IBSC CERTIFIED DESIGNATED INFECTION CONTROL OFFICER (DICO-C) CERTIFICATION PRACTICE EXAM (SAMPLE)

STUDY GUIDE

SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

1. What are the next 3 actions for a firefighter who sustains a needlestick?

A. 1) Immediately wash wound with soap and water. 2) Report to supervisor and begin documentation. 3) Seek medical evaluation ASAP.

B. Do nothing for 24 hours.

C. Only report to supervisor; skip wound cleaning.

D. Wait for symptoms.

2. What must the sharps injury log contain?

A. All hospital staff

B. Employee vacation schedule

C. Type and brand of device, department, explanation of how injury occurred

D. Manufacturer warranty details

3. What is LAIV and who should NOT receive it?

A. Inactivated influenza vaccine; safe for all workers.

B. A nasal spray influenza vaccine for adults is recommended in all cases.

C. Live Attenuated Influenza Vaccine; contraindicated in immunocompromised workers and pregnant persons.

D. A DNA-based influenza vaccine; not approved for use in the workplace.

4. When is intact skin contact with blood considered a 'significant exposure'?

A. Only when the skin is non-intact (cut, rash, dermatitis)

B. Always considered significant exposure

C. Never considered significant exposure

D. Only if contact lasts more than 15 minutes

5. In the proper donning sequence for full personal protective equipment, which item is put on last?

A. Goggles/Face Shield

B. Gown

C. Gloves

D. Mask/Respirator

6. In the GGMG doffing sequence, which item is removed first?

A. Goggles

B. Gloves

C. Gown

D. Mask

7. Standard Precautions were designed to cover which of the following?

A. Only when diagnosis is known

B. Only airborne infections

C. Only blood and OPIM

D. All body fluids, non-intact skin, and mucous membranes regardless of diagnosis

8. What must the sharps injury log include?

A. Department or work area only

B. Date of incident and supervisor name

C. Type and brand of device involved, department or work area, and description of how the injury occurred

D. Shifts worked and patient age

9. Which statement accurately describes how Standard Precautions relate to Universal Precautions?

A. UP is the original concept, and Standard Precautions expand it to include all body fluids, non-intact skin, and mucous membranes.

B. Standard Precautions expanded on UP to include all body fluids, non-intact skin, and mucous membranes.

C. PPE must be used for all patients.

D. Universal Precautions and Standard Precautions are identical in scope.

10. When should anti-HBs serology be drawn to verify seroconversion after completing the HBV vaccine series?

A. 1-2 weeks after completing the vaccine series.

B. 6 months after completing the vaccine series.

C. 1-2 months after completing the vaccine series.

D. Before starting the vaccine series.

Answers

1. A
2. C
3. C
4. A
5. C
6. B
7. D
8. C
9. B
10. C

Explanations

1. What are the next 3 actions for a firefighter who sustains a needlestick?

A. 1) Immediately wash wound with soap and water. 2) Report to supervisor and begin documentation. 3) Seek medical evaluation ASAP.

B. Do nothing for 24 hours.

C. Only report to supervisor; skip wound cleaning.

D. Wait for symptoms.

Immediate post-exposure actions after a needlestick require prompt wound care, reporting, and medical assessment. Start by cleansing the wound right away with soap and running water, gently washing the area without squeezing or using abrasive substances. This helps reduce the amount of potentially infectious material that can enter the body. Next, report the incident to your supervisor and begin the documentation. Recording the exposure ensures it's officially tracked, triggers the necessary occupational health processes, and prompts follow-up actions such as incident review and exposure calculations for the individual and the department. Finally, seek medical evaluation as soon as possible. A clinician can perform a risk assessment, obtain baseline testing for HIV, hepatitis B and C, review vaccination status, and determine whether post-exposure prophylaxis or additional follow-up is needed. The timing is important; starting evaluation and preventive measures early can significantly reduce infection risk. Waiting for symptoms is not reliable, and delays can miss a window when treatment is most effective.

