

# Real CIC Questions - Reliable CIC Exam Materials

## CIC Exam Outline

Content Categories	Scored Questions
1. Identification and Infectious Disease Processes	22
2. Surveillance and Epidemiologic Investigation	22
3. Preventing/Controlling the Transmission of Infectious Agents	22
4. Employee/Occupational Health	11
5. Management and Communication	14
6. Education and Research	12
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8. Cleaning, Disinfection, and Sterilization of Medical Devices and Equipment	18

**Time limit:** 3 hours

**Total questions:** 150

**Question format:** Multiple-choice

**Delivery format:** Computer-based

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## CBIC Certified Infection Control Exam Sample Questions (Q91-Q96):

### NEW QUESTION # 91

When evaluating environmental cleaning and disinfectant products as a part of the product evaluation committee, which of the following is responsible for providing information regarding clinical trials?

- A. Environmental Services
- B. Clinical representatives
- C. Infection Preventionist
- D. Manufacturer representatives

### Answer: D

Explanation:

The correct answer is D, "Manufacturer representatives," as they are responsible for providing information regarding clinical trials when evaluating environmental cleaning and disinfectant products as part of the product evaluation committee. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, manufacturers are the primary source of data on the efficacy, safety, and performance of their products, including clinical trial results that demonstrate the disinfectant's ability to reduce microbial load or prevent healthcare-associated infections (HAIs) (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.4 - Implement environmental cleaning and disinfection protocols).

This information is critical for the committee to assess whether the product meets regulatory standards (e.g., EPA registration) and aligns with infection prevention goals, and it is typically supported by documentation such as peer-reviewed studies or trial data provided by the manufacturer.

Option A (Infection Preventionist) plays a key role in evaluating the product's fit within infection control practices and may contribute expertise or conduct internal assessments, but they are not responsible for providing clinical trial data, which originates from the manufacturer. Option B (Clinical representatives) can offer insights into clinical usage and outcomes but rely on manufacturer data for trial evidence rather than generating it. Option C (Environmental Services) focuses on the practical application and cleaning processes but lacks the authority or resources to conduct or provide clinical trial information.

The reliance on manufacturer representatives aligns with CBIC's emphasis on evidence-based decision-making in product selection, ensuring that the product evaluation committee bases its choices on robust, manufacturer-supplied clinical data (CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.5 - Use data to guide infection prevention and control strategies).

This approach supports the safe and effective implementation of environmental cleaning products in healthcare settings.

References: CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.5 - Use data to guide infection prevention and control strategies; Domain III: Infection Prevention and Control, Competency 3.4 - Implement environmental cleaning and disinfection protocols.

### NEW QUESTION # 92

An infection preventionist is reviewing practices in a facility's food preparation department. Which of the following practices should be revised?

- A. Thawing meat at room temperature
- B. Maintaining hot food at 145° F (62.7° C) during serving
- C. Using a cutting board to cut vegetables
- D. Discarding most perishable food within 72 hours

### Answer: A

Explanation:

Thawing raw meat at room temperature is a major food safety violation because it allows bacteria to multiply rapidly within the temperature danger zone (40-140°F or 4.4-60°C). Meat should always be thawed in the refrigerator, under cold running water, or in a microwave if cooked immediately.

Why the Other Options Are Incorrect?

- \* B. Using a cutting board to cut vegetables - This is safe as long as proper cleaning and sanitation procedures are followed.
- \* C. Maintaining hot food at 145°F (62.7°C) during serving - 145°F is an acceptable minimum temperature for certain meats like beef, fish, and pork.
- \* D. Discarding most perishable food within 72 hours - Many perishable foods, especially leftovers, should be discarded within 3 days, making this an appropriate practice.

CBIC Infection Control Reference

The APIC guidelines emphasize that raw meat should never be thawed at room temperature due to the risk of bacterial growth and

foodborne illness.

### NEW QUESTION # 93

The infection preventionist recognizes that facility renovation projects are associated with risk for healthcare- associated infections (HAIs). What is the primary rationale for this risk?

- A. Trash removal using uncovered carts
- **B. Environmental dispersal of microorganisms**
- C. Improper training regarding hand hygiene for contracted workers
- D. Increased numbers of construction staff resulting in congested workspaces

#### Answer: B

Explanation:

The Certification Study Guide (6th edition) identifies environmental dispersal of microorganisms as the primary reason healthcare construction and renovation activities increase the risk of healthcare-associated infections (HAIs). Construction activities such as demolition, drilling, and ceiling penetration disturb dust and building materials that may harbor fungal spores and other microorganisms, particularly *Aspergillus* species.

