchased by Environmental Services. The disinfectant will be rolled out across the patient care 3-minute contact time has been purchased by Environmental Services. The disinfectant will be rolled out across the patient care areas. They are concerned about the high cost of the disinfectant. What advice can the infection preventionist provide?

- A. Use detergents on smooth horizontal surfaces.
- B. Use detergents on the floors in patient rooms.
- C. Use the new disinfectant for patient washrooms only.

- D. Use new disinfectant for all surfaces in the patient room.

Answer: A

Explanation:
The scenario involves the introduction of a new hospital disinfectant with a 3-minute contact time, intended for use across patient care areas, but with concerns raised by Environmental Services about its high cost. The infection preventionist's advice must balance infection control efficacy with cost management, adhering to principles outlined by the Certification Board of Infection Control and Epidemiology (CBIC) and evidence- based practices. The goal is to optimize the disinfectant's use while ensuring a safe environment. Let's evaluate each option:
* A. Use the new disinfectant for patient washrooms only: Limiting the disinfectant to patient washrooms focuses its use on high-touch, high-risk areas where pathogens (e.g., Clostridioides difficile, norovirus) may be prevalent. However, this approach restricts the disinfectant's application to a specific area, potentially leaving other patient care surfaces (e.g., bed rails, tables) vulnerable to contamination. While cost-saving, it does not address the broad infection control needs across all patient care areas, making it an incomplete strategy.
* B. Use detergents on the floors in patient rooms: Detergents are cleaning agents that remove dirt and organic material but lack the antimicrobial properties of disinfectants. Floors in patient rooms can harbor pathogens, but they are generally considered lower-risk surfaces compared to high-touch areas (e.
g., bed rails, doorknobs). Using detergents instead of the new disinfectant on floors could reduce costs but compromises infection control, as floors may still contribute to environmental transmission (e.g., via shoes or equipment). This option is not optimal given the availability of an effective disinfectant.
* C. Use detergents on smooth horizontal surfaces: Smooth horizontal surfaces (e.g., tables, counters, overbed tables) are common sites for pathogen accumulation and transmission in patient rooms. Using detergents to clean these surfaces removes organic material, which is a critical first step before disinfection. If the 3-minute contact time disinfectant is reserved for high-touch or high-risk surfaces (e.
g., bed rails, call buttons) where disinfection is most critical, this approach maximizes the disinfectant's efficacy while reducing its overall use and cost. This strategy aligns with CBIC guidelines, which emphasize a two-step process (cleaning followed by disinfection) and targeted use of resources, making it a practical and cost-effective recommendation.
* D. Use new disinfectant for all surfaces in the patient room: Using the disinfectant on all surfaces ensures comprehensive pathogen reduction but increases consumption and cost, which is a concern for Environmental Services. While the 3-minute contact time suggests efficiency, overusing the disinfectant on low-risk surfaces (e.g., floors, walls) may not provide proportional infection control benefits and could strain the budget. This approach does not address the cost concern and is less strategic than targeting high-risk areas.
The best advice is C, using detergents on smooth horizontal surfaces to handle routine cleaning, while reserving the new disinfectant for high-touch or high-risk areas where its antimicrobial action is most needed.
This optimizes infection prevention, aligns with CBIC's emphasis on evidence-based environmental cleaning, and addresses the cost concern by reducing unnecessary disinfectant use. The infection preventionist should also recommend a risk assessment to identify priority surfaces for disinfectant application.
References:
* CBIC Infection Prevention and Control (IPC) Core Competency Model (updated 2023), Domain IV:
Environment of Care, which advocates for targeted cleaning and disinfection based on risk.
* CBIC Examination Content Outline, Domain III: Prevention and Control of Infectious Diseases, which includes cost-effective use of disinfectants.
* CDC Guidelines for Environmental Infection Control in Healthcare Facilities (2022), which recommend cleaning with detergents followed by targeted disinfection.

NEW QUESTION # 64
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. re-educate the employee on the sterilization process.
- B. instruct central supply staff to recall all items in the affected load and reprocess.
- C. monitor employee's compliance with facility policy regarding the sterilization process.
- D. do nothing as it is normal to have some condensation on the inside of the sterilization package.

Answer: B

Explanation:
Anyevidence of moistureinside a sterilization package indicates acompromised sterilization process. The immediate action is torecall

and reprocessthe entire affected load.
* According toANSI/AAMI ST79and cited in theAPIC Text:
"Any items with packaging that appears to be wet should not be used." These items must bereprocessedto 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 # 65
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