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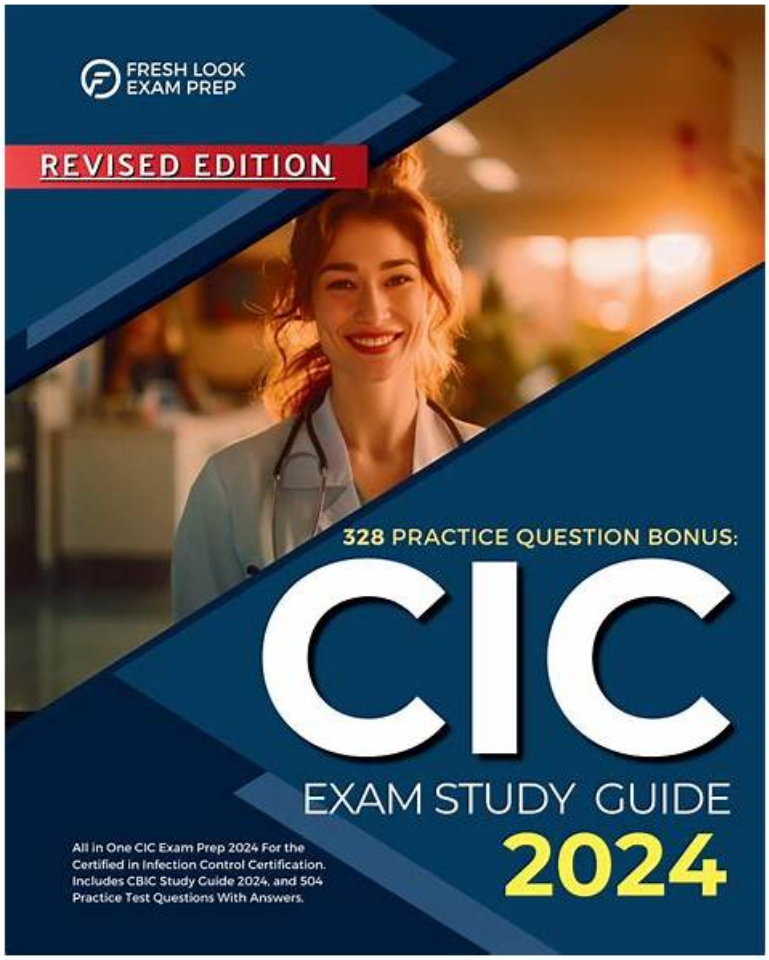

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CBIC Certified Infection Control Exam Sample Questions (Q31-Q36):

NEW QUESTION # 31
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. 24 hours
- B. 8 hours
- C. 72 hours
- D. 48 hours

Answer: A

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 # 32
Which of the following operating suite design features is LEAST important for the prevention of infection?

- A. Control of traffic and traffic flow patterns
- B. Type of floor material
- C. Positive pressure air handling
- D. Placement of sinks for surgical scrubs

Answer: B

Explanation:
The correct answer is A, "Type of floor material," as it is the least important operating suite design feature for the prevention of infection compared to the other options. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, the design of operating suites plays a critical role in infection prevention, particularly for surgical site infections (SSIs). While the type of floor material (e.g., vinyl, tile, or epoxy) can affect ease of cleaning and durability, its impact on infection prevention is secondary to other design elements that directly influence air quality, hygiene practices, and personnel movement (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.5 - Evaluate the environment for infection risks). Modern flooring materials are generally designed to be non-porous and easily disinfected, mitigating their role as a primary infection risk factor when proper cleaning protocols are followed.
Option B (positive pressure air handling) is highly important because it prevents the influx of contaminated air into the operating suite, reducing the risk of airborne pathogens, including those causing SSIs. This is a standard feature in operating rooms to maintain a sterile environment (AORN Guidelines for Perioperative Practice, 2023). Option C (placement of sinks for surgical scrubs) is critical for ensuring that surgical staff can perform effective hand and forearm antisepsis, a key step in preventing SSIs by reducing microbial load before surgery. Option D (control of traffic and traffic flow patterns) is essential to minimize the introduction of contaminants

from outside the operating suite, as excessive or uncontrolled movement can increase the risk of airborne and contact transmission (CDC Guidelines for Environmental Infection Control in Healthcare Facilities, 2019).
The relative unimportance of floor material type stems from the fact that infection prevention relies more on consistent cleaning practices and the aforementioned design features, which directly address pathogen transmission routes. This aligns with CBIC's focus on evaluating environmental risks based on their direct impact on infection control (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.4 - Implement environmental cleaning and disinfection protocols).
References: CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competencies 3.4 - Implement environmental cleaning and disinfection protocols, 3.5 - Evaluate the environment for infection risks. AORN Guidelines for Perioperative Practice, 2023. CDC Guidelines for Environmental Infection Control in Healthcare Facilities, 2019.

NEW QUESTION # 33
What should an infection preventionist prioritize when designing education programs?

