

# CBIC CIC최고품질덤프자료 - CIC시험문제모음

## CBIC CIC Practice Exam 111 questions and answers latest updates 2025 verified A+ study tips

1. **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
2. **environmental intervention factors that affect risk of infection:** disinfectant type used, contact with animals, hand hygiene
3. **anatomical/phys factors that affect risk of infection:** preexisting diseases, trauma, malignancies, age, gender, and nutritional status
4. **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
5. **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
6. **Define point prevalence:** number of persons ill on the date divided by the population on that date.
7. **Define attack rate:** Number of people at risk in whom a certain illness develops / (divided by) / Total number of people at risk
8. **Define prevalence:** fraction of a population having a specific disease at a given time
9. **Define incidence:** number of new cases of a disease divided by the number of persons at risk for the disease.
10. **Type of specimen for C. diff:** liquid stool is required
11. **When to suspect C. diff infection?:** when 3 or more unformed/watery stool in 24 hrs occurs
12. **Relative Risk (RR):** Used in cohort studies to determine how strongly a risk factor is associated with an outcome.  
  
1 is the null= no significance of the association between exposure and adverse event  
  
 $P(X \text{ infection or exposed})/P(Y \text{ infection or unexposed}) = RR$
13. **Details of control chart:** central line = the ave of data pts  
x axis = time  
y axis = rate/count

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>> CBIC CIC최고품질 덤프자료 <<

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IT인증시험이 다가오는데 어느 부분부터 공부해야 할지 망설이고 있다구요? 가장 간편하고 시간을 절약하며 한방에 자격증을 취득할수 있는 최고의 방법을 추천해드립니다. 바로 우리 PassTIP IT인증덤프제공사 사이트입니다. PassTIP는 고품질 고적중율을 취지로 하여 여러분들인 한방에 시험에서 패스하도록 최선을 다하고 있습니다. CBIC인증CIC시험준비중이신 분들은 PassTIP에서 출시한 CBIC인증CIC 덤프를 선택하세요.

## 최신 Infection Control CIC 무료샘플문제 (Q47-Q52):

### 질문 # 47

To understand how their hospital-acquired infection rates compare to other health care settings, an infection preventionist (IP) plans to use benchmarking.

Which of the following criteria is important to ensure accurate benchmarking of surveillance data?

- A. Denominator rates are selected based on an organizational risk assessment
- B. Data collectors are trained on how to collect data
- C. Collecting data on a small population to ensure accuracy of data collection
- **D. Using case definitions that are adjusted for the patient population being studied**

정답: D

### 설명:

Benchmarking compares infection rates across healthcare facilities. For accurate benchmarking, case definitions must be standardized and adjusted for patient demographics, severity of illness, and other risk factors.

Why the Other Options Are Incorrect?

\* A. Data collectors are trained on how to collect data - Training is necessary, but it does not directly ensure comparability between facilities.

\* B. Collecting data on a small population - A larger sample size increases accuracy and reliability in benchmarking.

\* C. Denominator rates selected based on an organizational risk assessment - Risk assessment is important, but standardized case definitions are critical for comparison.

CBIC Infection Control Reference

According to APIC, accurate benchmarking relies on using standardized case definitions that account for differences in patient populations.

### 질문 # 48

A hospital is experiencing an increase in vancomycin-resistant Enterococcus (VRE) infections in the hematology-oncology unit.

Which of the following interventions is MOST effective in halting the spread of VRE in this high-risk setting?

- A. Conducting environmental sampling for VRE contamination weekly.
- B. Restricting the use of vancomycin for all patients in the hospital.
- C. Screening all patients on admission and placing positive patients in isolation.
- **D. Implementing a hand hygiene compliance audit and feedback system.**

정답: D

### 설명:

Comprehensive and Detailed In-Depth Explanation:

Hand hygiene remains the single most effective intervention to prevent the spread of vancomycin-resistant Enterococcus (VRE) in healthcare settings. Implementing an audit and feedback system significantly improves compliance and reduces VRE transmission.

Step-by-Step Justification:

\* Hand Hygiene Compliance Audit and Feedback (Best Strategy)

\* Studies show that poor hand hygiene is the primary mode of VRE transmission in hospitals.

\* Implementing real-time auditing with feedback ensures sustained compliance and helps identify weak areas.

\* Why Other Options Are Incorrect:

\* A. Screening all patients and isolating VRE-positive patients:

\* While screening helps identify carriers, contact precautions alone are not sufficient without strong hand hygiene enforcement.

\* B. Restricting vancomycin use:

\* While antimicrobial stewardship is crucial, vancomycin use alone does not drive VRE outbreaks-poor infection control practices do.

\* D. Conducting environmental sampling weekly:

\* Routine sampling is not necessary; immediate terminal disinfection and improved hand hygiene are more effective.

CBIC Infection Control References:

\* APIC Text, "VRE Prevention and Hand Hygiene," Chapter 11.

