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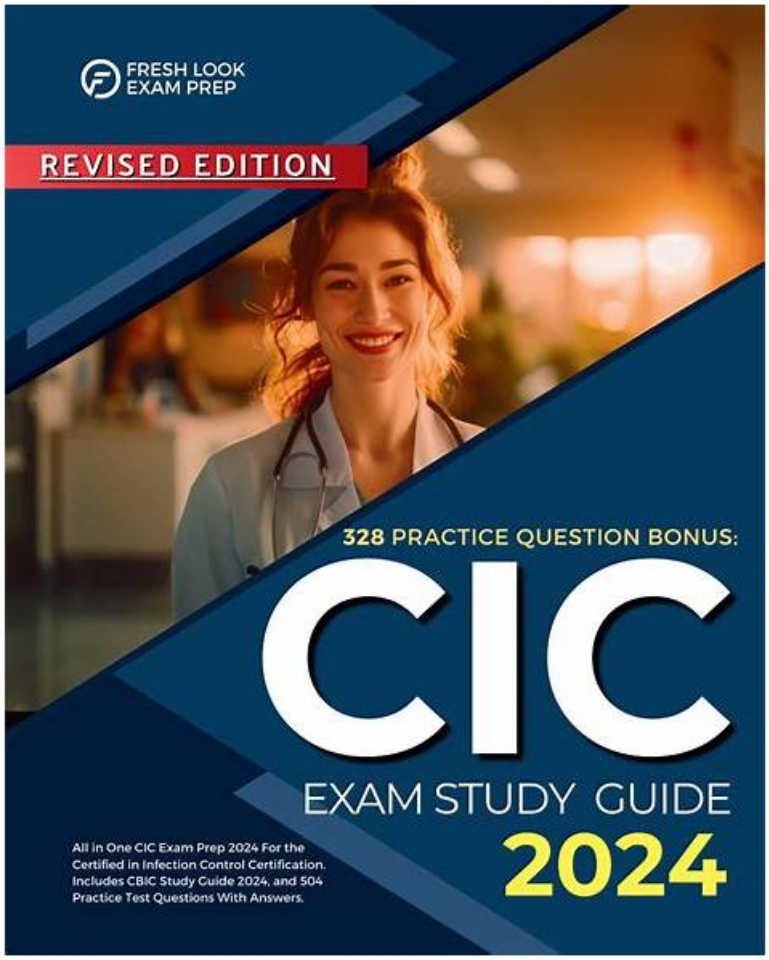

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>> Prep CIC Guide <<

Newest Prep CIC Guide - 100% Pass CIC Exam

These CBIC Certified Infection Control Exam (CIC) exam questions are a one-time investment to clear the CIC test in a short time. These CIC exam questions eliminate the need for candidates to study extra or irrelevant content, allowing them to complete their CBIC test preparation quickly. By avoiding unnecessary information, you can save time and crack the CBIC Certified Infection Control Exam (CIC) certification exam in one go. Check out the features of the three formats.

CBIC Certified Infection Control Exam Sample Questions (Q30-Q35):

NEW QUESTION # 30

An infection preventionist is notified of a patient with Gram negative diplococci from a cerebral spinal fluid specimen. The patient was intubated during ambulance transport and intravenous lines are placed after arrival to the Emergency Department (ED). The patient was immediately placed in Droplet Precautions upon admission to the ED. Which of the following statements is true regarding the need for evaluating exposure to communicable illness?

- A. Ambulance personnel should be evaluated for possible exposure.
- B. ED personnel should be evaluated for possible exposure.
- C. Follow-up evaluation is not required for this laboratory finding.
- D. Follow-up evaluation is not necessary as the appropriate precautions were promptly instituted.

