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CBIC CIC Practice Exam with complete questions and answers

Medical intervention factors that affect risk of infection - answerindwelling 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 - answerdisinfectant type used, contact with animals, hand hygiene

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

DMAIC - answerD=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? - answerDetection 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 - answernumber of persons ill on the date divided by the population on that date.

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

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You can get a reimbursement if you don't pass the CBIC Certified Infection Control Exam. This means that you can take the CBIC Certified Infection Control Exam (CIC) with confidence because you know you won't loose any money if you don't pass the CBIC Certified Infection Control Exam (CIC) exam. This is a great way to ensure that you're investing in your future in the correct way with CBIC CIC exam questions.

CBIC Certified Infection Control Exam Sample Questions (Q40-Q45):

NEW QUESTION # 40
Which of the following is an essential element of practice when sending biohazardous samples from one location to another?

- A. Ship using triple-containment packaging
- B. Transport by an authorized biohazard transporter
- C. Store in a cooler that is labeled as a health hazard
- D. Electronically log and send via overnight delivery

Answer: A

Explanation:
The safe transport of biohazardous samples, such as infectious agents, clinical specimens, or diagnostic materials, is a critical aspect of infection prevention and control to prevent exposure and environmental contamination. The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes adherence to regulatory and safety standards in the "Prevention and Control of Infectious Diseases" domain, which includes proper handling and shipping of biohazardous materials. The primary guideline governing this practice is the U.S. Department of Transportation (DOT) Hazardous Materials Regulations (HMR) and the International Air Transport Association (IATA) Dangerous Goods Regulations, which align with global biosafety standards.
Option A, "Ship using triple-containment packaging," is the essential element of practice. Triple-containment packaging involves three layers: a primary watertight container holding the sample, a secondary leak-proof container with absorbent material, and an outer rigid packaging (e.g., a box) that meets shipping regulations.
This system ensures that biohazardous materials remain secure during transport, preventing leaks or breaches that could expose handlers or the public. The CDC and WHO endorse this method as a fundamental requirement for shipping Category A (high-risk) and Category B (moderate-risk) infectious substances, making it the cornerstone of safe transport practice.
Option B, "Electronically log and send via overnight delivery," is a useful administrative and logistical step to track shipments and ensure timely delivery, but it is not the essential element. While documentation and rapid delivery are important for maintaining chain of custody and sample integrity, they are secondary to the physical containment provided by triple packaging. Option C, "Transport by an authorized biohazard transporter," is a necessary step to comply with regulations, as only trained and certified transporters can handle biohazardous materials. However, this is contingent on proper packaging; without triple containment, transport authorization alone is insufficient. Option D, "Store in a cooler that is labeled as a health hazard," may be part of preparation (e.g., maintaining sample temperature), but labeling alone does not address the containment or transport safety required during shipment. Coolers are often used, but the focus on labeling as a health hazard is incomplete without the triple-containment structure.
The CBIC Practice Analysis (2022) supports compliance with federal and international shipping regulations, which prioritize triple-containment packaging as the foundational practice to mitigate risks. The CDC's Biosafety in Microbiological and Biomedical Laboratories (BMBL, 6th Edition, 2020) and IATA guidelines further specify that triple packaging is mandatory for all biohazardous shipments, reinforcing Option A as the correct answer.
References:
* CBIC Practice Analysis, 2022.
* CDC Biosafety in Microbiological and Biomedical Laboratories (BMBL), 6th Edition, 2020.
* U.S. DOT Hazardous Materials Regulations (49 CFR Parts 171-180).
* IATA Dangerous Goods Regulations, 2023.

NEW QUESTION # 41
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. Blood culture
- B. Sputum culture
- C. Nasopharyngeal swab
- D. Legionella serology

Answer: C

Explanation:
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.