\* APIC-JCR Workbook, "Antimicrobial Resistance and Infection Control Measures," Chapter 7.

#### 질문 # 49

Which of the following stains is used to identify mycobacteria?

- A. Methylene blue
- B. India ink
- **C. Acid-fast**
- D. Gram

정답: C

설명:

Mycobacteria, including species such as *Mycobacterium tuberculosis* and *Mycobacterium leprae*, are a group of bacteria known for their unique cell wall composition, which contains a high amount of lipid-rich mycolic acids. This characteristic makes them resistant to conventional staining methods and necessitates the use of specialized techniques for identification. The acid-fast stain is the standard method for identifying mycobacteria in clinical and laboratory settings. This staining technique, developed by Ziehl-Neelsen, involves the use of carbol fuchsin, which penetrates the lipid-rich cell wall of mycobacteria. After staining, the sample is treated with acid-alcohol, which decolorizes non-acid-fast organisms, while mycobacteria retain the red color due to their resistance to decolorization-hence the term "acid-fast." This property allows infection preventionists and microbiologists to distinguish mycobacteria from other bacteria under a microscope.

Option B, the Gram stain, is a common differential staining technique used to classify most bacteria into Gram-positive or Gram-negative based on the structure of their cell walls. However, mycobacteria do not stain reliably with the Gram method due to their thick, waxy cell walls, rendering it ineffective for their identification. Option C, methylene blue, is a simple stain used to observe bacterial morphology or as a counterstain in other techniques (e.g., Gram staining), but it lacks the specificity to identify mycobacteria.

Option D, India ink, is used primarily to detect encapsulated organisms such as *Cryptococcus neoformans* by creating a negative staining effect around the capsule, and it is not suitable for mycobacteria.

The CBIC's "Identification of Infectious Disease Processes" domain underscores the importance of accurate diagnostic methods in infection control, including the use of appropriate staining techniques to identify pathogens like mycobacteria. The acid-fast stain is specifically recommended by the CDC and WHO for the initial detection of mycobacterial infections, such as tuberculosis, in clinical specimens (CDC, Laboratory Identification of Mycobacteria, 2008). This aligns with the CBIC Practice Analysis (2022), which emphasizes the role of laboratory diagnostics in supporting infection prevention strategies.

References:

- \* CBIC Practice Analysis, 2022.
- \* CDC Laboratory Identification of Mycobacteria, 2008.
- \* WHO Guidelines for the Laboratory Diagnosis of Tuberculosis, 2014.

#### 질문 # 50

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

정답: B

설명:

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).

### 질문 # 51

A task force formed to focus on *Clostridioides difficile* infections (CDIs). The topic of the meeting discussed selecting the correct germicidal wipe. What important factor does the infection preventionist review?

- A. Size of individual wipes
- B. Correct disposal of the wipe
- C. Cost of a case of wipes
- D. Time the surface remains wet

정답: D

설명:

The correct answer is C, "Time the surface remains wet," as this is the most important factor the infection preventionist (IP) should review when selecting a germicidal wipe for controlling *Clostridioides difficile* infections (CDIs). According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, effective environmental cleaning is a critical component of infection prevention, particularly for pathogens like *C. difficile*, which forms hardy spores that are resistant to many disinfectants. The efficacy of a germicidal wipe depends on the contact time—the duration the surface must remain wet with the disinfectant to ensure the killing of *C. difficile* spores. This is specified by the manufacturer and supported by guidelines from the Centers for Disease Control and Prevention (CDC) and the Environmental Protection Agency (EPA), which emphasize that the disinfectant must remain wet on the surface for the full recommended contact time (typically 1-10 minutes for sporicidal agents) to achieve the desired level of disinfection (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.4 - Implement environmental cleaning and disinfection protocols).

Option A (cost of a case of wipes) is a practical consideration for budgeting but is secondary to efficacy in infection control, especially for a high-priority pathogen like *C. difficile*. Option B (size of individual wipes) may affect coverage and convenience but does not directly impact the wipe's ability to eliminate the pathogen. Option D (correct disposal of the wipe) is important for preventing cross-contamination and ensuring compliance with waste management protocols, but it is a procedural step after use and not the primary factor in selecting the wipe.

The IP's review of contact time aligns with CBIC's focus on evidence-based practices to prevent healthcare-associated infections (HAIs). For *C. difficile*, which is a leading cause of HAIs, selecting a wipe with an appropriate sporicidal agent and ensuring adequate wet contact time is essential to disrupt transmission, particularly in outbreak settings (CDC Guidelines for Environmental Infection Control in Healthcare Facilities, 2019). This factor directly influences the wipe's effectiveness, making it the critical review point for the task force.

References: CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.4 - Implement environmental cleaning and disinfection protocols. CDC Guidelines for Environmental Infection Control in Healthcare Facilities, 2019.

### 질문 # 52

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