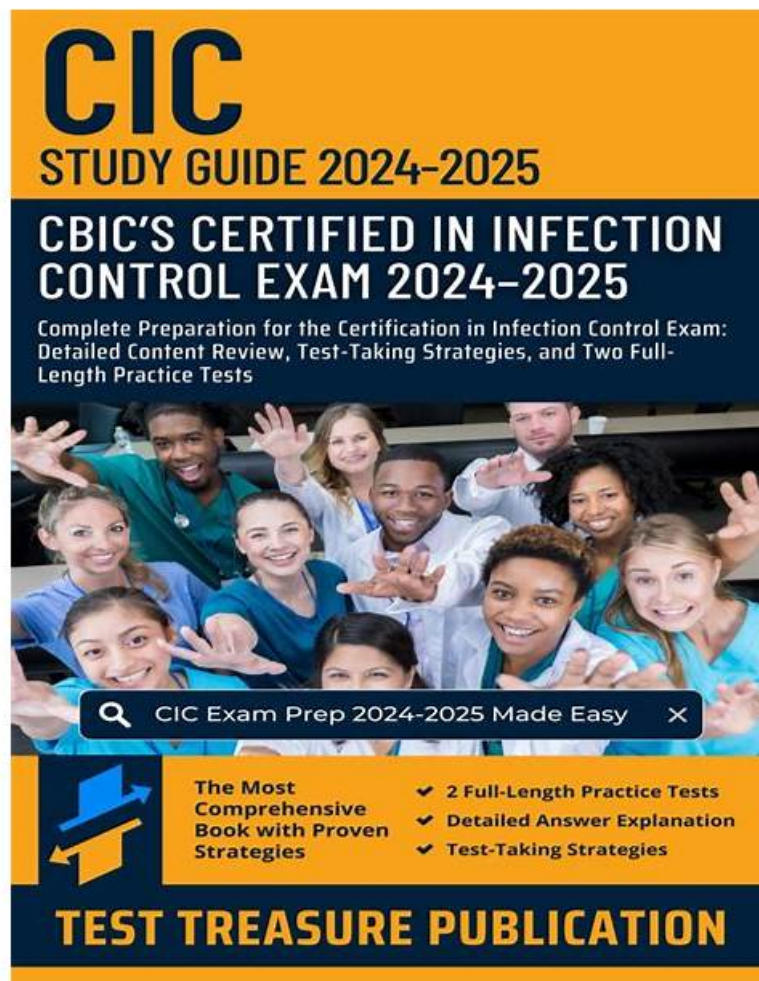# New CIC Relevant Exam Dumps Pass Certify | Valid CIC Complete Exam Dumps: CBIC Certified Infection Control Exam

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CBIC Certified Infection Control Exam Sample Questions (Q278-Q283):

NEW QUESTION # 278
Which of the following management activities should be performed FIRST?

- A. Plan and organize activities
- B. Evaluate project results
- C. Assign responsibility for projects
- D. Establish goals

