CIC Latest Study Questions - CIC Valid Dumps Sheet


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How many Major Diagnostic Categories (MDCs) are in the MS-DRG system? - ✓✓25

What is the correct CMS definition for POA indicator W - ✓✓Clinically undetermined. Provider unable to clinically determine whether the condition was present at the time of inpatient admission

The inpatient admission certification form must be signed by whom - ✓✓The admitting or attending physician

Which type of DRG system uses degrees of Severity of Illness and Risk of Mortality to determine the DRG? - ✓✓APR-DRG

Under APCs payment status indicator C indicates - ✓✓Inpatient only procedure

If a patient is admitted for surgery, The Joint Commission requires that a history and physical be available for review in the patient's medical record - ✓✓No more than 30 days prior to surgery, or within 24 hours after admission, but, prior to the surgery

Which of the following types of corrective actions can be imposed by a MAC as a result of a complex medical review - ✓✓Provider notification / feedback AND Prepayment or Postpayment review

If a provider needs to make a change to an entry in the electronic medical record, he/she should - ✓✓Identify the incorrect entry, and write a signed and dated addendum to the record to make the correction

The abbreviation "TORB" stands for - ✓✓telephone order, read back

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100% Pass 2026 CIC: CBIC Certified Infection Control Exam Updated Latest Study Questions

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CBIC Certified Infection Control Exam Sample Questions (Q226-Q231):

NEW QUESTION # 226
In which of the following ways is human immunodeficiency virus similar to the Hepatitis B virus?

- A. The risk of infection from mucous membrane exposure is the same
- B. Transmission may occur from asymptomatic carriers
- C. Needlestick exposure leads to a high frequency of healthcare worker infection
- D. The primary mechanism of transmission for both is maternal-fetal

Answer: B

Explanation:
The human immunodeficiency virus (HIV) and Hepatitis B virus (HBV) are both bloodborne pathogens that pose significant risks in healthcare settings, and understanding their similarities is crucial for infection prevention and control. The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes the importance of recognizing transmission modes and implementing appropriate precautions in the
"Prevention and Control of Infectious Diseases" domain, aligning with guidelines from the Centers for Disease Control and Prevention (CDC). Comparing these viruses involves evaluating their epidemiology, transmission routes, and occupational risks.
Option C, "Transmission may occur from asymptomatic carriers," is the correct answer. Both HIV and HBV can be transmitted by individuals who are infected but show no symptoms, making asymptomatic carriage a significant similarity. For HBV, chronic carriers (estimated at 257 million globally per WHO, 2019) can transmit the virus through blood, semen, or other bodily fluids without overt signs of disease. Similarly, HIV- infected individuals can remain asymptomatic for years during the latent phase, yet still transmit the virus through sexual contact, blood exposure, or perinatal transmission. The CDC's "Guidelines for Prevention of Transmission of HIV and HBV to Healthcare Workers" (1987, updated 2011) and "Epidemiology and Prevention of Viral Hepatitis" (2018) highlight this shared characteristic, underscoring the need for universal precautions regardless of symptom status.
Option A, "The primary mechanism of transmission for both is maternal-fetal," is incorrect. While maternal- fetal transmission (perinatal transmission) is a significant route for both HIV and HBV-occurring in 5-10% of cases without intervention for HBV and 15-45% for HIV without antiretroviral therapy-it is not the primary mechanism. For HBV, the primary mode is horizontal transmission through unprotected sexual contact or percutaneous exposure (e.g., needlesticks), accounting for the majority of cases. For HIV, sexual transmission and intravenous drug use are the leading modes globally, with maternal-fetal transmission being a smaller proportion despite its importance. Option B, "Needlestick exposure leads to a high frequency of healthcare worker infection," is partially true but not a precise similarity. Needlestick exposures carry a high risk for HBV (transmission risk ~30% if the source is HBeAg-positive) and a lower risk for HIV (~0.3%), but the frequency of infection among healthcare workers is significantly higher for HBV due to its greater infectivity and stability outside the host. This makes the statement more characteristic of HBV than a shared trait. Option D, "The risk of infection from mucous membrane exposure is the same," is false. The risk of HIV transmission via mucous membrane exposure (e.g., splash to eyes or mouth) is approximately 0.09%, while for HBV it is higher (up to 1-2% depending on viral load and exposure type), reflecting HBV's greater infectivity.
The CBIC Practice Analysis (2022) and CDC guidelines emphasize the role of asymptomatic transmission in shaping infection control strategies, such as routine testing and post-exposure prophylaxis. This shared feature of HIV and HBV justifies Option C as the most accurate similarity.
References:
* CBIC Practice Analysis, 2022.
* CDC Guidelines for Prevention of Transmission of HIV and HBV to Healthcare Workers, 2011.
* CDC Epidemiology and Prevention of Viral Hepatitis, 2018.
* WHO Hepatitis B Fact Sheet, 2019.

