

시험패스에유효한최신버전CIC시험대비인증공부덤프 공부



BONUS!!! ITDumpSKR CIC 시험 문제집 전체 버전을 무료로 다운로드하세요: <https://drive.google.com/open?id=1NP8qOQy8ZmHYBqJs0tq6EjsEaRG17n>

현재 CBIC CIC 인증 시험을 위하여 노력하고 있습니까? 빠르게 CBIC 인증 CIC 시험자격증을 취득하고 싶으시다면 우리 ITDumpsKR의 덤프를 선택하시면 됩니다. ITDumpsKR를 선택함으로 CBIC CIC 인증 시험패스는 꿈이 아닌 현실로 다가올 것입니다.

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>> CIC시험대비 인증공부 <<

CIC시험대비 인증공부 최신 인증시험 기출문제

CBIC인증 CIC시험준비중이신 분들은 CBIC인증 CIC시험통과가 많이 어렵다는 것을 알고 있을 것입니다. 학교공부 하랴, 회사다니랴 자격증공부까지 하려면 너무 많은 정력과 시간이 필요할 것입니다. 그렇다고 자격증공부를 포기 하면 자신의 위치를 찾기가 힘들것입니다. ITDumpsKR 덤프는 IT인증 시험을 대비하여 제작된것이므로 시험적중율이 높아 다른 시험대비공부자료보다 많이 유용하기에 IT자격증을 취득하는데 좋은 동반자가 되어드릴수 있습니다.

다. ITDumpSKR 덤프를 사용해보신 분들의 시험성적을 통계한 결과 시험통과율이 거의 100%에 가깝다는 놀라운 결과를 얻었습니다.

최신 Infection Control CIC 무료샘플문제 (Q74-Q79):

질문 # 74

A healthcare facility has installed a decorative water fountain in their lobby for the enjoyment of patients and visitors. What is an important issue for the infection preventionist to consider?

- A. Cryptosporidium growth in the fountain
- B. Children getting Salmonella enteritidis
- C. **Aerosolization of Legionella pneumophila**
- D. Growth of Acinetobacter baumannii

정답: C

설명:

The installation of a decorative water fountain in a healthcare facility lobby introduces a potential environmental hazard that an infection preventionist must evaluate, guided by the Certification Board of Infection Control and Epidemiology (CBIC) principles and infection control best practices. Water features can serve as reservoirs for microbial growth and dissemination, particularly in settings with vulnerable populations such as patients. The key is to identify the most significant infection risk associated with such a water source. Let's analyze each option:

* A. Children getting Salmonella enteritidis: *Salmonella enteritidis* is a foodborne pathogen typically associated with contaminated food or water sources like poultry, eggs, or untreated drinking water.

While children playing near a fountain might theoretically ingest water, *Salmonella* is not a primary concern for decorative fountains unless they are specifically contaminated with fecal matter, which is uncommon in a controlled healthcare environment. This risk is less relevant compared to other waterborne pathogens.

* B. Cryptosporidium growth in the fountain: *Cryptosporidium* is a parasitic protozoan that causes gastrointestinal illness, often transmitted through contaminated drinking water or recreational water (e.g., swimming pools).

While decorative fountains could theoretically harbor *Cryptosporidium* if contaminated, this organism requires specific conditions (e.g., fecal contamination) and is more associated with untreated or poorly maintained water systems. In a healthcare setting with regular maintenance, this is a lower priority risk compared to bacterial pathogens spread via aerosols.

* C. **Aerosolization of Legionella pneumophila**: *Legionella pneumophila* is a gram-negative bacterium that thrives in warm, stagnant water environments, such as cooling towers, hot water systems, and decorative fountains. It causes Legionnaires' disease, a severe form of pneumonia, and Pontiac fever, both transmitted through inhalation of contaminated aerosols. In healthcare facilities, where immunocompromised patients are present, aerosolization from a water fountain poses a significant risk, especially if the fountain is not regularly cleaned, disinfected, or monitored. The CBIC and CDC highlight *Legionella* as a critical concern in water management programs, making this the most important issue for an infection preventionist to consider.

* D. Growth of *Acinetobacter baumannii*: *Acinetobacter baumannii* is an opportunistic pathogen commonly associated with healthcare-associated infections (e.g., ventilator-associated pneumonia, wound infections), often found on medical equipment or skin. While it can survive in moist environments, its growth in a decorative fountain is less likely compared to *Legionella*, which is specifically adapted to water systems. The risk of *Acinetobacter* transmission via a fountain is minimal unless it becomes a direct contamination source, which is not a primary concern for this scenario.