Once aerosolized, these organisms can spread through airflow to patient care areas if containment and ventilation controls are inadequate.

The study guide emphasizes that immunocompromised patients-such as those in oncology units, transplant units, and intensive care settings-are especially vulnerable to infections caused by airborne fungi released during construction. Numerous outbreaks of invasive aspergillosis have been linked directly to renovation and construction projects that lacked appropriate infection control risk assessment (ICRA) measures.

The incorrect options describe secondary or contributory issues but are not the primary mechanism of infection risk. While increased personnel traffic, hand hygiene training, and waste handling are important considerations, they do not represent the central hazard posed by construction. The fundamental risk is airborne dissemination of microorganisms from disrupted environmental reservoirs. CIC exam questions frequently test knowledge of construction-related infection risks and the importance of engineering controls such as negative pressure containment, HEPA filtration, and dust barriers. Recognizing environmental dispersal as the primary risk underscores why rigorous planning and infection control oversight are essential during renovation projects.

Reference: Certification Study Guide (CBIC/CIC Exam Study Guide), 6th edition, Chapter 9: Environment of Care.

### NEW QUESTION # 94

The operating room director asks the infection preventionist (IP) to join a team focusing on the purchase of robotic surgical equipment. What item will the IP review FIRST?

- A. Storage of the equipment between surgical cases
- B. Cost of the equipment
- **C. Manufacturer's instructions for use**
- D. Effect of equipment on length of surgery

#### Answer: C

Explanation:

The CBIC Certified Infection Control Exam Study Guide (6th edition) emphasizes that when evaluating new medical or surgical equipment, the first priority for the infection preventionist is reviewing the manufacturer's instructions for use (IFU). The IFU provides critical information regarding cleaning, disinfection, sterilization, handling, storage, and maintenance requirements, all of which directly impact infection prevention and patient safety.

Robotic surgical equipment often includes complex components, lumens, joints, and reusable instruments that may require specialized reprocessing methods. The IP must ensure that the facility has the infrastructure, staffing, competency, and resources to meet the IFU requirements before purchase. Failure to comply with manufacturer instructions places the organization at risk for ineffective reprocessing, device contamination, healthcare-associated infections, and regulatory noncompliance.

The other options are secondary considerations. Cost (Option A) and operative time impact efficiency and budgeting but do not address infection risk. Storage between cases (Option C) is important but cannot be properly evaluated without first understanding IFU requirements. Length of surgery (Option B) may influence infection risk but is not within the primary evaluative scope of infection prevention during equipment selection.

For the CIC exam, it is essential to recognize that IFU review is the foundational step in product evaluation.

Infection preventionists must confirm that equipment can be safely and consistently reprocessed according to manufacturer specifications before any operational or financial considerations are addressed.

## NEW QUESTION # 95

In a retrospective case-control study, the initial case group is composed of persons

- A. without the disease.
- **B. with the disease**
- C. without the risk factor under investigation
- D. with the risk factor under investigation

**Answer: B**

Explanation:

In a retrospective case-control study, cases and controls are selected based on disease status. The case group is composed of individuals who have the disease (cases), while the control group consists of individuals without the disease. This design allows researchers to look back in time to assess exposure to potential risk factors.

Step-by-Step Justification:

\* Selection of Cases and Controls:

\* Cases: Individuals who already have the disease.

\* Controls: Individuals without the disease but similar in other aspects.

\* Direction of Study:

\* A retrospective study moves backward from the disease outcome to investigate potential causes or risk factors.

\* Data Collection:

\* Uses past medical records, interviews, and laboratory results to determine past exposures.

\* Common Use:

\* Useful for studying rare diseases since cases have already occurred, making it cost-effective compared to cohort studies.

Why Other Options Are Incorrect:

\* B. without the disease: (Incorrect) This describes the control group, not the case group.

\* C. with the risk factor under investigation: (Incorrect) Risk factors are identified after selecting cases and controls.

\* D. without the risk factor under investigation: (Incorrect) The study investigates whether cases had prior exposure, not whether they lacked a risk factor.

CBIC Infection Control References:

\* APIC Text, Chapter on Epidemiologic Study Design.

## NEW QUESTION # 96

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