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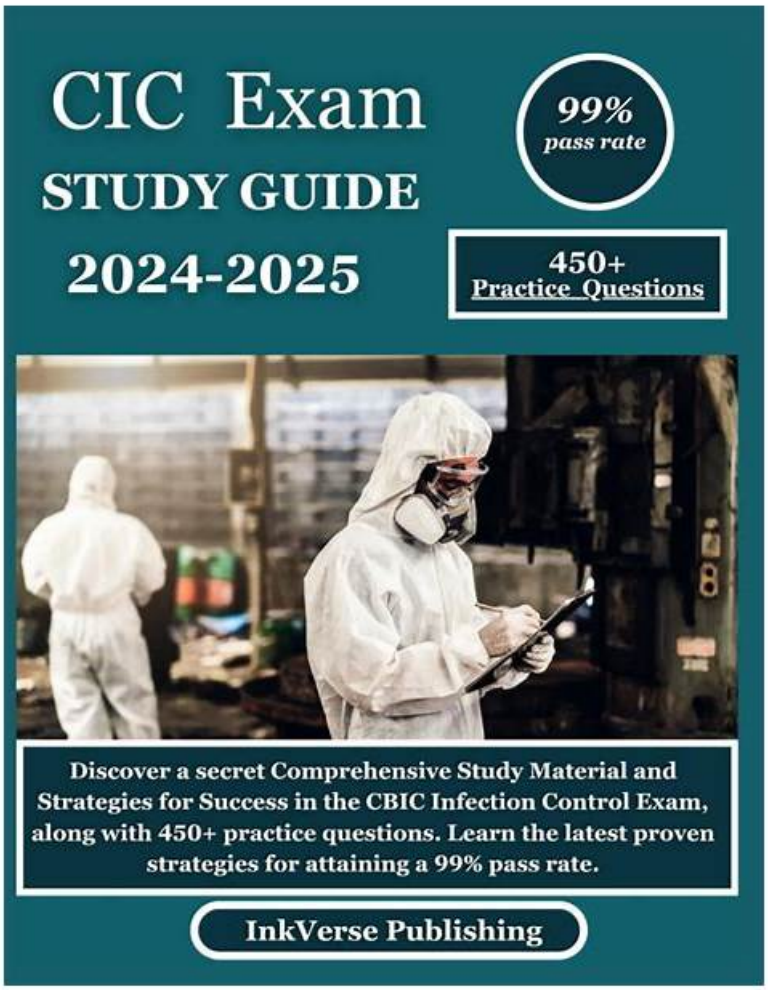

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CBIC Certified Infection Control Exam Sample Questions (Q152-Q157):

NEW QUESTION # 152
Following recent renovations on an oncology unit, three patients were identified with Aspergillus infections.
The infections were thought to be facility-acquired. Appropriate environmental microbiological monitoring would be to culture the:

- A. Air
- B. Carpet
- C. Aerators
- D. Ice

Answer: A

Explanation:
The scenario describes an outbreak of Aspergillus infections among three patients on an oncology unit following recent renovations, with the infections suspected to be facility-acquired. Aspergillus is a mold commonly associated with environmental sources, particularly airborne spores, and its presence in immunocompromised patients (e.g., oncology patients) poses a significant risk. The infection preventionist must identify the appropriate environmental microbiological monitoring strategy, guided by the Certification Board of Infection Control and Epidemiology (CBIC) and CDC recommendations. Let's evaluate each option:
* A. Air: Aspergillus species are ubiquitous molds that thrive in soil, decaying vegetation, and construction dust, and they are primarily transmitted via airborne spores. Renovations can disturb these spores, leading to aerosolization and inhalation by vulnerable patients. Culturing the air using methods such as settle plates, air samplers, or high-efficiency particulate air (HEPA) filtration monitoring is a standard practice to detect Aspergillusduring construction or post-renovation in healthcare settings, especially oncology units where patients are at high risk for invasive aspergillosis. This aligns with CBIC's emphasis on environmental monitoring for airborne pathogens, making it the most appropriate choice.
* B. Ice: Ice can be a source of contamination with bacteria (e.g., Pseudomonas, Legionella) or other pathogens if improperly handled or stored, but it is not a typical reservoir for Aspergillus, which is a mold requiring organic material and moisture for growth. While ice safety is important in infection control, culturing ice is irrelevant to an Aspergillus outbreak linked to renovations and is not a priority in this context.
* C. Carpet: Carpets can harbor dust, mold, and other microorganisms, especially in high-traffic or poorly maintained areas. Aspergillus spores could theoretically settle in carpet during renovations, but carpets are not a primary source of airborne transmission unless disturbed (e.g., vacuuming). Culturing carpet might be a secondary step if air sampling indicates widespread contamination, but it is less direct and less commonly recommended as the initial monitoring site compared to air sampling.
* D. Aerators: Aerators (e.g., faucet aerators) can harbor waterborne pathogens like Pseudomonas or Legionella due to biofilm formation, but Aspergillus is not typically associated with water systems unless there is significant organic contamination or aerosolization from water sources (e.g., cooling towers). Culturing aerators is relevant for waterborne outbreaks, not for an Aspergillus outbreak linked to renovations, making this option inappropriate.
The best answer is A, culturing the air, as Aspergillus is an airborne pathogen, and renovations are a known risk factor for spore dispersal in healthcare settings. This monitoring strategy allows the infection preventionist to confirm the source, assess the extent of contamination, and implement control measures (e.g., enhanced filtration, construction barriers) to protect patients. This is consistent with CBIC and CDC guidelines for managing fungal outbreaks in high-risk units.
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CBIC Infection Prevention and Control (IPC) Core Competency Model (updated 2023), Domain IV: Environment of Care, which recommends air sampling for Aspergillus during construction-related outbreaks.
CBIC Examination Content Outline, Domain III: Prevention and Control of Infectious Diseases, which includes environmental monitoring for facility-acquired infections.
CDC Guidelines for Environmental Infection Control in Healthcare Facilities (2022), which advocate air culturing to detect Aspergillus post-renovation in immunocompromised patient areas.