NEW QUESTION # 227
An infection preventionist is asked to recommend a product for disinfection of bronchoscopes. Which of the following agents would be appropriate?

- A. Phenolic
- B. Iodophor
- C. Alcohol
- D. Peracetic acid

Answer: D

Explanation:
The correct answer is D, "Peracetic acid," as this agent is appropriate for the disinfection of bronchoscopes.
According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, bronchoscopes are semi-critical devices that require high-level disinfection (HLD) to eliminate all microorganisms except high levels of bacterial spores, as they come into contact with mucous membranes but not sterile tissues. Peracetic acid is recognized by the Centers for Disease Control and Prevention (CDC) and the Association for the Advancement of Medical Instrumentation (AAMI) as an effective high-level disinfectant for endoscopes, including bronchoscopes, due to its broad-spectrum antimicrobial activity, rapid action, and compatibility with the delicate materials (e.g., optics and channels) of these devices (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment). It is commonly used in automated endoscope reprocessors, ensuring thorough disinfection when combined with proper cleaning and rinsing protocols.
Option A (iodophor) is typically used for intermediate-level disinfection and skin antisepsis, but it is not sufficient for high-level disinfection of bronchoscopes unless specifically formulated and validated for this purpose, which is uncommon. Option B (alcohol) is effective against some pathogens but evaporates quickly, fails to penetrate organic material, and is not recommended for HLD of endoscopes due to potential damage to internal components and inadequate sporicidal activity. Option C (phenolic) is suitable for surface disinfection but lacks the efficacy required for high-level disinfection of semi-critical devices like bronchoscopes, as it does not reliably eliminate all microbial threats, including mycobacteria.
The selection of peracetic acid aligns with CBIC's emphasis on evidence-based reprocessing practices to prevent healthcare-associated infections (HAIs) associated with endoscope use (CBIC Practice Analysis,
2022, Domain III: Infection Prevention and Control, Competency 3.4 - Implement environmental cleaning and disinfection protocols). This choice ensures patient safety by adhering to manufacturer and regulatory guidelines, such as those in AAMI ST91 (AAMI ST91:2015, Flexible and semi-rigid endoscope processing in health care facilities).
References: CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competencies 3.3 - Ensure safe reprocessing of medical equipment, 3.4 - Implement environmental cleaning and disinfection protocols. AAMI ST91:2015, Flexible and semi-rigid endoscope processing in health care facilities. CDC Guidelines for Disinfection and Sterilization in Healthcare Facilities, 2019.

NEW QUESTION # 228
An outbreak of carbapenem-resistant Klebsiella pneumoniae is linked to duodenoscopes. What is the infection preventionist's PRIORITY intervention?

- A. Conduct whole-genome sequencing of outbreak isolates.
- B. Implement immediate enhanced reprocessing procedures and audit compliance.
- C. Discontinue the use of duodenoscopes until further notice.
- D. Perform targeted patient screening for Klebsiella pneumoniae.