Answer: A

Explanation:
The correct answer is C, "Ambulance personnel should be evaluated for possible exposure," as this statement is true regarding the need for evaluating exposure to communicable illness. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, the presence of Gram negative diplococci in a cerebral spinal fluid (CSF) specimen is suggestive of a serious bacterial infection, most likely Neisseria meningitidis, which causes meningococcal disease. This condition is highly contagious and can be transmitted through respiratory droplets or direct contact with respiratory secretions, particularly during procedures like intubation (CBIC Practice Analysis, 2022, Domain I: Identification of Infectious Disease Processes, Competency 1.1 - Identify infectious disease processes). The patient was intubated during ambulance transport, creating a potential aerosol-generating procedure (AGP) that could have exposed ambulance personnel to infectious droplets before Droplet Precautions were instituted upon arrival at the Emergency Department (ED). Therefore, evaluating ambulance personnel for possible exposure is necessary to assess their risk and determine if post-exposure prophylaxis (e.g., antibiotics) or monitoring is required.
Option A (follow-up evaluation is not required for this laboratory finding) is incorrect because the identification of Gram negative diplococci in CSF is a critical finding that warrants investigation due to the potential for meningococcal disease, a reportable and transmissible condition. Option B (ED personnel should be evaluated for possible exposure) is less applicable since the patient was immediately placed in Droplet Precautions upon ED admission, minimizing exposure risk to ED staff after that point, though it could be considered if exposure occurred before precautions were fully implemented. Option D (follow-up evaluation is not necessary as the appropriate precautions were promptly instituted) is inaccurate because the prompt institution of Droplet Precautions in the ED does not retroactively address the exposure risk during ambulance transport, where precautions were not in place.
The focus on evaluating ambulance personnel aligns with CBIC's emphasis on identifying and mitigating transmission risks associated with communicable diseases, particularly in high-risk settings like ambulance transport (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.2 - Implement measures to prevent transmission of infectious agents). This step is supported by CDC guidelines, which recommend exposure evaluation and prophylaxis for close contacts of meningococcal disease cases (CDC Meningococcal Disease Management, 2021).
References: CBIC Practice Analysis, 2022, Domain I: Identification of Infectious Disease Processes, Competency 1.1 - Identify infectious disease processes; Domain III: Infection Prevention and Control, Competency 3.2 - Implement measures to prevent transmission of infectious agents. CDC Meningococcal Disease Management, 2021.

NEW QUESTION # 31
An infection preventionist has been asked to consult on disinfectant products for use in a long term care home. What should their primary concern be?

- A. Patient care items are cleaned whenever visibly soiled.
- B. Disinfectant products should have a mild odor to reduce allergy concerns.
- C. An appropriate disinfectant should be available whenever items are used on patients known to be colonized with multi drug resistant organisms.
- D. Disinfectant products should be compatible with the patient care devices used by the facility.

Answer: D

Explanation:
The most critical factor in choosing disinfectants in long-term care iscompatibility with medical devicesto prevent damage and ensure safety. Improper selection can compromise disinfection efficacy and equipment longevity.
* TheAPIC/JCR Workbookhighlights:
"Organizations should evaluate compatibility of disinfectant products with the materials used in patient care equipment.
Incompatibility can lead to equipment degradation or malfunction".
* This ensures compliance with manufacturer instructions and preserves warranty and functionality.
References:
APIC/JCR Workbook, 4th Edition, Chapter 8 - Disinfection and Sterilization

NEW QUESTION # 32
A 36-year-old female presents to the Emergency Department with a petechial rash, meningitis, and cardiac arrest. During the resuscitation, a phlebotomist sustained a needlestick injury. The next day, blood cultures reveal Neisseria meningitidis. The exposure management for the phlebotomist is:

- A. A tuberculin skin test now and in ten weeks.
- B. Prophylactic rifampin plus isoniazid.
- C. Work furlough from day ten to day 21 after exposure.
- D. A review of the phlebotomist's hepatitis B vaccine status.

Answer: C

Explanation:
The scenario involves a needlestick injury sustained by a phlebotomist during the resuscitation of a patient diagnosed with Neisseria meningitidis infection, characterized by a petechial rash, meningitis, and cardiac arrest. Neisseria meningitidis is a gram-negative diplococcus that can cause meningococcal disease, including meningitis and septicemia, and is transmitted through direct contact with respiratory secretions or, in rare cases, blood exposure. The exposure management for the phlebotomist must align with infection control guidelines, such as those from the Certification Board of Infection Control and Epidemiology (CBIC) and the CDC, to prevent potential infection. Let's evaluate each option:
* A. Prophylactic rifampin plus isoniazid: Prophylactic antibiotics are recommended for close contacts of individuals with meningococcal disease to prevent secondary cases. Rifampin is a standard prophylactic agent for Neisseria meningitidis exposure, typically administered as a 2-day course (e.g., 600 mg every
12 hours for adults). Isoniazid, however, is used for tuberculosis (TB) prophylaxis and is not indicated for meningococcal disease. Combining rifampin with isoniazid is incorrect, as it reflects a confusion with TB management rather than meningococcal exposure. This option is not appropriate.
* B. A tuberculin skin test now and in ten weeks: A tuberculin skin test (TST) or interferon-gamma release assay (IGRA) is used to screen for latent tuberculosis infection, with a follow-up test at 8-10 weeks to detect conversion after potential TB exposure. Neisseria meningitidis is not related to TB, and a needlestick injury from a meningococcal patient does not warrant TB testing. This option is irrelevant to the scenario and not the correct exposure management.
* C. Work furlough from day ten to day 21 after exposure: Neisseria meningitidis has an incubation period of 2-10 days, with a maximum of about 14 days in rare cases. The CDC and WHO recommend that healthcare workers exposed to meningococcal disease via needlestick or mucosal exposure be monitored for signs of infection (e.g., fever, rash) and, if symptomatic, isolated and treated.
Additionally, a work restriction or furlough from day 10 to day 21 after exposure is advised to cover the potential incubation period, especially if prophylaxis is declined or contraindicated. This allows time to observe for symptoms and prevents transmission to vulnerable patients. This is a standard infection control measure and the most appropriate initial management step pending prophylaxis decision.
* D. A review of the phlebotomist's hepatitis B vaccine status: Reviewing hepatitis B vaccine status is a critical step following a needlestick injury, as hepatitis B can be transmitted through blood exposure.
However, this applies to bloodborne pathogens (e.g., HBV, HCV, HIV) and is not specific to Neisseria meningitidis, which is primarily a respiratory or mucosal pathogen. While hepatitis B management (e.
g., post-exposure prophylaxis with hepatitis B immunoglobulin or vaccine booster) should be addressed as part of a comprehensive needlestick protocol, it is not the first or most relevant priority for meningococcal exposure.
The best answer is C, as the work furlough from day 10 to day 21 after exposure addresses the specific risk of meningococcal disease following a needlestick injury. This aligns with CBIC's focus on timely intervention and work restriction to prevent transmission in healthcare settings. Prophylactic antibiotics (e.g., rifampin) should also be considered, but the question asks for the exposure management, and furlough is a primary control measure. Hepatitis B and TBconsiderations are secondary and managed separately.
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CBIC Infection Prevention and Control (IPC) Core Competency Model (updated 2023), Domain III:
Prevention and Control of Infectious Diseases, which includes protocols for managing exposure to communicable diseases like meningococcal infection.
CBIC Examination Content Outline, Domain IV: Environment of Care, which addresses work restrictions and exposure management.
CDC Guidelines for Meningococcal Disease Prevention and Control (2023), which recommend work furlough and monitoring for exposed healthcare workers.