NEW QUESTION # 153
Each item or package that is prepared for sterilization should be labeled with the

- A. type of sterilization process.
- B. cleaning method (e.g., mechanical or manual).
- C. sterilizer identification number or code.
- D. storage location.

Answer: C

Explanation:

The correct answer is C, "sterilizer identification number or code," as this is the essential information that each item or package prepared for sterilization should be labeled with. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, proper labeling of sterilized items is a critical component of infection prevention and control to ensure traceability and verify the sterilization process. The sterilizer identification number or code links the item to a specific sterilization cycle, allowing the infection preventionist (IP) and sterile processing staff to track the equipment used, confirm compliance with standards (e.g., AAMI ST79), and facilitate recall or investigation if issues arise (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment). This labeling ensures that the sterility of the item can be assured and documented, protecting patient safety by preventing the use of inadequately processed items.
Option A (storage location) is important for inventory management but is not directly related to the sterilization process itself and does not provide evidence of the sterilization event. Option B (type of sterilization process) indicates the method (e.g., steam, ethylene oxide), which is useful but less critical than the sterilizer identification, as the process type alone does not confirm the specific cycle or equipment used.
Option D (cleaning method, e.g., mechanical or manual) is a preliminary step in reprocessing, but it is not required on the sterilization label, as the focus shifts to sterilization verification once the item is prepared.
The requirement for a sterilizer identification number or code aligns with CBIC's emphasis on maintaining rigorous tracking and quality assurance in the reprocessing of medical devices, ensuring accountability and adherence to best practices (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.5 - Evaluate the environment for infection risks). This practice is mandated by standards such as AAMI ST79 to support effective infection control in healthcare settings.
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. AAMI ST79:2017, Comprehensive guide to steam sterilization and sterility assurance in health care facilities.

NEW QUESTION # 154
Which of the following statements characterizes the proper use of chemical disinfectants?

- A. All items to be processed must be cleaned prior to being submerged in solution.
- B. The solution should be adaptable for use as an antiseptic.
- C. A chemical indicator must be used with items undergoing high-level disinfection.
- D. The label on the solution being used must indicate that it kills all viable micro-organisms.

Answer: A

Explanation:
The proper use of chemical disinfectants is a critical aspect of infection control, as outlined by the Certification Board of Infection Control and Epidemiology (CBIC). Chemical disinfectants are used to eliminate or reduce pathogenic microorganisms on inanimate objects, and their effective application requires adherence to specific protocols to ensure safety and efficacy. Let's evaluate each option based on infection control standards:
* A. All items to be processed must be cleaned prior to being submerged in solution.: This statement is a fundamental principle of disinfectant use. Cleaning (e.g., removing organic material such as blood, tissue, or dirt) is a prerequisite before disinfection because organic matter can inactivate or reduce the effectiveness of chemical disinfectants. The CBIC emphasizes that proper cleaning is the first step in the disinfection process to ensure that disinfectants can reach and kill microorganisms. This step is universally required for all levels of disinfection (low, intermediate, and high), making it a characterizing feature of proper use.
* B. The label on the solution being used must indicate that it kills all viable micro-organisms.: This statement is misleading. No disinfectant can be guaranteed to kill 100% of all viable microorganisms under all conditions, as efficacy depends on factors like contact time, concentration, and the presence of organic material. Disinfectant labels typically indicate the types of microorganisms (e.g., bacteria, viruses, fungi) and the level of disinfection (e.g., high-level, intermediate-level) they are effective against, based on standardized tests (e.g., EPA or FDA guidelines). Claiming that a solution kills all viable microorganisms is unrealistic and not a requirement for proper use; instead, the label must specify the intended use and efficacy, which varies by product.
* C. The solution should be adaptable for use as an antiseptic.: An antiseptic is a chemical agent used on living tissue (e.g., skin) to reduce microbial load, whereas a disinfectant is used on inanimate surfaces.
While some chemicals (e.g., alcohol) can serve both purposes, this is not a requirement for proper disinfectant use. The adaptability of a solution for antiseptic use is irrelevant to its classification or application as a disinfectant, which focuses on environmental or equipment decontamination. This statement does not characterize proper disinfectant use.
* D. A chemical indicator must be used with items undergoing high-level disinfection.: Chemical indicators (e.g., test strips or tapes) are used to verify that the disinfection process has met certain parameters (e.g., concentration or exposure time), particularly in sterilization or high-level disinfection (HLD). While this is a recommended practice for quality assurance in HLD (e.g., with glutaraldehyde or hydrogen peroxide), it is not a universal requirement for all chemical disinfectant use. HLD applies specifically to semi-critical items (e.g., endoscopes), and the need for indicators depends on the protocol and facility standards. This statement is too narrow and specific to characterize the proper use of chemical disinfectants broadly.
The correct answer is A, as cleaning prior to disinfection is a foundational and universally applicable step in the proper use of

