CBIC CIC Reliable Exam Tutorial - Latest CIC Dumps

CBIC CIC PRACTICE EXAM QUESTIONS AND ANSWERS LATEST 2024/2025 WITH COMPLETE SOLUTION

Medical intervention factors that affect risk of infection - indwelling devices, staffing ratio, lengths of stay, duration of invasive procedures, medications, # of exams by providers, type of institution, and knowledge/experience of providers

environmental intervention factors that affect risk of infection - disinfectant type used, contact with animals, hand hygiene

anatomical/phys factors that affect risk of infection - preexisting diseases, trauma, malignancies, age, gender, and nutritional status

DMAIC - D=define customers, project boundaries, and processes

M=measure performance

A=analyze data to identify causes of variation, gaps in performance, and prioritize actions

I=improve the process

C=control the process to prevent reverting

What should an effective surveillance program be able to provide? - Detection of infections and injuries, identify trends, identify risk factors associated with infections and other AEs detect outbreaks and clusters, assess the overall effectiveness of the infection control and prevention program and demonstrate changes in proactive and processes that lead to better outcomes

Define point prevalence - number of persons ill on the date divided by the population on that date.

Define attack rate - Number of people at risk in whom a certain illness develops / (divided by) / Total number of people at risk

Define prevalence - fraction of a population having a specific disease at a given time

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CBIC Certified Infection Control Exam Sample Questions (Q54-Q59):

NEW QUESTION # 54
A patient with suspected active tuberculosis is being transferred from a mental health facility to a medical center by emergency medical services. Which of the following should an infection preventionist recommend to the emergency medical technician (EMT)?

- A. Place an N95 respirator on the patient and a surgical mask on the EMT.
- B. Place a surgical mask on both the patient and the EMT.
- C. Place a surgical mask on the patient and an N95 respirator on the EMT.
- D. Place an N95 respirator on both the patient and the EMT.

Answer: A

Explanation:
Active tuberculosis (TB) is an airborne disease transmitted through the inhalation of droplet nuclei containing Mycobacterium tuberculosis. Effective infection control measures are critical during patient transport to protect healthcare workers, such as emergency medical technicians (EMTs), and to prevent community spread. The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes the use of appropriate personal protective equipment (PPE) and source control as key strategies in the "Prevention and Control of Infectious Diseases" domain, aligning with guidelines from the Centers for Disease Control and Prevention (CDC).
For a patient with suspected active TB, the primary goal is to contain the infectious particles at the source (the patient) while ensuring the EMT is protected from inhalation exposure. Option C, placing an N95 respirator on the patient and a surgical mask on the EMT, is the most appropriate recommendation. The N95 respirator on the patient serves as source control by filtering the exhaled air, reducing the dispersion of infectious droplets. However, fitting an N95 respirator on the patient may be challenging, especially in an emergency setting or if the patient is uncooperative, so a surgical mask is often used as an alternative source control measure. For the EMT, a surgical mask provides a basic barrier but does not offer the same level of respiratory protection as an N95 respirator. The CDC recommends that healthcare workers, including EMTs, use an N95 respirator (or higher-level respiratory protection) when in close contact with a patient with suspected or confirmed active TB, unless an airborne infection isolation room is available, which is not feasible during transport.
Option A is incorrect because placing a surgical mask on both the patient and the EMT does not provide adequate respiratory protection for the EMT. Surgical masks are not designed to filter small airborne particles like those containing TB bacilli and do not meet the N95 standard required for airborne precautions. Option B is impractical and unnecessary, as placing an N95 respirator on both the patient and the EMT is overly restrictive and logistically challenging, especially for the patient during transport. Option D reverses the PPE roles, placing the surgical mask on the patient (insufficient for source control) and the N95 respirator on the EMT (appropriate for protection but misaligned with the need to control the patient's exhalation). The CBIC and CDC guidelines prioritize source control on the patient and respiratory protection for the healthcare worker, making Option C the best fit.
This recommendation is consistent with the CBIC's emphasis on implementing transmission-based precautions (CDC, 2005, Guideline for Preventing the Transmission of Mycobacterium tuberculosis in Healthcare Settings) and the use of PPE tailored to the mode of transmission, as outlined in the CBIC Practice Analysis (2022).
References:
* CBIC Practice Analysis, 2022.
* CDC Guideline for Preventing the Transmission of Mycobacterium tuberculosis in Healthcare Settings, 2005.