2. What must the sharps injury log contain?

A. All hospital staff

B. Employee vacation schedule

C. Type and brand of device, department, explanation of how injury occurred

D. Manufacturer warranty details

Tracking sharps injuries focuses on three essential data points. The type and brand of the device involved identifies which tools are contributing to injuries, so you can target safer devices or engineering controls. The department where the incident occurred shows where in the workflow the hazards are concentrated, guiding training and process changes. A brief description of how the injury occurred captures the sequence of events and contributing factors, enabling root cause analysis and prevention actions. The other options don't inform hazard analysis or prevention—vacation schedules and warranty details aren't relevant, and listing all staff isn't tied to a specific incident.

3. What is LAIV and who should NOT receive it?

A. Inactivated influenza vaccine; safe for all workers.

B. A nasal spray influenza vaccine for adults is recommended in all cases.

C. Live Attenuated Influenza Vaccine; contraindicated in immunocompromised workers and pregnant persons.

D. A DNA-based influenza vaccine; not approved for use in the workplace.

Live Attenuated Influenza Vaccine is a nasal spray that contains a weakened live influenza virus. Because it is a live vaccine, it is contraindicated for people with weakened immune systems and for pregnant persons due to safety concerns and the potential risk of infection or illness. In occupational health, this means those groups should receive alternatives such as the inactivated influenza vaccine. The other statements don't fit because the nasal spray described here is not appropriate for everyone, and there is no DNA-based influenza vaccine approved for workplace use. The inactivated vaccine is a different product and is generally suitable for a broader group, but it's not what LAIV refers to.

4. When is intact skin contact with blood considered a 'significant exposure'?

A. Only when the skin is non-intact (cut, rash, dermatitis)

B. Always considered significant exposure

C. Never considered significant exposure

D. Only if contact lasts more than 15 minutes

Intact skin acts as a barrier to bloodborne pathogens, so exposure is not considered significant unless the skin is compromised. When there is a break in the skin—such as a cut, abrasion, dermatitis, or other non-intact areas—blood can enter through that breach, making the exposure significant and requiring prompt reporting and post-exposure actions. The idea that it's always significant, never significant, or depends on how long contact lasts isn't correct because the key factor is whether the skin is intact or not.

5. In the proper donning sequence for full personal protective equipment, which item is put on last?

A. Goggles/Face Shield

B. Gown

C. Gloves

D. Mask/Respirator

PPE donning order is designed to preserve barrier integrity and prevent self-contamination. After hand hygiene, you put on the gown, then the mask or respirator, and then eye protection. The final piece to be donned is the gloves because they are the last barrier between your hands and any contaminants you may touch during patient care. Putting gloves on last allows you to handle the rest of the PPE with clean hands and ensures the gown sleeves remain protected by the gloves, creating a continuous barrier at the wrists. Once gloves are on, you can proceed with patient care while keeping the hands protected and minimizing the chance of transferring contaminants.

6. In the GGMG doffing sequence, which item is removed first?

A. Goggles

B. Gloves

C. Gown

D. Mask

In this doffing order, the goal is to minimize the chance of self-contamination as you remove PPE. Starting with gloves makes sense because they are the most likely to be contaminated after patient care. Removing them first prevents transferring infectious material from the gloves onto your skin or onto the other PPE as you continue to remove the rest. The proper approach is to peel each glove off from the outside without touching the skin, then dispose of them safely before proceeding to the other items. After gloves are removed, you would then continue with removing the other pieces in the sequence, taking care to avoid touching the contaminated exterior surfaces.