Answer: D

Explanation:
To determine which management activity should be performed first, we need to consider the logical sequence of steps in effective project or program management, particularly in the context of infection control as guided by CBIC principles. Management activities typically follow a structured process, and the order of these steps is critical to ensuring successful outcomes.
* A. Evaluate project results: Evaluating project results involves assessing the outcomes and effectiveness of a project after its implementation. This step relies on having completed the project or at least reached a stage where outcomes can be measured. Performing this activity first would be premature, as there would be no results to evaluate without prior planning, goal-setting, and execution. Therefore, this cannot be the first step.
* B. Establish goals: Establishing goals is the foundational step in any management process. Goals provide direction, define the purpose, and set the criteria for success. In the context of infection control, as emphasized by CBIC, setting clear objectives (e.g., reducing healthcare-associated infections by a specific percentage) is essential before any other activities can be planned or executed. This step aligns with the initial phase of strategic planning, making it the logical first activity. Without established goals, subsequent steps lack focus and purpose.
* C. Plan and organize activities: Planning and organizing activities involve developing a roadmap to achieve the goals, including timelines, resources, and tasks. This step depends on having clear goals to guide the planning process. In infection control, this might include designing interventions to meet infection reduction targets. While critical, it cannot be the first step because planning requires a predefined objective to be effective.
* D. Assign responsibility for projects: Assigning responsibility involves delegating tasks and roles to individuals or teams. This step follows the establishment of goals and planning, as responsibilities need to be aligned with the specific objectives and organized activities. In an infection control program, this might mean assigning staff to monitor compliance with hand hygiene protocols. Doing this first would be inefficient without a clear understanding of the goals and plan.
The correct sequence in management, especially in a structured field like infection control, begins with establishing goals to provide a clear target. This is followed by planning and organizing activities, assigning responsibilities, and finally evaluating results. The CBIC framework supports this approach by emphasizing the importance of setting measurable goals as part of the infection prevention and control planning process, which is a prerequisite for all subsequent actions.
References:
* CBIC Infection Prevention and Control (IPC) Core Competency Model (updated 2023), Domain V:
Management and Communication, which highlights the importance of setting goals as the initial step in managing infection control programs.
* CBIC Examination Content Outline, Domain V: Leadership and Program Management, which underscores the need for goal-setting prior to planning and implementation of infection control initiatives.

NEW QUESTION # 279
The intensive care unit has noted an increase in patients with ventilator-associated events (VAEs). Which of the following may be contributing to the increase in these events?

- A. Daily sedation vacation
- B. Daily weaning assessment
- C. Supine position during transport
- D. Daily oral care with chlorhexidine

Answer: C

Explanation:
Ventilator-associated events (VAEs) are complications that occur in patients receiving mechanical ventilation and include conditions

such as ventilator-associated pneumonia (VAP), pulmonary edema, and atelectasis.

The CBIC Certified Infection Control Exam Study Guide (6th edition) emphasizes that patient positioning plays a critical role in preventing aspiration and subsequent respiratory complications in mechanically ventilated patients.

Maintaining patients in a supine position, particularly during transport, increases the risk of aspiration of gastric contents and oropharyngeal secretions. Aspiration is a well-recognized contributing factor to the development of VAEs because it can lead to infection, inflammation, and worsening oxygenation. The Study Guide recommends maintaining the head of the bed elevated (generally 30-45 degrees) whenever feasible, including during care activities and transport, to reduce aspiration risk.

The other options listed-daily sedation vacation, daily weaning assessment, and daily oral care with chlorhexidine-are evidence-based prevention strategies that are part of ventilator care bundles. These interventions are designed to reduce the duration of mechanical ventilation, improve pulmonary function, and decrease microbial colonization, all of which lower the risk of VAEs rather than contribute to them.

Therefore, supine positioning during transport is the most likely factor contributing to an increase in ventilator-associated events and represents a deviation from recommended infection prevention practices.

NEW QUESTION # 280

During a COVID outbreak with hospital-associated transmission cases, the infection preventionist (IP) receives a news media call about what is being done to reduce the transmission. The IP's BEST response is to

- A. refer the reporters to the hospital's media spokesperson.
- B. answer the questions truthfully.
- C. give vague answers to ensure patient privacy.
- D. inform the reporter that the conversation must be recorded to ensure accuracy.

Answer: A

Explanation:

The best response for an infection preventionist (IP) when receiving a news media call during a COVID outbreak with hospital-associated transmission cases is to refer the reporters to the hospital's media spokesperson. This approach aligns with the principles outlined in the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, which emphasize the importance of maintaining professionalism, protecting patient privacy, and ensuring accurate communication. The IP's primary role is to focus on infection prevention and control activities rather than serving as a public relations representative. Engaging directly with the media can risk divulging sensitive patient information or operational details that may not be fully contextualized, potentially violating the Health Insurance Portability and Accountability Act (HIPAA) or other privacy regulations.

