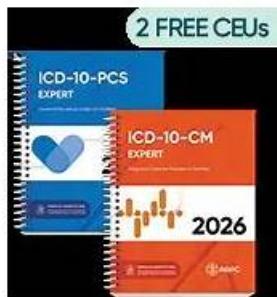


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## Reliable CIC Braindumps Book | Exam CIC Learning

CBIC Certified Infection Control Exam CIC answers real questions can help candidates have correct directions and prevent useless effort. If you still lack of confidence in preparing your exam, choosing a good CBIC CIC Answers Real Questions will be a wise decision for you, it is also an economical method which is saving time, money and energy.

## CBIC Certified Infection Control Exam Sample Questions (Q169-Q174):

### NEW QUESTION # 169

What is the limitation of using liquid chemical sterilants to sterilize medical items?

- A. It can only be used for heat tolerant devices.
- B. The sterility is not maintained during storage.

- C. It does not kill the spores.
- D. It requires a contact time of at least 12 hours.

**Answer: B**

Explanation:

The correct answer is B, "The sterility is not maintained during storage," as this represents a key limitation of using liquid chemical sterilants to sterilize medical items. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines and standards from the Association for the Advancement of Medical Instrumentation (AAMI), liquid chemical sterilants, such as glutaraldehyde or peracetic acid, are effective for sterilizing heat-sensitive medical devices by eliminating all forms of microbial life, including spores, when used according to manufacturer instructions (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment).

However, a significant limitation is that sterility is not guaranteed after the items are removed from the sterilant and stored, as the sterile barrier can be compromised by environmental contamination, improper packaging, or handling (AAMI ST58:2013, Chemical Sterilization and High-Level Disinfection in Health Care Facilities).

Option A (it does not kill the spores) is incorrect because liquid chemical sterilants are designed to achieve sterilization, including the destruction of bacterial spores, provided the contact time, concentration, and conditions specified by the manufacturer are met. Option C (it requires a contact time of at least 12 hours) is not a universal limitation; while some liquid sterilants require extended contact times (e.g., 10-12 hours for certain formulations), this is a procedural requirement rather than an inherent limitation, and shorter times may be sufficient with other agents or automated systems. Option D (it can only be used for heat tolerant devices) is incorrect because liquid chemical sterilants are specifically intended for heat-sensitive devices that cannot withstand steam or dry heat sterilization.

The limitation of sterility not being maintained during storage underscores the need for immediate use of sterilized items or the use of proper sterile packaging and storage protocols to prevent recontamination. This aligns with CBIC's focus on ensuring the safety and efficacy of reprocessed medical equipment in infection prevention (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment). Healthcare facilities must implement strict post-sterilization handling and storage practices to mitigate this limitation.

References: CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment. AAMI ST58:2013, Chemical Sterilization and High-Level Disinfection in Health Care Facilities.

**NEW QUESTION # 170**

Operating room records indicate that 130 joint replacements have been performed. These include 70 total hip replacements, 55 total knee replacements, and 5 shoulder replacements. Two postoperative surgical site infections (SSIs) were identified in total hip replacements. What is the infection rate/100 procedures for total hip replacements?

- A. 1.5
- B. 3.6
- **C. 2.9**
- D. 3.3

**Answer: C**

Explanation:

To determine the infection rate per 100 procedures for total hip replacements, use the following formula:

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

- Given data:
  - Total hip replacements performed = 70
  - SSIs in total hip replacements = 2
  - Total procedures = 130 (includes other joint replacements, but we focus only on hip replacements)

$$\text{PassLeader} = \left( \frac{2}{70} \right) \times 100 = 2.86 \approx 2.9$$

Thus, the correct answer is B. 2.9 per 100 procedures.

## CBIC Infection Control Reference

The methodology of calculating SSI rates aligns with guidelines from the National Healthcare Safety Network (NHSN) and standardized infection ratio (SIR) models used for hospital-specific SSI rates.

### NEW QUESTION # 171

There are four cases of ventilator-associated pneumonia in a surgical intensive care unit with a total of 200 ventilator days and a census of 12 patients. Which of the following BEST expresses how this should be reported?