- A. Learning and behavioral science theories
- B. Prior healthcare experiences
- C. Marketing research
- D. Departmental budgets

Answer: A

Explanation:
The correct answer is D, "Learning and behavioral science theories," as this is what an infection preventionist (IP) should prioritize when designing education programs. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, effective education programs in infection prevention and control are grounded in evidence-based learning theories and behavioral science principles. These theories, such as adult learning theory (andragogy), social learning theory, and the health belief model, provide a framework for understanding how individuals acquire knowledge, develop skills, and adopt behaviors (CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competency 4.1 - Develop and implement educational programs). Prioritizing these theories ensures that educational content is tailored to the learners' needs, enhances engagement, and promotes sustained behavior change-such as adherence to hand hygiene or proper use of personal protective equipment (PPE)-which are critical for reducing healthcare-associated infections (HAIs).
Option A (marketing research) is more relevant to commercial strategies and audience targeting outside the healthcare education context, making it less applicable to the IP's role in designing clinical education programs. Option B (departmental budgets) is an important logistical consideration for resource allocation, but it is secondary to the design process; financial constraints should influence implementation rather than the foundational design based on learning principles. Option C (prior healthcare experiences) can inform the customization of content by identifying learners' backgrounds, but it is not the primary priority; it should be assessed within the context of applying learning and behavioral theories to address those experiences effectively.
The focus on learning and behavioral science theories aligns with CBIC's emphasis on developing and evaluating educational programs that drive measurable improvements in infection control practices (CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competency 4.2 - Evaluate the effectiveness of educational programs). By prioritizing these theories, the IP can create programs that are scientifically sound, learner-centered, and impactful, ultimately enhancing patient and staff safety.
References: CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competencies 4.1 - Develop and implement educational programs, 4.2 - Evaluate the effectiveness of educational programs.

NEW QUESTION # 34
An infection preventionist (IP) receives a phone call from a local health department alerting the hospital of the occurrence of a sewer main break. Contamination of the city water supply is a possibility. Which of the following actions should the IP perform FIRST?

- A. Notify the Emergency and Admissions departments to report diarrhea cases to infection control.
- B. Contact the Employee Health department and ask for collaboration in case-finding.
- C. Review the emergency preparedness plan with engineering for sources of potable water.
- D. Review microbiology laboratory reports for enteric organisms in the past week.

Answer: D

Explanation:
The correct answer is B, "Review microbiology laboratory reports for enteric organisms in the past week," as this is the first action the infection preventionist (IP) should perform following the alert of a sewer main break and potential contamination of the city water supply. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, a rapid assessment of existing data is a critical initial step in investigating a potential waterborne outbreak. Reviewing microbiology laboratory reports for

enteric organisms (e.g., Escherichia coli, Salmonella, or Shigella) helps the IP identify any recent spikes in infections that could indicate water supply contamination, providing an evidence-based starting point for the investigation (CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.2 - Analyze surveillance data). This step leverages available hospital data to assess the scope and urgency of the situation before initiating broader actions.
Option A (notify the Emergency and Admissions departments to report diarrhea cases to infection control) is an important subsequent step to enhance surveillance, but it relies on proactive reporting and does not provide immediate evidence of an ongoing issue. Option C (contact the Employee Health department and ask for collaboration in case-finding) is valuable for involving additional resources, but it should follow the initial data review to prioritize case-finding efforts based on identified trends. Option D (review the emergency preparedness plan with engineering for sources of potable water) is a critical preparedness action, but it is more relevant once contamination is confirmed or as a preventive measure, not as the first step in assessing the current situation.
The focus on reviewing laboratory reports aligns with CBIC's emphasis on using surveillance data to guide infection prevention responses, enabling the IP to quickly determine if the sewer main break has already impacted patient health and to escalate actions accordingly (CBIC Practice Analysis, 2022, Domain II:
Surveillance and Epidemiologic Investigation, Competency 2.1 - Conduct surveillance for healthcare- associated infections and epidemiologically significant organisms). This approach is consistent with CDC guidelines for responding to waterborne outbreak alerts (CDC Environmental Public Health Guidelines, 2020).
References: CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competencies 2.1 - Conduct surveillance for healthcare-associated infections and epidemiologically significant organisms, 2.2 - Analyze surveillance data. CDC Environmental Public Health Guidelines, 2020.

NEW QUESTION # 35
Which of the following is an example of an outcome measure?

- A. Hand hygiene compliance rate
- B. Rate of multi-drug resistant organisms acquisition
- C. Timing of preoperative antibiotic administration
- D. Adherence to Environmental Cleaning

Answer: B

Explanation:
The correct answer is C, "Rate of multi-drug resistant organisms acquisition," as it represents an example of an outcome measure. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, outcome measures are indicators that reflect the impact or result of infection prevention and control interventions on patient health outcomes or the incidence of healthcare-associated infections (HAIs).
The rate of multi-drug resistant organisms (MDRO) acquisition directly measures the incidence of new infections caused by resistant pathogens, which is a key outcome affected by the effectiveness of infection control practices (CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.4 - Evaluate the effectiveness of infection prevention and control interventions).
Option A (hand hygiene compliance rate) is an example of a process measure, which tracks adherence to specific protocols or practices intended to prevent infections, rather than the resulting health outcome. Option B (adherence to environmental cleaning) is also a process measure, focusing on the implementation of cleaning protocols rather than the end result, such as reduced infection rates. Option D (timing of preoperative antibiotic administration) is another process measure, assessing the timeliness of an intervention to prevent surgical site infections, but it does not directly indicate the outcome (e.g., infection rate) of that intervention.
Outcome measures, such as the rate of MDRO acquisition, are critical for evaluating the success of infection prevention programs and are often used to guide quality improvement initiatives. This aligns with CBIC's emphasis on using surveillance data to assess the effectiveness of interventions and inform decision-making (CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.5 - Use data to guide infection prevention and control strategies). The focus on MDRO acquisition specifically highlights a significant healthcare challenge, making it a prioritized outcome measure in infection control.
References: CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competencies 2.4 - Evaluate the effectiveness of infection prevention and control interventions, 2.5 - Use data to guide infection prevention and control strategies.

NEW QUESTION # 36
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