Answer: B

Explanation:
* The CDC and FDA have identified duodenoscopes as high-risk devices due to inadequate reprocessing, leading to MDRO transmission.
* The first priority is enhancing reprocessing protocols and ensuring strict compliance with manufacturer instructions.
CBIC Infection Control References:
* APIC Text, "Endoscope Reprocessing and Infection Risk," Chapter 10.

NEW QUESTION # 229
An infection preventionist is asked by the Central Supply department to review its process for assigning expiration dates to sterile supplies. Which of the following is the MOST important consideration?

- A. Items must have 30- to 90-day expiration dates.
- B. Sterility is related to package integrity.
- C. The expiration date depends on the type of packaging.
- D. The expiration date depends on the type of sterilization.

Answer: B

Explanation:
The CBIC Certified Infection Control Exam Study Guide (6th edition) emphasizes that the most important consideration in assigning

expiration dates to sterile supplies is package integrity, reflecting the principle of event-related sterility. Modern infection prevention practice recognizes that sterility is not determined by time alone but by whether an event has occurred that compromises the sterile barrier system.
Sterile items remain sterile indefinitely as long as the packaging remains intact, dry, and properly stored, and no contamination event (such as tearing, puncture, moisture exposure, or improper handling) has occurred.
Therefore, the presence or absence of a printed expiration date is less important than assurance that the package integrity has been maintained throughout storage and handling.
Option A is correct because it captures the foundational concept that sterility is directly linked to the integrity of the packaging, not an arbitrary time frame. Option B is incorrect because fixed time-based expiration dates (e.g., 30-90 days) are outdated and not evidence-based. Options C and D may influence packaging durability or compatibility with sterilization methods, but they are secondary considerations and do not override the primary determinant of sterility.
For the CIC exam, this question reinforces a critical sterilization principle: event-related shelf life is the standard, and infection preventionists should focus on policies that emphasize package integrity, proper storage conditions, and handling practices rather than routine time-based expiration dating.

NEW QUESTION # 230
Which of the following descriptions accurately describes a single-use medical device?

- A. A device which can be used on a single patient
- B. A device that is sterilized and can be used again on the same patient
- C. A device used one time on a patient during a procedure and then discarded
- D. A device used on a patient and reprocessed prior to being used again

Answer: C

Explanation:
The correct answer is D, "A device used one time on a patient during a procedure and then discarded," as this accurately describes a single-use medical device. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, a single-use device (SUD), also known as a disposable device, is labeled by the manufacturer for one-time use on a patient and is intended to be discarded afterward to prevent cross-contamination and ensure patient safety. This definition is consistent with regulations from the Food and Drug Administration (FDA), which designate SUDs as devices that should not be reprocessed or reused due to risks of infection, material degradation, or failure to restore sterility (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment). Examples include certain syringes, catheters, and gloves, which are designed for single use to eliminate the risk of healthcare-associated infections (HAIs).
Option A (a device which can be used on a single patient) is too vague and could apply to both single-use and reusable devices, as reusable devices are also often used on a single patient per procedure before reprocessing.
Option B (a device that is sterilized and can be used again on the same patient) describes a reusable device, not a single-use device, as sterilization and reuse are not permitted for SUDs. Option C (a device used on a patient and reprocessed prior to being used again) refers to a reusable device that undergoes reprocessing (e.
g., sterilization), which is explicitly prohibited for SUDs under manufacturer and regulatory guidelines.
The focus on discarding after one use aligns with CBIC's emphasis on preventing infection through adherence to device labeling and safe reprocessing practices, ensuring that healthcare facilities avoid the risks associated with improper reuse of SUDs (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.5 - Evaluate the environment for infection risks). This practice is critical to maintaining a sterile and safe healthcare environment.
References: CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competencies 3.3 - Ensure safe reprocessing of medical equipment, 3.5 - Evaluate the environment for infection risks. FDA Guidance on Reprocessing of Single-Use Devices, 2016.

NEW QUESTION # 231
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