NEW QUESTION # 55
The MOST important characteristic to include when using a template for a comprehensive annual risk assessment is

- A. cost savings attributed to the infection prevention and control program.
- B. facility specific demographics end healthcare-associated Infection data
- C. system strategic goals and objectives.
- D. statewide communicable disease and healthcare-associated infection data

Answer: B

Explanation:
Acomprehensive annual risk assessmentshould focus onfacility-specificfactors, includingpatient population, infection trends, and

operational risks.
Why the Other Options Are Incorrect?
* A. System strategic goals and objectives- Whileimportant, goals should alignwith facility-specific infection risks.
* B. Cost savings attributed to infection control- Cost considerations aresecondary to risk assessment
.
* D. Statewide communicable disease and HAI data-Broader epidemiological data is usefulbut should complement, not replace,facility-specificdata.
CBIC Infection Control Reference
APIC emphasizes thatfacility-specific infection data is essential for an effective risk assessment.

NEW QUESTION # 56
Which of the following procedures has NOT been documented to contribute to the development of postoperative infections in clean surgical operations?

- A. Shaving the site on the day prior to surgery
- B. Prolonged length of the operations
- C. The use of iodophors for preoperative scrubs
- D. Prolonged preoperative hospital stay

Answer: C

Explanation:
Postoperative infections in clean surgical operations, defined by the Centers for Disease Control and Prevention (CDC) as uninfected operative wounds with no inflammation and no entry into sterile tracts (e.g., gastrointestinal or respiratory systems), are influenced by various perioperative factors. The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes identifying and mitigating risk factors in the "Prevention and Control of Infectious Diseases" domain, aligning with CDC guidelines for surgical site infection (SSI) prevention. The question focuses on identifying a procedure not documented as a contributor to SSIs, requiring an evaluation of evidence-based risk factors.
Option C, "The use of iodophors for preoperative scrubs," has not been documented to contribute to the development of postoperative infections in clean surgical operations. Iodophors, such as povidone-iodine, are antiseptic agents used for preoperative skin preparation and surgical hand scrubs. The CDC's "Guideline for Prevention of Surgical Site Infections" (1999) and its 2017 update endorse iodophors as an effective method for reducing microbial load on the skin, with no evidence suggesting they increase SSI risk when used appropriately. Studies, including those cited by the CDC, show that iodophors are comparable to chlorhexidine in efficacy for preoperative antisepsis, and their use is a standard, safe practice rather than a risk factor.
Option A, "Prolonged preoperative hospital stay," is a well-documented risk factor. Extended hospital stays prior to surgery increase exposure to healthcare-associated pathogens, raising the likelihood of colonization and subsequent SSI, as noted in CDC and surgical literature (e.g., Mangram et al., 1999). Option B,
"Prolonged length of the operations," is also a recognized contributor. Longer surgical durations are associated with increased exposure time, potential breaches in sterile technique, and higher infection rates, supported by CDC data showing a correlation between operative time and SSI risk. Option D, "Shaving the site on the day prior to surgery," has been documented as a risk factor. Preoperative shaving, especially with razors, can cause microabrasions that serve as entry points for bacteria, increasing SSI rates. The CDC recommends avoiding shaving or using clippers immediately before surgery to minimize this risk, with evidence from studies like those in the 1999 guideline showing higher infection rates with preoperative shaving.
The CBIC Practice Analysis (2022) and CDC guidelines focus on evidence-based practices, and the lack of documentation linking iodophor use to increased SSIs-coupled with its role as a preventive measure-makes Option C the correct answer. The other options are supported by extensive research as contributors to SSI development in clean surgeries.
References:
* CBIC Practice Analysis, 2022.
* CDC Guideline for Prevention of Surgical Site Infections, 1999, updated 2017.
* Mangram, A. J., et al. (1999). Guideline for Prevention of Surgical Site Infection. Infection Control and Hospital Epidemiology.