chemical disinfectants. This aligns with CBIC guidelines, which stress the importance of a clean surface to maximize disinfectant efficacy and prevent infection transmission in healthcare settings.
References:
* CBIC Infection Prevention and Control (IPC) Core Competency Model (updated 2023), Domain IV: Environment of Care, which mandates cleaning as a prerequisite for effective disinfection.
* CBIC Examination Content Outline, Domain III: Prevention and Control of Infectious Diseases, which includes protocols for the proper use of disinfectants, emphasizing pre-cleaning.
* CDC Guidelines for Disinfection and Sterilization in Healthcare Facilities (2021), which reinforce that cleaning must precede disinfection to ensure efficacy.

NEW QUESTION # 155
An infection preventionist is reviewing employee health immunization policies. What is the recommendation for tetanus toxoid, reduced diphtheria toxoid, and acellular pertussis (Tdap) for a 55-year-old nurse who received all childhood vaccinations?

- A. Two doses of Tdap vaccine at least 28 days apart
- B. Two doses of Tdap vaccine at least 14 days apart
- C. No additional vaccination is recommended
- D. One dose of Tdap vaccine

Answer: D

Explanation:
The correct answer is A, "One dose of Tdap vaccine," as this is the recommended immunization for a 55-year- old nurse who received all childhood vaccinations. 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), adults who have completed a primary series of childhood vaccinations (typically 5 doses of DTaP or DTP) should receive a single booster dose of Tdap if they have not previously received it. This is especially critical for healthcare personnel, such as a 55-year-old nurse, due to their increased risk of exposure to pertussis and the need to protect vulnerable patients (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.2 - Implement measures to prevent transmission of infectious agents). The Tdap vaccine, which protects against tetanus, diphtheria, and pertussis, is recommended once between ages 11-64, with a preference for administration in early adulthood (e.g., 19-26 years) or as soon as feasible for older adults, including this 55-year-old nurse, to ensure immunity against pertussis, which wanes over time. For individuals aged 65 and older, Tdap is still recommended if not previously received, though Tdap is preferred over Td (tetanus and diphtheria only) for healthcare workers to address pertussis risk.
Option B (two doses of Tdap vaccine at least 14 days apart) and Option C (two doses of Tdap vaccine at least 28 days apart) are not standard recommendations for adults with a complete childhood vaccination history.
Multiple doses are typically reserved for individuals with incomplete primary series or specific high-risk conditions, not for this scenario. Option D (no additional vaccination is recommended) is incorrect because, even with a complete childhood series, a Tdap booster is advised for healthcare workers to maintain protection, especially given the nurse's occupational exposure risks (CDC Immunization Schedules, 2024).
After receiving the Tdap booster, a Td booster every 10 years is recommended to maintain tetanus and diphtheria immunity, but the initial Tdap dose is the priority for this nurse.
The recommendation for one Tdap dose aligns with CBIC's emphasis on evidence-based immunization policies to prevent transmission of vaccine-preventable diseases in healthcare settings (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.1 - Collaborate with organizational leaders). This ensures the nurse is protected and contributes to herd immunity, reducing the risk of pertussis outbreaks in the healthcare environment.
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 Immunization Schedules, 2024. ACIP Recommendations for Tdap, 2011 (updated 2023).

NEW QUESTION # 156
A 2-yoar-old girl is admitted with a fractured tibia. At birth, she was diagnosed with congenital cytomegalovirus (CMV). Which of the following barrier precautions is appropriate for healthcare personnel caring for her?

- A. Wear masks and gloves
- B. Wear gloves when handling body fluids
- C. Use gowns, masks, gloves, and a private room
- D. No barrier precautions are needed

Answer: B

Explanation:
Standard Precautions are sufficient for congenital cytomegalovirus (CMV), which means that gloves should be used when handling body fluids. CMV is primarily transmitted via direct contact with saliva, urine, or blood.
Why the Other Options Are Incorrect?
* A. Wear masks and gloves - Masks are not necessary unless performing high-risk aerosol- generating procedures.
* C. No barrier precautions are needed - Gloves are required when handling bodily fluids to prevent transmission.
* D. Use gowns, masks, gloves, and a private room - CMV does not require Contact or Airborne Precautions.
CBIC Infection Control Reference
APIC guidelines state that CMV transmission is prevented using Standard Precautions, primarily with glove use for body fluid contact.

NEW QUESTION # 157
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