- A. Postoperative pneumonia rate of 6% in SICU patients
- B. 20 ventilator-associated pneumonia cases/1000 ventilator days
- C. Ventilator-associated pneumonia rate of 2%
- D. More information is needed regarding ventilator days per patient

**Answer: B**

Explanation:

The standard way to report ventilator-associated pneumonia (VAP) rates is:

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$$\text{VAP Rate} = \left( \frac{\text{Number of VAP cases}}{\text{Total ventilator days}} \right) \times 1000$$

- Number of VAP cases = 4
- Total ventilator days = 200

$$\left( \frac{4}{200} \right) \times 1000 = 20 \text{ cases per 1000 ventilator days}$$

PassLeader

Why the Other Options Are Incorrect?

- \* A. Ventilator-associated pneumonia rate of 2%- This does not use the correct denominator (ventilator days).
- \* C. Postoperative pneumonia rate of 6% in SICU patients-Not relevant, as the data focuses on VAP, not postoperative pneumonia.
- \* D. More information is needed regarding ventilator days per patient- The total ventilator days are already provided, so no additional data is required.

CBIC Infection Control Reference

APIC and NHSN recommend reporting VAP rates as cases per 1,000 ventilator days.

### NEW QUESTION # 172

The expectation to call out or speak up when an infection prevention lapse is observed is an example of

- A. honest disclosure of a safety event.
- B. a safety culture with reciprocal accountability.
- C. implementation of human factors.
- D. a blaming and shaming safety culture.

**Answer: B**

Explanation:

A safety culture with reciprocal accountability emphasizes mutual responsibility for maintaining safe practices, encouraging staff at all levels to "speak up" or "stop the line" when they observe risky practices.

This concept reflects a learning organization and a just culture that supports open communication and proactive risk mitigation.

\* According to the APIC Text, a strong safety culture is described as one where:

"The leadership can expect staff members to call out or stop the line when they see risk, and staff can expect leadership to listen and act." This dynamic reflects reciprocal accountability.

\* Other options are less accurate:

- \* A. Human factors refer to system design, not behavioral accountability.
- \* B. Honest disclosure of a safety event is about post-event transparency, not real-time intervention.
- \* C. A blaming and shaming culture is antithetical to safety culture principles.

References:

APIC Text, 4th Edition, Chapter 18 - Patient Safety

**NEW QUESTION # 173**

Each item or package that is prepared for sterilization should be labeled with the

- A. cleaning method (e.g., mechanical or manual).
- B. storage location.
- C. type of sterilization process.
- D. **sterilizer identification number or code.**

**Answer: D**

Explanation:

The correct answer is C, "sterilizer identification number or code," as this is the essential information that each item or package prepared for sterilization should be labeled with. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, proper labeling of sterilized items is a critical component of infection prevention and control to ensure traceability and verify the sterilization process. The sterilizer identification number or code links the item to a specific sterilization cycle, allowing the infection preventionist (IP) and sterile processing staff to track the equipment used, confirm compliance with standards (e.g., AAMI ST79), and facilitate recall or investigation if issues arise (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment). This labeling ensures that the sterility of the item can be assured and documented, protecting patient safety by preventing the use of inadequately processed items.

Option A (storage location) is important for inventory management but is not directly related to the sterilization process itself and does not provide evidence of the sterilization event. Option B (type of sterilization process) indicates the method (e.g., steam, ethylene oxide), which is useful but less critical than the sterilizer identification, as the process type alone does not confirm the specific cycle or equipment used.

Option D (cleaning method, e.g., mechanical or manual) is a preliminary step in reprocessing, but it is not required on the sterilization label, as the focus shifts to sterilization verification once the item is prepared.

The requirement for a sterilizer identification number or code aligns with CBIC's emphasis on maintaining rigorous tracking and quality assurance in the reprocessing of medical devices, ensuring accountability and adherence to best practices (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.5 - Evaluate the environment for infection risks). This practice is mandated by standards such as AAMI ST79 to support effective infection control in healthcare settings.

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. AAMI ST79:2017, Comprehensive guide to steam sterilization and sterility assurance in health care facilities.

**NEW QUESTION # 174**

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