Option A (answer the questions truthfully) is not ideal because, while truthfulness is important, the IP may not have the authority or full context to provide a comprehensive and accurate public statement, and doing so could inadvertently compromise patient confidentiality or misrepresent hospital policies. Option B (give vague answers to ensure patient privacy) might protect privacy but could lead to miscommunication or lack of trust if the responses appear evasive without a clear referral process. Option D (inform the reporter that the conversation must be recorded to ensure accuracy) is a procedural step but does not address the core issue of who should handle media inquiries.

Referring to the hospital's media spokesperson (Option C) ensures that a trained individual handles the communication, adhering to CBIC's emphasis on collaboration with organizational leadership and adherence to institutional communication protocols (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.1 - Collaborate with organizational leaders). This also aligns with best practices for managing public health crises, where centralized and coordinated messaging is critical to avoid misinformation.

References: CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.1 - Collaborate with organizational leaders.

NEW QUESTION # 281

A hospital experiencing an increase in catheter-associated urinary tract infections (CAUTI) implements a quality improvement initiative. Which of the following interventions is MOST effective in reducing CAUTI rates?

- A. Routine urine cultures for all catheterized patients every 48 hours.
- B. Replacing indwelling urinary catheters with condom catheters for all male patients.
- C. Using antibiotic-coated catheters in all ICU patients.
- D. Implementing nurse-driven protocols for early catheter removal.

Answer: D

Explanation:

* Nurse-driven catheter removal protocols have been shown to significantly reduce CAUTI rates by minimizing unnecessary catheter use.
* Routine urine cultures (A) lead to overtreatment of asymptomatic bacteriuria.
* Condom catheters (C) are helpful in certain cases but are not universally effective.
* Antibiotic-coated catheters (D) have mixed evidence regarding their effectiveness.
CBIC Infection Control References:
* APIC Text, "CAUTI Prevention Strategies," Chapter 10.

NEW QUESTION # 282

An infection preventionist (IP) is tasked with developing an infection prevention training program for family members. What step should the IP take FIRST?

- A. Ensure that all content in the training is relevant and practical.
- B. Develop a plan to create an appropriate training environment.
- C. Create clearly defined goals and objectives for the training.
- D. Assess the needs of the family members at the facility.

Answer: D

Explanation:
The correct answer is A, "Assess the needs of the family members at the facility," as this is the first step the infection preventionist (IP) should take when developing an infection prevention training program for family members. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, effective education programs begin with a needs assessment to identify the specific knowledge gaps, cultural factors, and practical challenges of the target audience-in this case, family members. This initial step ensures that the training is tailored to their level of understanding, language preferences, and the infection risks they may encounter (e.g., hand hygiene, isolation protocols), aligning with adult learning principles (CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competency 4.1 - Develop and implement educational programs). Without this assessment, subsequent steps risk being misaligned with the audience's needs, reducing the program's effectiveness.
Option B (create clearly defined goals and objectives for the training) is a critical step but follows the needs assessment, as goals should be based on identified needs to ensure relevance. Option C (ensure that all content in the training is relevant and practical) depends on understanding the audience's needs first, making it a later step in the development process. Option D (develop a plan to create an appropriate training environment) is important for implementation but requires prior knowledge of the audience and content to design effectively.
The focus on assessing needs aligns with CBIC's emphasis on evidence-based education design, enabling the IP to address specific infection prevention priorities for family members and improve outcomes in the facility (CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competency 4.2 - Evaluate the effectiveness of educational programs). This approach is supported by CDC guidelines, which recommend audience assessment as a foundational step in health education programs.
References: CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competencies 4.1 - Develop and implement educational programs, 4.2 - Evaluate the effectiveness of educational programs. CDC Health Education Curriculum Analysis Tool, 2019.

NEW QUESTION # 283

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