

# Practice CIC Test Engine | Reliable CIC Exam Questions

## CIC Exam Outline

Content Categories	Scored Questions
1. Identification and Infectious Disease Processes	22
2. Surveillance and Epidemiologic Investigation	22
3. Preventing/Controlling the Transmission of Infectious Agents	22
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6. Education and Research	12
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8. Cleaning, Disinfection, and Sterilization of Medical Devices and Equipment	18

**Time limit:** 3 hours

**Total questions:** 150

**Question format:** Multiple-choice

**Delivery format:** Computer-based

**Mometrix** TEST PREPARATION

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The field of CBIC is growing rapidly and you need the CBIC CIC certification to advance your career in it. But clearing the CBIC Certified Infection Control Exam (CIC) test is not an easy task. Applicants often don't have enough time to study for the CIC Exam. They are in desperate need of real CIC exam questions which can help them prepare for the CBIC Certified Infection Control Exam (CIC) test successfully in a short time.

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## Reliable CIC Exam Questions & CIC Real Question

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## CBIC Certified Infection Control Exam Sample Questions (Q165-Q170):

### NEW QUESTION # 165

A patient with shortness of breath and a history of a tuberculin skin test (TST) of 15 mm induration was admitted to a semi-private room. The infection preventionist's FIRST action should be to

- A. contact the roommate's physician to initiate TST.
- B. report the findings to the Employee Health Department to initiate exposure follow-up of hospital staff.
- C. transfer the patient to an airborne infection isolation room and initiate appropriate isolation for tuberculosis (TB).
- D. review the patient's medical record to determine the likelihood of pulmonary tuberculosis (TB).

**Answer: D**

Explanation:

Before initiating airborne precautions, the infection preventionist must first confirm the clinical suspicion of active TB.

Step-by-Step Justification:

\* Confirming Active TB:

\* A positive tuberculin skin test (TST) alone does not indicate active disease.

\* A review of chest X-ray, symptoms, and risk factors is needed.

\* Medical Record Review:

\* Past TB history, imaging, and sputum testing are key to diagnosis.

\* Not all TST-positive patients require isolation.

Why Other Options Are Incorrect:

\* A. Contact the roommate's physician to initiate TST: Premature, as no confirmation of active TB exists yet.

\* C. Report findings to Employee Health for staff follow-up: Should occur only after TB confirmation.

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\* D. Transfer to airborne isolation immediately: Airborne isolation is necessary only if active TB is suspected based on clinical findings.

CBIC Infection Control References:

### NEW QUESTION # 166

A patient has a draining sinus at the site of a left total hip arthroplasty. A culture from the sinus tract reveals four organisms. Which of the following specimens is optimal for identifying the etiologic agent?

- A. Joint aspirate
- B. Blood
- C. Sinus tract tissue
- D. Wound drainage

**Answer: A**

Explanation:

The optimal specimen for identifying the etiologic agent in a prosthetic joint infection (PJI) is a joint aspirate (synovial fluid). This is because:

\* It provides direct access to the infected site without contamination from external sources.

\* It allows for accurate microbiologic culture, Gram stain, and leukocyte count analysis.

Why the Other Options Are Incorrect?

\* A. Blood - Blood cultures may help detect hematogenous spread but are not the best sample for identifying localized prosthetic joint infections.

\* B. Wound drainage - Wound cultures often contain contaminants from surrounding skin flora and do not accurately reflect joint space infection.

\* D. Sinus tract tissue - Cultures from sinus tracts often represent colonization rather than the primary infecting organism.

CBIC Infection Control Reference

APIC guidelines confirm that joint aspirate is the most reliable specimen for diagnosing prosthetic joint infections.

### NEW QUESTION # 167

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

- A. Electronically log and send via overnight delivery

- B. Ship using triple-containment packaging
- C. Store in a cooler that is labeled as a health hazard
- D. Transport by an authorized biohazard transporter

**Answer: B**

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 # 168

An infection preventionist is informed that there is a possible cluster of streptococcal meningitis in the neonatal intensive care unit. Which of the following streptococcal serogroups is MOST commonly associated with meningitis in neonates beyond one week of age?

- A. Group D
- B. Group A
- C. Group B
- D. Group C

**Answer: C**

Explanation:

Group B Streptococcus (*Streptococcus agalactiae*) is the most common cause of neonatal bacterial meningitis beyond one week of age.

Step-by-Step Justification:

- \* Group B Streptococcus (GBS) and Neonatal Infections:
- \* GBS is a leading cause of late-onset neonatal meningitis (occurring after 7 days of age).
- \* Infection typically occurs through vertical transmission from the mother or postnatal exposure.
- \* Neonatal Risk Factors:
- \* Premature birth, prolonged rupture of membranes, and maternal GBS colonization increase risk.

Why Other Options Are Incorrect:

- \* A. Group A: Rare in neonates and more commonly associated with pharyngitis and skin infections.

- \* C. Group C: Typically associated with animal infections and rarely affects humans.
  - \* D. Group D: Includes Enterococcus, which can cause neonatal infections but is not the most common cause of meningitis.
- CBIC Infection Control References:
- \* APIC Text, "Group B Streptococcus and Neonatal Meningitis".

### NEW QUESTION # 169

A facility's goal is to increase hand-hygiene compliance from the current 52% to 75% within 12 months. A gap analysis identifies several different issues. Which of the following is BEST suited for summarizing these issues?

- A. Affinity diagram
- B. Gantt chart
- C. Flow chart
- D. Ishikawa diagram

**Answer: D**

Explanation:

An Ishikawa diagram (fishbone diagram) is used to visually represent cause-and-effect relationships in problem analysis. It is best for summarizing and categorizing issues found in a gap analysis related to infection prevention.

\* The APIC Text confirms:

"A fishbone diagram (also called a tree diagram or Ishikawa) allows a team to identify, explore, and graphically display all of the possible causes related to a problem to discover the root cause".

\* It's particularly useful in quality improvement and infection prevention project analysis.

References:

CBIC Study Guide, 6th Edition, Chapter on Quality Concepts

APIC Text, 4th Edition, Chapter 16 - Quality Concepts

### NEW QUESTION # 170

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