NEW QUESTION # 42
A 21-ycnr-old college student was admitted with a high fever. The Emergency Department physician be gan immediate treatment with intravenous vancomycin and ceftriaxone while awaiting blood, urine, and cerebrospinal fluid cultures. The following day. the cultures of both the blood and the cerebrospinal fluid were reported to be growing meningococci. The patient was placed on precautions on admission. Which of the following is correct?

- A. Airborne precautions may be discontinued after 24 hours of therapy.
- B. Droplet precautions may be discontinued after 24 hours of therapy.
- C. Airborne precautions must continue.
- D. Droplet precautions must continue

Answer: B

Explanation:
Meningococcal infections, such as Neisseria meningitidis, are transmitted via respiratory droplets.
According to APIC and CDC guidelines, patients with meningococcal disease should be placed on Droplet Precautions upon admission. These precautions can be discontinued after 24 hours of effective antibiotic therapy.
Why the Other Options Are Incorrect?
* B. Droplet precautions must continue - Droplet Precautions are not needed beyond 24 hours of appropriate therapy because treatment rapidly reduces infectiousness.
* C. Airborne precautions may be discontinued after 24 hours of therapy - Meningococcal infection is not airborne, so Airborne Precautions are never required.
* D. Airborne precautions must continue - Incorrect because meningococci do not transmit via airborne particles.
CBIC Infection Control Reference
According to APIC guidelines, Droplet Precautions should be maintained for at least 24 hours after effective antibiotic therapy initiation.

NEW QUESTION # 43
The infection preventionist understands that the heating, ventilation and air conditioning (HVAC) systems in the facility can be a risk factor for healthcare-acquired infections. What is the MOST likely risk from the HVAC system for patients in a Pediatric Oncology unit?

- A. Methicillin-resistant Staphylococcus aureus (MRSA)
- B. Norovirus
- C. Clostridioides difficile
- D. Aspergillus spp.

Answer: D

Explanation:
Patients in pediatric oncology units are highly immunocompromised, making them particularly susceptible to opportunistic fungal infections such asAspergillusspp. HVAC systems, especially if improperly maintained or contaminated, can disseminate fungal spores into patient care areas.
* According to theAPIC Text (Chapter 116 - HVAC Systems), fungal spores such asAspergilluscan be transmitted via HVAC systems. These infections have been linked to contaminated air ducts, faulty air filters, and construction-related air disturbances. Outbreaks of aspergillosis are frequently associated with construction near patient care areas and are particularly dangerous for immunocompromised patients, including pediatric oncology patients.
* Additional data fromAPIC Text (Chapter 45 - Infection Prevention in Oncology Patients)reinforces thatAspergillusspp. infections in oncology and immunocompromised patients are primarily airborne and are most often disseminated via HVAC systems.
* Incorrect answer rationale:
* A. MRSA- Typically spread via direct contact, not HVAC.
* B. Norovirus- Spread via fecal-oral route and contaminated surfaces, not airborne HVAC.
* D.Clostridioides difficile- Spread via contact with spores on surfaces, not through the air.
References:
APIC Text, 4th Edition, Chapter 116 - Heating, Ventilation, and Air Conditioning APIC Text, 4th Edition, Chapter 45 - Infection Prevention in Oncology and Immunocompromised Patients

NEW QUESTION # 44
Documentation of each steam sterilization cycle should include which of the following pieces of information?

- A. Load contents
- B. Machine model number
- C. Date sterilizer was cleaned
- D. Initials of the person who prepared the instrument set

Answer: A

Explanation:
Documentation of each steam sterilization cycle is a regulatory and quality requirement. It must includeload contents, thesterilizer ID,date,cycle number, and theperson who assembled the load. These details support traceability and quality assurance.
* TheAPIC Textstates:
"Each item or package should be labeled with a lot-control identifier that includes the sterilizer identification number or code, a detailed list of the contents, an identifier for the person who assembled the package, the date of sterilization, the cycle number..."
* Other options like themachine model numberordate sterilizer was cleanedare not routine documentation elements for every cycle.
References:
APIC Text, 4th Edition, Chapter 108 - Sterile Processing

NEW QUESTION # 45
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