

CBIC CIC Exam Questions with Prep4cram

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CBIC CIC Practice Exam (2025) comprehensive questions and verified answers (detailed & elaborated) ACTUAL EXAM 2025 TEST!!



Terms in this set (111)

Medical intervention factors that affect risk of infection	indwelling devices, staffing ratio, lengths of stay, duration of invasive procedures, medications, # of exams by providers, type of institution, and knowledge/experience of providers
environmental intervention factors that affect risk of infection	disinfectant type used, contact with animals, hand hygiene
anatomical/phys factors that affect risk of infection	preexisting diseases, trauma, malignancies, age, gender, and nutritional status
DMAIC	D=define customers, project boundaries, and processes M=measure performance A=analyze data to identify causes of variation, gaps in performance, and prioritize actions I=improve the process C=control the process to prevent reverting
What should an effective surveillance program be able to provide?	Detection of infections and injuries, identify trends, identify risk factors associated with infections and other AEs detect outbreaks and clusters, assess the overall effectiveness of the infection control and prevention program and demonstrate changes in proactive and processes that lead to better outcomes

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CBIC Certified Infection Control Exam Sample Questions (Q13-Q18):

NEW QUESTION # 13

An infection preventionist (IP) receives a phone call from a local health department alerting the hospital of the occurrence of a sewer main break. Contamination of the city water supply is a possibility. Which of the following actions should the IP perform FIRST?

- A. Notify the Emergency and Admissions departments to report diarrhea cases to infection control.
- B. Review the emergency preparedness plan with engineering for sources of potable water.
- C. Review microbiology laboratory reports for enteric organisms in the past week.
- D. Contact the Employee Health department and ask for collaboration in case-finding.

Answer: C

Explanation:

The correct answer is B, "Review microbiology laboratory reports for enteric organisms in the past week," as this is the first action the infection preventionist (IP) should perform following the alert of a sewer main break and potential contamination of the city water supply. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, a rapid assessment of existing data is a critical initial step in investigating a potential waterborne outbreak. Reviewing microbiology laboratory reports for enteric organisms (e.g., *Escherichia coli*, *Salmonella*, or *Shigella*) helps the IP identify any recent spikes in infections that could indicate water supply contamination, providing an evidence-based starting point for the investigation (CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.2 - Analyze surveillance data). This step leverages available hospital data to assess the scope and urgency of the situation before initiating broader actions.

Option A (notify the Emergency and Admissions departments to report diarrhea cases to infection control) is an important subsequent step to enhance surveillance, but it relies on proactive reporting and does not provide immediate evidence of an ongoing issue. Option C (contact the Employee Health department and ask for collaboration in case-finding) is valuable for involving additional resources, but it should follow the initial data review to prioritize case-finding efforts based on identified trends. Option D (review the emergency preparedness plan with engineering for sources of potable water) is a critical preparedness action, but it is more relevant once contamination is confirmed or as a preventive measure, not as the first step in assessing the current situation.

The focus on reviewing laboratory reports aligns with CBIC's emphasis on using surveillance data to guide infection prevention responses, enabling the IP to quickly determine if the sewer main break has already impacted patient health and to escalate actions accordingly (CBIC Practice Analysis, 2022, Domain II:

Surveillance and Epidemiologic Investigation, Competency 2.1 - Conduct surveillance for healthcare-associated infections and epidemiologically significant organisms). This approach is consistent with CDC guidelines for responding to waterborne outbreak alerts (CDC Environmental Public Health Guidelines, 2020).

References: CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competencies 2.1 - Conduct surveillance for healthcare-associated infections and epidemiologically significant organisms, 2.2 - Analyze surveillance data. CDC Environmental Public Health Guidelines, 2020.

NEW QUESTION # 14

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

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

Answer: C

Explanation:

* 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.

NEW QUESTION # 15

An infection preventionist has been asked to consult on disinfectant products for use in a long term care home. What should their primary concern be?

- A. Disinfectant products should be compatible with the patient care devices used by the facility.
- B. Patient care items are cleaned whenever visibly soiled.
- C. An appropriate disinfectant should be available whenever items are used on patients known to be colonized with multi drug resistant organisms.
- D. Disinfectant products should have a mild odor to reduce allergy concerns.

Answer: A

Explanation:

The most critical factor in choosing disinfectants in long-term care is compatibility with medical devices to prevent damage and ensure safety. Improper selection can compromise disinfection efficacy and equipment longevity.

* The APIC/JCR Workbook highlights:

"Organizations should evaluate compatibility of disinfectant products with the materials used in patient care equipment.

Incompatibility can lead to equipment degradation or malfunction".

* This ensures compliance with manufacturer instructions and preserves warranty and functionality.

References:

APIC/JCR Workbook, 4th Edition, Chapter 8 - Disinfection and Sterilization

NEW QUESTION # 16

Which of the following pathogens is associated with the highest risk of seroconversion after percutaneous exposure?

- A. Syphilis
- B. Hepatitis A
- C. Hepatitis C
- D. Shigella

Answer: C

Explanation:

Among the listed pathogens, Hepatitis C has the highest risk of seroconversion following a percutaneous exposure, though it's important to note that Hepatitis B actually has the highest overall risk. However, since Hepatitis B is not listed among the options, the correct choice from the available ones is Hepatitis C.

* The APIC Text confirms:

"The average risk of seroconversion after a percutaneous injury involving blood infected with hepatitis C virus is approximately 1.8 percent".

* The other options are not bloodborne pathogens typically associated with high seroconversion risks after needlestick or percutaneous exposure:

* A. Shigella- transmitted fecal-orally, not percutaneously.

* B. Syphilis- transmitted sexually or via mucous membranes.

* C. Hepatitis A- primarily fecal-oral transmission, low occupational seroconversion risk.

References:

APIC Text, 4th Edition, Chapter 103 - Occupational Exposure to Bloodborne Pathogens

NEW QUESTION # 17

A positive biological indicator is reported to the Infection Preventionist (IP) after a sterilizer was used. Which of the following should be done FIRST?

- A. Notify potentially affected patients of exposure to nonsterile equipment
- B. Inform the risk manager of the positive indicator
- C. Re-challenge the sterilizer with a second indicator

- D. Check the Central Services employees' technique

Answer: C

Explanation:

When a positive biological indicator (BI) is detected, the immediate response is to retest the sterilizer using another BI to confirm results. This helps distinguish between a true sterilization failure and a defective BI.

* The CBIC Study Guide advises:

"If there is no indication of abnormalities, then the sterilizer should be tested again in three consecutive cycles using paired biological indicators from different manufacturers." Immediate recall is reserved for implant loads or confirmed sterilization failure.

* Incorrect responses:

* A. Check employee technique may be appropriate later but not as a first step.

* B. Informing risk manager or C. Notifying patients occurs only after confirmation of failure.

References:

CBIC Study Guide, 6th Edition, Chapter 10 - Sterilization Monitoring

APIC Text, 4th Edition, Chapter 106 - Sterile Processing

NEW QUESTION # 18

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