The most important issue is C, aerosolization of *Legionella pneumophila*, due to its potential to cause severe respiratory infections, its association with water features, and the heightened vulnerability of healthcare facility populations. The infection preventionist should ensure the fountain is included in the facility's water management plan, with regular testing, maintenance, and disinfection to prevent *Legionella* growth and aerosol spread, as recommended by CBIC and CDC guidelines.

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CBIC Infection Prevention and Control (IPC) Core Competency Model (updated 2023), Domain IV:

Environment of Care, which addresses waterborne pathogens like *Legionella* in healthcare settings.

CBIC Examination Content Outline, Domain III: Prevention and Control of Infectious Diseases, which includes managing environmental risks such as water fountains.

CDC Toolkit for Controlling Legionella in Common Sources of Exposure (2021), which identifies decorative fountains as a potential source of *Legionella* aerosolization.

질문 # 75

Which of the following is the correct collection technique to obtain a laboratory specimen for suspected pertussis?

- A. Nasopharyngeal culture
- B. Cough plate

- C. Sputum culture
- D. Nares culture

정답: A

질문 # 76

Therapeutic antimicrobial agents should be used when

- A. the patient symptoms suggest likely pathogens.
- B. the patient's illness warrants treatment prior to culture results
- C. Following identification of the pathogen and sensitivities.
- D. the infecting agent is unknown

정답: C

설명:

Therapeutic antimicrobial agents should ideally be pathogen-directed to minimize resistance, side effects, and treatment failure. Once the causative pathogen and its antimicrobial susceptibilities are known, the most narrow-spectrum, effective agent should be used. Why the Other Options Are Incorrect?

- * A. The infecting agent is unknown- Empiric therapy may be necessary initially, but definitive therapy should be based on pathogen identification.
- * B. The patient's illness warrants treatment prior to culture results- This applies to empiric therapy, but not to definitive antimicrobial selection.
- * C. The patient's symptoms suggest likely pathogens- Clinical presentation guides empiric treatment, but definitive therapy should follow culture and susceptibility testing.

CBIC Infection Control Reference

APIC emphasizes the importance of selecting antimicrobials based on pathogen identification and susceptibility testing to prevent antimicrobial resistance.

질문 # 77

A city has a population of 150,000. Thirty new cases of tuberculosis (TB) were diagnosed in the city last year.

These new cases brought the total number of active TB cases in the city last year to 115. Which of the following equations represents the incidence rate for TB per 100,000 in that year?

- A. $(30 \div 150,000) \times 100 = X$
- B. $(115 \div 100,000) \times 100 = X$
- C. $(115 \div 150,000) \times 100,000 - X$
- D. $(30 \div 150,000) \times 100,000 = X$

정답: D

설명:

The incidence rate is calculated using the formula:

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$$\text{Incidence Rate} = \left(\frac{\text{New cases}}{\text{Total population at risk}} \right) \times 100,000$$

- New cases = 30
- Total population = 150,000

$$\left(\frac{30}{150,000} \right) \times 100,000 = X$$

Thus, the correct answer is A.

Why the Other Options Are Incorrect?

- * B. $(30 \div 150,000) \times 100 = X$ - Incorrect multiplier (should be 100,000 for standard incidence rate).
- * C. $(115 \div 150,000) \times 100,000 = X$ - 115 represents total cases (prevalence), not incidence.
- * D. $(115 \div 100,000) \times 100 = X$ - Uses the wrong denominator and multiplier.

CBIC Infection Control Reference

APIC defines the incidence rate as the number of new cases per population unit, typically per 100,000 people.

질문 # 78

At a facility with 10,000 employees, 5,000 are at risk for bloodborne pathogen exposure. Over the past five years, 100 of the 250 needlestick injuries involved exposure to bloodborne pathogens, and 2% of exposed employees seroconverted. How many employees became infected?

- A. 0
- B. 1
- C. 2
- D. 3

정답: D

설명:

To determine the number of employees who seroconverted(became infected) after a needlestick exposure, we use the given data:

* Total Needlestick Injuries: 250

* Needlestick Injuries Involving Bloodborne Pathogens: 100

* Seroconversion Rate: 2%

Calculation:

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$$\text{Infected Employees} = 100 \times \frac{2}{100} = 2$$

Why Other Options Are Incorrect:

- * A. 1: Incorrect calculation; 2% of 100 is 2, not 1.
- * C. 5: Overestimates the actual number of infections.
- * D. 10: Exceeds the calculated value based on given data.

CBIC Infection Control References:

- * APIC Text, "Occupational Exposure and Seroconversion Risks".
- * APIC Text, "Bloodborne Pathogens and Needlestick Injury Prevention"

질문 # 79

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참고: ITDumpSKR에서 Google Drive로 공유하는 무료, 최신 CIC 시험 문제집이 있습니다: https://drive.google.com/open?id=1NYP8qQOy8ZmHYBqJs0tq6Ej_sEaRG17n