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CIC TEST

What is the primary mission of CIC? - answer Gather, Process, Display, Evaluate, Disseminate
(Good People Die Every Day)

What is gathering? - answer The collection of information from various sources.

What sources are used for gathering? - answer RADARS
Voice Radio
Radio Messages
EW Equipment
IFF
Sonar
Tactical data systems
Visual sources
Intelligence reports
Pubs (NWP, ATP, ACP)
Satellites
Charts and Navigational data
OPPLANS, OPORDERS

What is processing? - answer When information is received it is processed so nonessential info is eliminated. Info is sorted, inspected, appraised and correlating all information so it may be displayed and disseminated as necessary.

Describe display - answer Displays information using various devices

What is used to display information? - answer Summary plots
status boards
surface plots
strategic plots
geographic plots NTDS consoles
Maps and charts
Television
Logs and records
AEGIS Display system
Large screen displays

Describe evaluation - answer The process of considering and weighing all available factors and pieces of information to arrive at a sound operational decision, which may

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themselves more and more prominent in the professional field.

CBIC Certified Infection Control Exam Sample Questions (Q105-Q110):

NEW QUESTION # 105
The infection preventionist (IP) is working with the Product Evaluation Committee to select a sporicidal disinfectant for Clostridioides difficile. An effective disinfectant for the IP to recommend is

- A. isopropyl alcohol.
- B. quaternary ammonium compound.
- C. sodium hypochlorite.
- D. phenolic.

Answer: C

Explanation:
The correct answer is D, "sodium hypochlorite," as it is an effective sporicidal disinfectant for Clostridioides difficile that the infection preventionist (IP) should recommend. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, Clostridioides difficile (C. difficile) is a spore- forming bacterium responsible for significant healthcare-associated infections (HAIs), and its spores are highly resistant to many common disinfectants. Sodium hypochlorite (bleach) is recognized by the Centers for Disease Control and Prevention (CDC) and the Environmental Protection Agency (EPA) as a sporicidal agent capable of inactivating C. difficile spores when used at appropriate concentrations (e.g., 1:10 dilution of household bleach) and with the recommended contact time (CBIC Practice Analysis, 2022, Domain III:
Infection Prevention and Control, Competency 3.4 - Implement environmental cleaning and disinfection protocols). This makes it a preferred choice for environmental disinfection in outbreak settings or areas with known C. difficile contamination.
Option A (quaternary ammonium compound) is effective against many bacteria and viruses but lacks sufficient sporicidal activity against C. difficile spores, rendering it inadequate for this purpose. Option B (phenolic) has broad-spectrum antimicrobial properties but is not reliably sporicidal and is less effective against C. difficile spores compared to sodium hypochlorite. Option C (isopropyl alcohol) is useful for disinfecting surfaces and killing some pathogens, but it is not sporicidal and evaporates quickly, making it ineffective against C. difficile spores.
The IP's recommendation of sodium hypochlorite aligns with CBIC's emphasis on selecting disinfectants based on their efficacy against specific pathogens and adherence to evidence-based guidelines (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.5 - Evaluate the environment for infection risks). Proper use, including correct dilution and contact time, is critical to ensure effectiveness, and the IP should collaborate with the Product Evaluation Committee to ensure implementation aligns with safety and regulatory standards (CDC Guidelines for Environmental Infection Control in Healthcare Facilities, 2019).
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. CDC Guidelines for Environmental Infection Control in Healthcare Facilities, 2019.

NEW QUESTION # 106
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.

Answer: D

Explanation:
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.

NEW QUESTION # 107
A patient has an oral temperature of 101° F (38.33 C). Erythema and tenderness arc noted at the central line site. Blood samples are submitted for culture and intravenous vancomycin is ordered. This is an example of which of the following forms of antibiotic treatment?

- A. Broad spectrum
- B. Prophylactic
- C. Experimental
- D. Empiric

Answer: D

Explanation:
Empiric antibiotic therapy is the immediate initiation of antibiotics based on clinical judgment before laboratory confirmation of an infection. In this case, the presence of fever, erythema, and tenderness at the central line site suggests a possible bloodstream infection, prompting empiric treatment with vancomycin.
Step-by-Step Justification:
* Initiation Before Lab Confirmation:
* Empiric therapy starts treatment based on symptoms while awaiting culture results.
* Prevents Complications:
* Delayed treatment in central line-associated bloodstream infections (CLABSI) can lead to sepsis.
* Common in High-Risk Situations:
* Empiric treatment is used in cases where waiting for lab results could worsen the patient's condition.
Why Other Options Are Incorrect:
* B. Prophylactic:
* Prophylactic antibiotics are given to prevent infection, not to treat an existing one.
* C. Experimental:
* Experimental treatment refers to clinical trials or unproven therapies, which does not apply here.
* D. Broad spectrum:
* Broad-spectrum antibiotics cover multiple bacteria, but empiric therapy may be narrow- spectrum based on suspected pathogens.
CBIC Infection Control References:
* APIC Text, Chapter on Antimicrobial Stewardship and Empiric Therapy.

NEW QUESTION # 108
Hand-hygiene audits in a long-term care facility have demonstrated consistently low levels of staff compliance. An infection preventionist is planning an education program to try to improve hand-hygiene rates. Regarding assessment of the effectiveness of the education program, which of the following is true?