NEW QUESTION # 57
What should an infection preventionist prioritize when designing education programs?

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

Answer: D

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 # 58
An 84-year-old male with a gangrenous foot is admitted to the hospital from an extended-care facility (ECF).
The ECF is notified that the wound grew Enterococcus faecium with the following antibiotic sensitivity results:
ampicillin - R
vancomycin - R
penicillin - R
linezolid - S
This is the fourth Enterococcus species cultured from residents within the same ECF wing in the past month.
The other cultures were from two urine specimens and a draining wound. The Infection Preventionist (IP) should immediately:

- A. Notify the medical director of the outbreak.
- B. Notify the nursing administrator to close the wing to new admissions.
- C. Conduct surveillance cultures for this organism in all residents.
- D. Compare the four culture reports and sensitivity patterns.

Answer: A

Explanation:
The scenario describes a potential outbreak of multidrug-resistant Enterococcus faecium in an extended-care facility (ECF) wing, indicated by four positive cultures (including the current case and three prior cases from urine and a draining wound) within a month. The organism exhibits resistance to ampicillin, vancomycin, and penicillin, but sensitivity to linezolid, suggesting a possible vancomycin-resistant Enterococcus (VRE) strain, which is a significant concern in healthcare settings. The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes the importance of rapid outbreak detection and response in the "Surveillance and Epidemiologic Investigation" domain, aligning with Centers for Disease Control and Prevention (CDC) guidelines for managing multidrug-resistant organisms (MDROs).
Option A, "Notify the medical director of the outbreak," is the most immediate and critical action. Identifying an outbreak-defined by the CDC as two or more cases of a similar illness linked by time and place-requires prompt notification to the facility's leadership (e.g., medical director) to initiate a coordinated response. The presence of four Enterococcus cases, including a multidrug-resistant strain, within a single ECF wing over a month suggests a potential cluster, necessitating urgent action to assess the scope, implement control measures, and allocate resources. The CDC's "Management of Multidrug-Resistant Organisms in Healthcare Settings" (2006) recommends immediate reporting to facility leadership as the first step to activate an outbreak investigation team, making this the priority.
Option B, "Compare the four culture reports and sensitivity patterns," is an important subsequent step in outbreak investigation. Analyzing the antibiotic susceptibility profiles and culture sources can confirm whether the cases are epidemiologically linked (e.g., clonal spread of VRE) and guide treatment and control strategies. However, this is a detailed analysis that follows initial notification

and should not delay alerting the medical director. Option C, "Conduct surveillance cultures for this organism in all residents," is a proactive measure to determine the prevalence of Enterococcus faecium, especially VRE, within the wing. The CDC recommends targeted surveillance during outbreaks, but this requires prior authorization and planning by the outbreak team, making it a secondary action after notification. Option D, "Notify the nursing administrator to close the wing to new admissions," may be a control measure to prevent further spread, as suggested by the CDC for MDRO outbreaks. However, closing a unit is a significant decision that should be guided by the medical director and infection control team after assessing the situation, not an immediate independent action by the IP.
The CBIC Practice Analysis (2022) and CDC guidelines prioritize rapid communication with leadership to initiate a structured outbreak response, including resource allocation and policy adjustments. Given the multidrug-resistant nature and cluster pattern, notifying the medical director (Option A) is the most immediate and appropriate action to ensure a comprehensive response.
References:
* CBIC Practice Analysis, 2022.
* CDC Management of Multidrug-Resistant Organisms in Healthcare Settings, 2006.

NEW QUESTION # 59
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