CIC시험패스자료 & CIC퍼펙트덤프공부자료

참고: KoreaDumps에서 Google Drive로 공유하는 무료, 최신 CIC 시험 문제집이 있습니다: https://drive.google.com/open?id=1Pl1Hul9fLOLR7cFuFt1Do-gI4ioOXS8f

저희가 알아본 데 의하면 많은it인사들이CBIC인증CIC시험을 위하여 많은 시간을 투자하고 잇다고 합니다.하지만 특별한 학습 반 혹은 인터넷강이 같은건 선택하지 않으셨습니다.때문에 패스는 아주 어렵습니다.보통은 한번에 패스하시는 분들이 적습니다.우리 KoreaDumps에서는 아주 믿을만한 학습가이드를 제공합니다.우리 KoreaDumps에는CBIC인증CIC테스트버전과CBIC인증CIC문제와 답 두 가지 버전이 있습니다.우리는 여러분의CBIC인증CIC시험을 위한 최고의 문제와 답 제공은 물론 여러분이 원하는 모든 it인증시험자료들을 선사할 수 있습니다.

IT업계에 종사하고 계신 분은CBIC CIC 시험을 패스하여 자격증을 취득하려고 검색하다 저희 블로그를 보게 되시고 저희 사이트까지 방문하게 될것입니다. 방문하는 순간 CBIC CIC시험에 대한 두려움이 사라질것입니다. 완벽한 구매후 서비스까지 겸비하고 있어 자격증을 취득하는데서의 믿음직스러운 동반자로 되어드릴게요.

>> CIC시험패스자료 <<

CIC퍼펙트 덤프공부자료, CIC최신 업데이트버전 인증시험자료

CBIC CIC 시험을 보시는 분이 점점 많아지고 있는데 하루빨리 다른 분들보다 CBIC CIC시험을 패스하여 자격증을 취득하는 편이 좋지 않을가요? 자격증이 보편화되면 자격증의 가치도 그만큼 떨어지니깐요. CBIC CIC덤프는 이미 많은분들의 시험패스로 검증된 믿을만한 최고의 시험자료입니다.

최신 Infection Control CIC 무료샘플문제 (Q124-Q129):

질문 # 124
On January 31, the nursing staff of a long-term care facility reports that five out of 35 residents have developed high fever, nasal discharge, and a dry cough. The BEST diagnostic tool to determine the causative agent is:

- A. Nasopharyngeal swab
- B. Sputum culture
- C. Legionella serology
- D. Blood culture

정답：A

설명：
The scenario describes a cluster of five out of 35 residents in a long-term care facility developing high fever, nasal discharge, and a dry cough, suggesting a potential respiratory infection outbreak. The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes the "Identification of Infectious Disease Processes" and "Surveillance and Epidemiologic Investigation" domains, which require selecting the most appropriate diagnostic tool to identify the causative agent promptly. The Centers for Disease Control and Prevention (CDC) provides guidance on diagnostic approaches for respiratory infections, particularly in congregate settings like long-term care facilities.
Option C, "Nasopharyngeal swab," is the best diagnostic tool in this context. The symptoms-high fever, nasal discharge, and a dry cough-are characteristic of upper respiratory infections, such as influenza, respiratory syncytial virus (RSV), or other viral pathogens common in congregate settings. A nasopharyngeal swab is the gold standard for detecting these agents, as it collects samples from the nasopharynx, where many respiratory viruses replicate. The CDC recommends nasopharyngeal swabs for molecular testing (e.g., PCR) to identify viruses like influenza, RSV, or SARS-CoV-2, especially during outbreak investigations in healthcare facilities. The dry cough and nasal discharge align with upper respiratory involvement, making this sample type more targeted than alternatives. Given the potential for rapid spread among vulnerable residents, early identification via nasopharyngeal swab is critical to guide infection control measures.
Option A, "Blood culture," is less appropriate as the best initial tool. Blood cultures are used to detect systemic bacterial infections (e.g., bacteremia or sepsis), but the symptoms described are more suggestive of a primary respiratory infection rather than a bloodstream infection. While secondary bacteremia could occur, blood cultures are not the first-line diagnostic for this presentation and are more relevant if systemic signs (e.
g., hypotension) worsen. Option B, "Sputum culture," is useful for lower respiratory infections, such as pneumonia, where productive cough and sputum production are prominent. However, the dry cough and nasal discharge indicate an upper respiratory focus, and sputum may be difficult to obtain from elderly residents, reducing its utility here. Option D, "Legionella serology," is specific for diagnosing Legionella pneumophila, which causes Legionnaires' disease, typically presenting with fever, cough, and sometimes gastrointestinal symptoms, often in association with water sources. While possible, the lack of mention of pneumonia or water exposure, combined with the upper respiratory symptoms, makes Legionella serology less likely as the best initial test. Serology also requires time for antibody development, delaying diagnosis compared to direct sampling.
The CBIC Practice Analysis (2022) and CDC guidelines for outbreak management in long-term care facilities (e.g., "Prevention Strategies for Seasonal Influenza in Healthcare Settings," 2018) prioritize rapid respiratory pathogen identification, with nasopharyngeal swabs being the preferred method for viral detection. Given the symptom profile and outbreak context, Option C is the most effective and immediate diagnostic tool to determine the causative agent.
References:
* CBIC Practice Analysis, 2022.
* CDC Prevention Strategies for Seasonal Influenza in Healthcare Settings, 2018.
* CDC Guidelines for the Prevention and Control of Outbreaks in Long-Term Care Facilities, 2015.