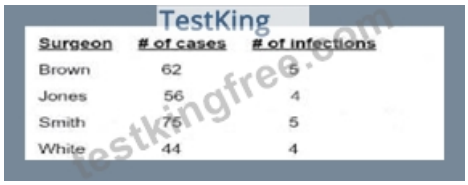
- A. An evaluation of the program is not required if the program is mandatory.
- B. A change between pre- and post-test scores correlates well with the expected change in hand-hygiene compliance.
- C. Repeated observations of staff will be required in order to demonstrate that the program has been effective.
- D. A summative evaluation will accurately reflect the extent to which participants will change their hand- hygiene practices.

Answer: C

Explanation:
The correct answer is B, "Repeated observations of staff will be required in order to demonstrate that the program has been effective," as this statement is true regarding the assessment of the effectiveness of the education program. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, evaluating the impact of an education program on hand-hygiene compliance in a long-term care facility requires ongoing monitoring to assess sustained behavior change. Repeated observations provide direct evidence of staff adherence to hand-hygiene protocols over time, allowing the infection preventionist (IP) to measure the program's effectiveness beyond initial training (CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competency 4.2 - Evaluate the effectiveness of educational programs). This method aligns with the World Health Organization (WHO) and CDC recommendations for hand-hygiene improvement, which emphasize continuous auditing to ensure lasting improvements in compliance rates.

Option A (a summative evaluation will accurately reflect the extent to which participants will change their hand-hygiene practices) is incorrect because a summative evaluation, typically conducted at the end of a program, assesses overall outcomes but does not predict future behavior changes or account for long-term compliance, which is critical in this context. Option C (a change between pre- and post-test scores correlates well with the expected change in hand-hygiene compliance) is misleading; while pre- and post-tests can measure knowledge gain, they do not reliably correlate with actual practice changes, as knowledge does not always translate to behavior without observation. Option D (an evaluation of the program is not required if the program is mandatory) is false, as mandatory programs still require evaluation to verify effectiveness, especially when addressing low compliance, per CBIC and quality improvement standards.
The focus on repeated observations aligns with CBIC's emphasis on data-driven assessment to improve infection prevention practices, ensuring that the education program leads to sustained hand-hygiene improvements and reduces healthcare-associated infections (CBIC Practice Analysis, 2022, Domain II:
Surveillance and Epidemiologic Investigation, Competency 2.4 - Evaluate the effectiveness of infection prevention and control interventions).
References: CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.4 - Evaluate the effectiveness of infection prevention and control interventions; Domain IV:
Education and Research, Competency 4.2 - Evaluate the effectiveness of educational programs. WHO Guidelines on Hand Hygiene in Health Care, 2009. CDC Hand Hygiene in Healthcare Settings, 2019.

NEW QUESTION # 109
Surgical site infection (SSI) data for the previous quarter reveal the following numbers. The surgeon with the highest infection rate is Doctor

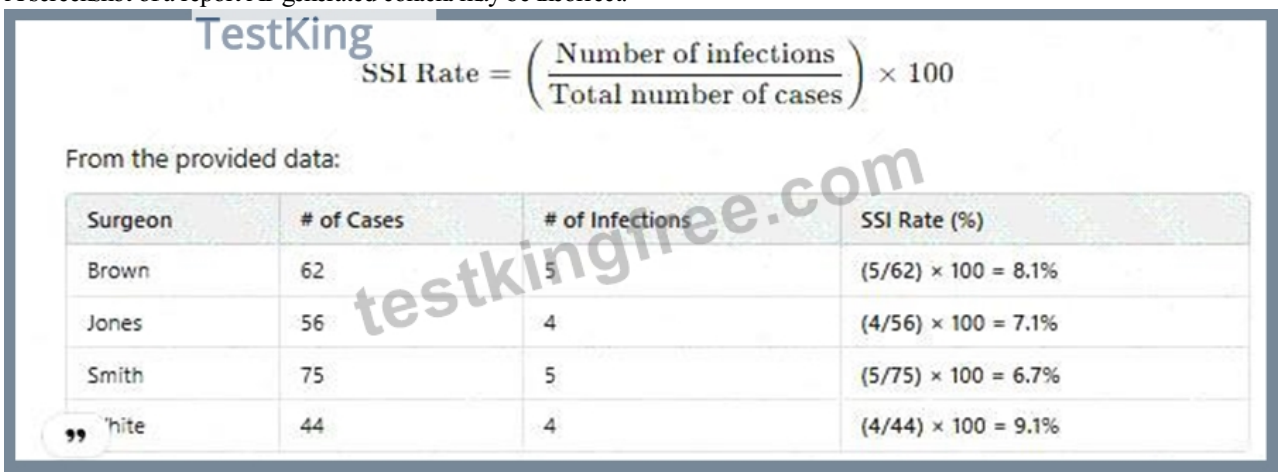


Surgeon	# of cases	# of infections
Brown	62	5
Jones	56	4
Smith	75	5
White	44	4

- A. White
- B. Jones.
- C. Smith
- D. Brown

Answer: A

Explanation:
To determinewhich surgeon has the highest surgical site infection (SSI) rate, use the following formula:
A screenshot of a report AI-generated content may be incorrect.



$$\text{SSI Rate} = \left(\frac{\text{Number of infections}}{\text{Total number of cases}}\right) \times 100$$

From the provided data:

Surgeon	# of Cases	# of Infections	SSI Rate (%)
Brown	62	5	(5/62) × 100 = 8.1%
Jones	56	4	(4/56) × 100 = 7.1%
Smith	75	5	(5/75) × 100 = 6.7%
White	44	4	(4/44) × 100 = 9.1%

SinceDr. White has the highest SSI rate at 9.1%, the correct answer isD. White.
CBIC Infection Control Reference
SSI rates are calculated usinginfection count per total proceduresand reported aspercentage values.

NEW QUESTION # 110
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