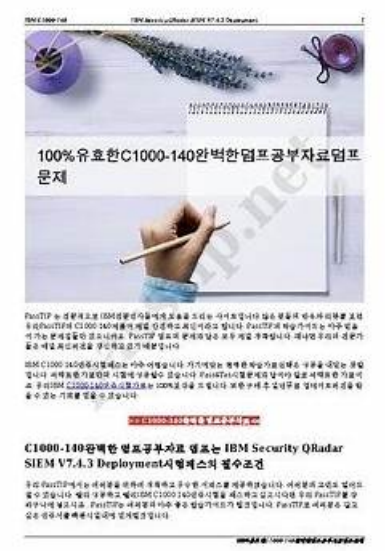
# 100%유효한CIC최고품질시험덤프공부자료덤프자료




그리고 Itexamdump CIC 시험 문제집의 전체 버전을 클라우드 저장소에서 다운로드할 수 있습니다: https://drive.google.com/open?id=1verWSIZ2x0465RyoebTy0gOKCW-dWX_1

CBIC인증 CIC시험을 패스하기 위하여 잠을 설쳐가며 시험준비 공부를 하고 계신 분들은 이 글을 보는 즉시 공부 방법이 틀렸구나 하는 생각이 들것입니다. Itexamdump의CBIC인증 CIC덤프는 실제시험을 대비하여 제작한 최신버전 공부자료로서 문항수도 적합하여 불필요한 공부는 하지 않으셔도 되게끔 만들어져 있습니다.가격도 착하고 시험패스율 높은Itexamdump의CBIC인증 CIC덤프를 애용해보세요. 놀라운 기적을 안겨드릴것입니다.

Itexamdump는CBIC CIC시험을 패스할 수 있는 아주 좋은 사이트입니다. Itexamdump은 아주 알맞게 최고의CBIC CIC 시험문제와 답 내용을 만들어 냅니다. 덤프는 기존의 시험문제와 답과 시험문제분석 등입니다. Itexamdump에서 제공하는CBIC CIC시험자료의 문제와 답은 실제시험의 문제와 답과 아주 비슷합니다.

**>> CIC최고품질 시험덤프 공부자료 <<**

## CIC 100% 시험패스 덤프문제 & CIC퍼펙트 덤프공부자료

Itexamdump에서 CBIC CIC 덤프를 다운받아 공부하시면 가장 적은 시간만 투자해도CBIC CIC시험패스하실수 있습니다. Itexamdump에서CBIC CIC시험덤프를 구입하시면 퍼펙트한 구매후 서비스를 제공해드립니다. CBIC CIC덤프가 업데이트되면 업데이트된 최신버전을 무료로 제공해드립니다. 시험에서 불합격성적표를 받으시면 덤프구매시 지불한 덤프비용은 환불해드립니다.

# 최신 Infection Control CIC 무료샘플문제 (Q13-Q18):

**질문 # 13**
Which of the following processes is MOST important for the infection preventionist (IP) to review when evaluating a third-party reprocessor for single-use devices?

- A. Observe all steps for reprocessing.
- B. Ensure air and water cultures are performed regularly.
- C. Obtain feedback from other IPs who use the reprocessor.
- D. Review the facility's blueprints and policies.