7. Standard Precautions were designed to cover which of the following?

A. Only when diagnosis is known

B. Only airborne infections

C. Only blood and OPIM

D. All body fluids, non-intact skin, and mucous membranes regardless of diagnosis

Standard Precautions are applied universally to reduce the risk of transmitting infections from any patient, not only those with known infections. The idea is to treat all body fluids as potentially infectious and to protect exposed sites—non intact skin and mucous membranes—by using appropriate protections and practices every time. This means practicing good hand hygiene, wearing gloves for contact with potentially contaminated materials, using gowns, masks or eye protection when there's a splash risk, safe handling of sharps, and thorough environmental cleaning and disinfection. You don't wait for a diagnosis to be infectious, because some patients may have infections not yet identified, or may be asymptomatic. The other options are too narrow: precautions are not limited to when a diagnosis is known, not limited to airborne infections, and not limited to blood and other potentially infectious materials only.

8. What must the sharps injury log include?

A. Department or work area only

B. Date of incident and supervisor name

C. Type and brand of device involved, department or work area, and description of how the injury occurred

D. Shifts worked and patient age

Documenting sharps injuries with specific, actionable details lets teams identify patterns and prevent recurrence. The best answer combines the exact device involved (type and brand), the location where the incident occurred (department or work area), and a clear description of how the exposure happened. Together, these fields show which devices pose risk, where injuries cluster, and the mechanism of injury, enabling targeted safety improvements such as device choices, training, or procedural changes. The other options miss key elements: one only notes location, another lists date or supervisor without the device and mechanism, and the last includes information (shifts, patient age) that doesn't help analyze root causes.

9. Which statement accurately describes how Standard Precautions relate to Universal Precautions?

A. UP is the original concept, and Standard Precautions expand it to include all body fluids, non-intact skin, and mucous membranes.

B. Standard Precautions expanded on UP to include all body fluids, non-intact skin, and mucous membranes.

C. PPE must be used for all patients.

D. Universal Precautions and Standard Precautions are identical in scope.

Standard Precautions were created to replace and extend Universal Precautions by broadening the scope of what is treated as potentially infectious. Universal Precautions focused mainly on bloodborne pathogens and a subset of fluids, but Standard Precautions require using protective measures for all body fluids, secretions, and excretions (with certain caveats), as well as for non intact skin and mucous membranes. In practice, this means the baseline approach is to treat interactions with any patient as potentially infectious and to apply the appropriate PPE and hygiene practices for any contact with blood, body fluids, secretions, excretions, or damaged skin, regardless of a patient's known infection status. Transmission-based precautions may be layered on when a patient is known or suspected to have a particular infectious disease that requires extra measures beyond the baseline. This is why the statement that Standard Precautions expanded on Universal Precautions to include all body fluids, non-intact skin, and mucous membranes is the best description. It correctly captures the shift from a more limited focus to a comprehensive, uniform baseline for most patient care. The other options don't fit as well: one suggests the two are identical, which isn't true because Standard Precautions broaden the scope; another implies PPE is required for every patient in every situation, which is an overstatement since PPE use depends on the exposure risk; and another would invert the relationship, implying UP came from Standard Precautions, which is not accurate.

10. When should anti-HBs serology be drawn to verify seroconversion after completing the HBV vaccine series?

A. 1-2 weeks after completing the vaccine series.

B. 6 months after completing the vaccine series.

C. 1-2 months after completing the vaccine series.

D. Before starting the vaccine series.

After completing the HBV vaccine series, you assess for seroconversion by measuring anti-HBs once the immune response has had time to develop, which is about 1-2 months after the final dose. The body needs several weeks to produce detectable levels of antibodies, so testing too soon (such as 1-2 weeks) can miss a true response. Testing before vaccination would not reflect any vaccine-induced immunity, and testing much later (like 6 months) is not aligned with the typical post-vaccination check window and may not accurately reflect the initial response. A result showing anti-HBs at or above 10 mIU/mL indicates protective immunity; if below that threshold, follow clinical guidelines for revaccination and retesting after the final dose.

Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://ibscdicoc.examzify.com

We wish you the very best on your exam journey. You've got this!