NEW QUESTION # 33

Which of the following statements is true in considering work reassignment for pregnant employees?

- A. Pregnant employees who are not immune to varicella should be excluded from pediatrics
- B. Pregnant employees who are positive for hepatitis B surface antibody may not care for hepatitis B patients
- C. Pregnant employees rarely require work reassignments
- D. Pregnant employees should not be assigned to patients with known infections

Answer: A

Explanation:
Pregnant healthcare workerswho are not immune to varicella (chickenpox)are atincreased risk for severe complicationsif infected. These employees should be excluded from areas like pediatrics where exposure risk is elevated.
* TheAPIC Textspecifies:
"Healthcare personnel who are not immune to varicella should avoid exposure to patients with active disease.
In high-risk areas such as pediatrics, nonimmune pregnant employees should be reassigned".
* TheCIC Study Guidealso supports work exclusion or reassignment of nonimmune pregnant staff who have had exposure to varicella or are at risk.
* Explanation of incorrect options:
* A. Pregnant employees rarely require reassignment- False; reassignment is required in specific high-risk scenarios.
* B. Hepatitis B surface antibody positivitymeans the employee is immune and can care for HBV patients.
* C. Broad exclusion from all infected patientsis unnecessary and impractical.
References:
APIC Text, 4th Edition, Chapter 105 - Immunization of Healthcare Personnel CIC Study Guide, 6th Edition, Employee Health Chapter

NEW QUESTION # 34
Which of the following findings indicates that a sputum sample has been properly collected from a patient with possible bacterial pneumonia?

- A. Numerous neutrophils and few, if any, epithelial cells.
- B. Many epithelial cells and few neutrophils.
- C. Presence of both gram-positive and gram-negative bacteria.
- D. Presence of blood.

Answer: A

Explanation:
The CBIC Certified Infection Control Exam Study Guide (6th edition) explains that the quality of a sputum specimen is critical for accurate diagnosis of bacterial pneumonia. A properly collected sputum sample should originate from the lower respiratory tract, not from saliva or the oropharynx. Microscopic examination of the specimen-typically using a Gram stain-is used to assess specimen adequacy before culture results are interpreted.
A high-quality sputum specimen is characterized by numerous neutrophils and few or no squamous epithelial cells. Neutrophils indicate an inflammatory response in the lower airways, consistent with bacterial infection.
In contrast, epithelial cells originate from the mouth and upper respiratory tract; a large number of epithelial cells suggests contamination with saliva and an improperly collected specimen.
Option A correctly describes these criteria and therefore indicates proper specimen collection. Option C reflects poor-quality sputum contaminated with oral secretions and should be rejected or recollected. Option B (presence of blood) may occur in pneumonia but does not indicate specimen quality. Option D is nonspecific and may represent contamination or colonizing flora rather than true infection.
For the CIC exam, it is important to recognize that specimen validity precedes interpretation of microbiologic results. The presence of abundant neutrophils with minimal epithelial cells confirms that the sputum sample is appropriate for diagnosing bacterial pneumonia and supports accurate clinical and epidemiologic decision-making.

NEW QUESTION # 35
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