**정답：A**

**설명：**
The correct answer is A, "Observe all steps for reprocessing," as this is the most important process for the infection preventionist (IP) to review when evaluating a third-party reprocessor for single-use devices.
According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, the reprocessing of single-use devices (SUDs) by third-party entities must adhere to stringent infection control standards to ensure they are safe for reuse and do not contribute to healthcare-associated infections (HAIs).
Observing all steps-such as cleaning, disinfection, sterilization, packaging, and quality control-allows the IP to directly assess compliance with manufacturer instructions, regulatory requirements (e.g., FDA guidelines), and best practices (e.g., AAMI ST91) (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment). This hands-on evaluation is critical because any deviation in the reprocessing chain can compromise device sterility and patient safety.
Option B (review the facility's blueprints and policies) provides context about the physical layout and procedural framework, but it is a preliminary step that does not directly verify the reprocessing process's effectiveness. Option C (ensure air and water cultures are performed regularly) is important for monitoring environmental contamination risks, particularly in sterile processing areas, but it is a supportive measure rather than the primary focus of evaluating the reprocessor's core activities. Option D (obtain feedback from other IPs who use the reprocessor) offers valuable peer insights, but it is subjective and secondary to direct observation, which provides firsthand evidence of compliance and performance.
The priority on observing reprocessing steps aligns with CBIC's emphasis on ensuring the safety and efficacy of reprocessed medical devices, a key responsibility for IPs when outsourcing to third-party reprocessors (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.5 - Evaluate the environment for infection risks). This process enables the IP to identify specific weaknesses, validate adherence to standards, and make informed decisions about the reprocessor's suitability.
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 ST91:2015, Flexible and semi-rigid endoscope processing in health care facilities.

**질문 # 14**
A patient with pertussis can be removed from Droplet Precautions after

- A. direct fluorescent antibody and/or culture are negative.
- B. the paroxysmal stage has ended.
- C. five days of appropriate antibiotic therapy.
- D. the patient has been given pertussis vaccine.

**정답：C**

**설명：**
A patient with pertussis (whooping cough) should remain on Droplet Precautions to prevent transmission.
According to APIC guidelines, patients with pertussis can be removed from Droplet Precautions after completing at least five days of appropriate antimicrobial therapy and showing clinical improvement.
Why the Other Options Are Incorrect?
* A. Direct fluorescent antibody and/or culture are negative - Laboratory results may not always detect pertussis early, and false negatives can occur.
* C. The patient has been given pertussis vaccine - The vaccine prevents but does not treat pertussis, and it does not shorten the period of contagiousness.
* D. The paroxysmal stage has ended - The paroxysmal stage (severe coughing fits) can last weeks, but infectiousness decreases with antibiotics.
CBIC Infection Control Reference

According to APIC guidelines, Droplet Precautions should continue until the patient has received at least five days of antimicrobial therapy.

**질문 # 15**
What rate is expressed by the number of patients who acquire infections over a specified time period divided by the population at risk of acquiring an infection during that time period?

- A. Point prevalence
- B. Incidence rate
- C. Period prevalence
- D. Disease specific

**정답： B**

**설명:**
Theincidence ratemeasuresnew cases of infection in a population over a defined time periodusing the formula:

$$\text{Incidence Rate} = \left(\frac{\text{New cases}}{\text{Total population at risk}}\right) \times \text{Multiplier (e.g., 1,000 or 100,000)}$$

Why the Other Options Are Incorrect?
* B. Disease specific- Refers to infectionscaused by a particular pathogen, not the general rate of new infections.
* C. Point prevalence- Measuresexisting cases at a specific point in time, not new cases.
* D. Period prevalence- Includesboth old and new cases over a set period, unlike incidence, which only considers new cases.
CBIC Infection Control Reference
APIC definesincidence rate as the number of new infections in a population over a given period.

**질문 # 16**
Following recent renovations on an oncology unit, three patients were identified with Aspergillus infections.
The infections were thought to be facility-acquired. Appropriate environmental microbiological monitoring would be to culture the:

- A. Air
- B. Carpet
- C. Ice
- D. Aerators

**정답： A**

**설명:**
The scenario describes an outbreak of Aspergillus infections among three patients on an oncology unit following recent renovations, with the infections suspected to be facility-acquired. Aspergillus is a mold commonly associated with environmental sources, particularly airborne spores, and its presence in immunocompromised patients (e.g., oncology patients) poses a significant risk. The infection preventionist must identify the appropriate environmental microbiological monitoring strategy, guided by the Certification Board of Infection Control and Epidemiology (CBIC) and CDC recommendations. Let's evaluate each option:
* A. Air: Aspergillus species are ubiquitous molds that thrive in soil, decaying vegetation, and construction dust, and they are primarily transmitted via airborne spores. Renovations can disturb these spores, leading to aerosolization and inhalation by vulnerable patients. Culturing the air using methods such as settle plates, air samplers, or high-efficiency particulate air (HEPA) filtration monitoring is a standard practice to detect Aspergillus during construction or post-renovation in healthcare settings, especially oncology units where patients are at high risk for invasive aspergillosis. This aligns with CBIC's emphasis on environmental monitoring for airborne pathogens, making it the most appropriate choice.
* B. Ice: Ice can be a source of contamination with bacteria (e.g., Pseudomonas, Legionella) or other pathogens if improperly handled or stored, but it is not a typical reservoir for Aspergillus, which is a mold requiring organic material and moisture for growth. While ice safety is important in infection control, culturing ice is irrelevant to an Aspergillus outbreak linked to renovations and is not a priority in this context.
* C. Carpet: Carpets can harbor dust, mold, and other microorganisms, especially in high-traffic or poorly maintained areas. Aspergillus spores could theoretically settle in carpet during renovations, but carpets are not a primary source of airborne transmission unless disturbed (e.g., vacuuming). Culturing carpet might be a secondary step if air sampling indicates widespread contamination, but it is less direct and less commonly recommended as the initial monitoring site compared to air sampling.
* D. Aerators: Aerators (e.g., faucet aerators) can harbor waterborne pathogens like Pseudomonas or Legionella due to biofilm formation, but Aspergillus is not typically associated with water systems unless there is significant organic contamination or

aerosolization from water sources (e.g., cooling towers). Culturing aerators is relevant for waterborne outbreaks, not for an Aspergillus outbreak linked to renovations, making this option inappropriate.
The best answer is A, culturing the air, as Aspergillus is an airborne pathogen, and renovations are a known risk factor for spore dispersal in healthcare settings. This monitoring strategy allows the infection preventionist to confirm the source, assess the extent of contamination, and implement control measures (e.g., enhanced filtration, construction barriers) to protect patients. This is consistent with CBIC and CDC guidelines for managing fungal outbreaks in high-risk units.
References:
* CBIC Infection Prevention and Control (IPC) Core Competency Model (updated 2023), Domain IV: Environment of Care, which recommends air sampling for Aspergillus during construction-related outbreaks.
* CBIC Examination Content Outline, Domain III: Prevention and Control of Infectious Diseases, which includes environmental monitoring for facility-acquired infections.
* CDC Guidelines for Environmental Infection Control in Healthcare Facilities (2022), which advocate air culturing to detect Aspergillus post-renovation in immunocompromised patient areas.

**질문 # 17**
During an outbreak of ventilator-associated pneumonia (VAP), the infection preventionist should FIRST:

- A. Perform bacterial cultures from ventilator circuits.
- B. Isolate all ventilated patients in negative pressure rooms.
- C. Review adherence to ventilator bundle elements.
- D. Implement preemptive antibiotic therapy in all ventilated patients.

**정답：C**

**설명：**
* Reviewing compliance with VAP prevention bundles (e.g., head-of-bed elevation, oral care, sedation breaks) is the first step in outbreak control.
* Preemptive antibiotics (B) are not recommended due to antibiotic resistance risks.
* Negative pressure rooms (C) are not required for VAP.
* Ventilator circuit cultures (D) do not guide patient management.
CBIC Infection Control References:
* APIC Text, "VAP Prevention Measures," Chapter 11.

**질문 # 18**
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시험문제변경에 따라 주기적으로 업데이트를 진행하여 덤프가 항상 가장 최신버전이도록 업데이트를 진행하고 있습니다.구매한 덤프가 업데이트되면 저희측에서 자동으로CIC 100% 시험패스 덤프문제구매시 사용한 메일주소에 업데이트된 최신버전을 발송해드리는데 해당 덤프의 구매시간이 1년미만인 분들은 업데이트서비스를 받을수 있습니다.

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