질문 # 125
A city has a population of 150.000. Thirty new cases of tuberculosis (TB) were diagnosed in the city last year.
These now cases brought the total number of active TB cases in the city last year to 115. Which of the following equations represents the incidence rate tor TB per 100.000 in that year?

- A. (115 ÷ 100.000) x 100 = X
- B. (115 ÷ 150.000) x 100.000 - X
- C. (30÷ 150.000) x 100 = X
- D. (30 ÷ 150.000) x 100.000 = X

정답：D

설명:
The incidence rate is calculated using the formula:
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$$\text{Incidence Rate} = \left(\frac{\text{New cases}}{\text{Total population at risk}}\right) \times 100,000$$

- New cases = 30
- Total population = 150,000

$$\left(\frac{30}{150,000}\right) \times 100,000 = X$$

Thus, the correct answer is A.

Why the Other Options Are Incorrect?
* B. (30 ÷ 150,000) × 100 = X - Incorrect multiplier (should be 100,000 for standard incidence rate).
* C. (115 ÷ 150,000) × 100,000 = X - 115 represents total cases (prevalence), not incidence.
* D. (115 ÷ 100,000) × 100 = X - Uses the wrong denominator and multiplier.
CBIC Infection Control Reference
APIC defines the incidence rate as the number of new cases per population unit, typically per 100,000 people.

질문 # 126
Which of the following statements characterizes the proper use of chemical disinfectants?

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

정답: C

설명:
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.

질문 # 127
Therapeutic antimicrobial agents should be used when

- A. the infecting agent is unknown
- B. the patient symptoms suggest likely pathogens.
- C. the patient's illness warrants treatment prior to culture results
- D. Following identification of the pathogen and sensitives.

정답：D

설명:
Therapeutic antimicrobial agents should ideally be pathogen-directed to minimize resistance, side effects, and treatment failure. Once the causative pathogen and its antimicrobial susceptibilities are known, the most narrow-spectrum, effective agent should be used.
Why the Other Options Are Incorrect?
* A. The infecting agent is unknown - Empiric therapy may be necessary initially, but definitive therapy should be based on pathogen identification.
* B. The patient's illness warrants treatment prior to culture results - This applies to empiric therapy, but not to definitive antimicrobial selection.
* C. The patient's symptoms suggest likely pathogens - Clinical presentation guides empiric treatment, but definitive therapy should follow culture and susceptibility testing.
CBIC Infection Control Reference
APIC emphasizes the importance of selecting antimicrobials based on pathogen identification and susceptibility testing to prevent antimicrobial resistance.

질문 # 128
Which water type is suitable for drinking yet may still be a risk for disease transmission?

- A. Potable water
- B. Purified water
- C. Grey water
- D. Distilled water

정답：A

설명:
To determine which water type is suitable for drinking yet may still pose a risk for disease transmission, we need to evaluate each option based on its definition, treatment process, and potential for contamination, aligning with infection control principles as outlined by the Certification Board of Infection Control and Epidemiology (CBIC).
* A. Purified water: Purified water undergoes a rigorous treatment process (e.g., reverse osmosis, distillation, or deionization) to remove impurities, contaminants, and microorganisms. This results in water that is generally safe for drinking and has a very low risk of disease transmission when properly handled and stored. However, if the purification process is compromised or if contamination occurs post-purification (e.g., due to improper storage or distribution), there could be a theoretical risk.
Nonetheless, purified water is not typically considered a primary source of disease transmission under standard conditions.
* B. Grey water: Grey water refers to wastewater generated from domestic activities such as washing dishes, laundry, or bathing, which may contain soap, food particles, and small amounts of organic matter. It is not suitable for drinking due to its potential contamination with pathogens (e.g., bacteria, viruses) and chemicals. Grey water is explicitly excluded from potable water standards and poses a significant risk for disease transmission, making it an unsuitable choice for this question.
* C. Potable water: Potable water is water that meets regulatory standards for human consumption, as defined by organizations like the World Health Organization (WHO) or the U.S. Environmental Protection Agency (EPA). It is treated to remove harmful pathogens and contaminants, making it safe for drinking under normal circumstances. However, despite treatment, potable water can

still pose a risk for disease transmission if the distribution system is contaminated (e.g., through biofilms, cross- connections, or inadequate maintenance of pipes). Outbreaks of waterborne diseases like Legionnaires' disease or gastrointestinal infections have been linked to potable water systems, especially in healthcare settings. This makes potable water the best answer, as it is suitable for drinking yet can still carry a risk under certain conditions.
* D. Distilled water: Distilled water is produced by boiling water and condensing the steam, which removes most impurities, minerals, and microorganisms. It is highly pure and safe for drinking, often used in medical and laboratory settings. Similar to purified water, the risk of disease transmission is extremely low unless contamination occurs after distillation due to improper handling or storage. Like purified water, it is not typically associated with disease transmission risks in standard use.
The key to this question lies in identifying a water type that is both suitable for drinking and has a documented potential for disease transmission. Potable water fits this criterion because, while it is intended for consumption and meets safety standards, it can still be a vector for disease if the water supply or distribution system is compromised. This is particularly relevant in infection control, where maintaining water safety in healthcare facilities is a critical concern addressed by CBIC guidelines.
References:
* CBIC Infection Prevention and Control (IPC) Core Competency Model (updated 2023), Domain III:
Prevention and Control of Infectious Diseases, which highlights the importance of water safety and the risks of contamination in potable water systems.
* CBIC Examination Content Outline, Domain IV: Environment of Care, which includes managing waterborne pathogens (e.g., Legionella) in potable water supplies.

질문 # 129
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