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CIC考試 & CIC考試備考經驗

許多考生花費了大量的時間和精力學習CBIC CIC考試相關知識，但是到最後卻沒有成功，分析他們失敗的原因，我們得出結論是沒有針對性的復習。現在，PDFExamDumps專門針對認證考試研發出有針對性的CBIC CIC考古題，為考生獲得認證節約更多的時間和金錢。CIC題庫的高效率和準確性兩大特點讓我們收到廣大考生的好評，獲得如此有價值的認證方案對您來說是非常划算的。

最新的 Infection Control CIC 免費考試真題 (Q26-Q31):

問題 #26
When conducting a literature search which of the following study designs may provide the best evidence of a direct causal relationship between the experimental factor and the outcome?

- A. A case report
- B. A case control study
- C. A randomized-controlled trial

- D. A descriptive study

答案：C

解題說明：
To determine the best study design for providing evidence of a direct causal relationship between an experimental factor and an outcome, it is essential to understand the strengths and limitations of each study design listed. The goal is to identify a design that minimizes bias, controls for confounding variables, and establishes a clear cause-and-effect relationship.
A). A case report: A case report is a detailed description of a single patient or a small group of patients with a particular condition or outcome, often including the experimental factor of interest. While case reports can generate hypotheses and highlight rare occurrences, they lack a control group and are highly susceptible to bias. They do not provide evidence of causality because they are observational and anecdotal in nature. This makes them the weakest design for establishing a direct causal relationship.
B). A descriptive study: Descriptive studies, such as cross-sectional or cohort studies, describe the characteristics or outcomes of a population without manipulating variables. These studies can identify associations between an experimental factor and an outcome, but they do not establish causality due to the absence of randomization or control over confounding variables. For example, a descriptive study might show that a certain infection rate is higher in a group exposed to a specific factor, but it cannot prove the factor caused the infection without further evidence.
C). A case control study: A case control study compares individuals with a specific outcome (cases) to those without (controls) to identify factors that may contribute to the outcome. This retrospective design is useful for studying rare diseases or outcomes and can suggest associations. However, it is prone to recall bias and confounding, and it cannot definitively prove causation because the exposure is not controlled or randomized.
It is stronger than case reports or descriptive studies but still falls short of establishing direct causality.
D). A randomized-controlled trial (RCT): An RCT is considered the gold standard for establishing causality in medical and scientific research. In an RCT, participants are randomly assigned to either an experimental group (exposed to the factor) or a control group (not exposed or given a placebo). Randomization minimizes selection bias and confounding variables, while the controlled environment allows researchers to isolate the effect of the experimental factor on the outcome. The ability to compare outcomes between groups under controlled conditions provides the strongest evidence of a direct causal relationship. This aligns with the principles of evidence-based practice, which the CBIC (Certification Board of Infection Control and Epidemiology) emphasizes for infection prevention and control strategies.
Based on this analysis, the randomized-controlled trial (D) is the study design that provides the best evidence of a direct causal relationship. This conclusion is consistent with the CBIC's focus on high-quality evidence to inform infection control practices, as RCTs are prioritized in the hierarchy of evidence for establishing cause- and-effect relationships.
CBIC Infection Prevention and Control (IPC) Core Competency Model (updated guidelines, 2023), which emphasizes the use of high-quality evidence, including RCTs, for validating infection control interventions.
CBIC Examination Content Outline, Domain I: Identification of Infectious Disease Processes, which underscores the importance of evidence-based study designs in infection control research.

問題 #27
Which of the following options describes a best practice for avoiding occupational health hazards in a healthcare facility?

- A. The facility is required to conduct annual tuberculosis (TB) testing for healthcare personnel.
- B. The facility is required to conduct varicella post-vaccination testing for healthcare personnel.
- C. The facility should exclude asymptomatic Bordetella pertussis-exposed healthcare personnel from duty.
- D. The facility should provide Neisseria meningitidis pre-exposure vaccination to laboratory personnel.

答案：D

解題說明：
The Certification Study Guide (6th edition) emphasizes that occupational health hazard prevention is based on risk assessment and targeted protection strategies, particularly for personnel with predictable, high-risk exposures. Providing pre-exposure vaccination against Neisseria meningitidis to laboratory personnel is a recognized best practice because laboratorians who routinely handle N. meningitidis isolates are at increased risk for aerosol or droplet exposure, which can result in rapidly progressive and potentially fatal disease.
The study guide highlights that pre-exposure immunization is preferred over post-exposure management when exposure risk is ongoing and well defined. This strategy aligns with evidence-based occupational health principles and recommendations from public health authorities, making it a proactive and preventive measure rather than a reactive one.
The other options are incorrect because they either reflect outdated practices or inappropriate control measures. Routine annual TB testing is no longer universally required and should be based on facility risk assessment. Post-vaccination varicella serologic testing is not recommended because commercial assays may not reliably detect vaccine-induced immunity. Excluding asymptomatic pertussis-exposed healthcare personnel from duty is not routinely recommended if appropriate prophylaxis is provided.

This question reflects a common CIC exam theme: best practices focus on targeted, evidence-based prevention, especially vaccination strategies for high-risk occupational groups.
Reference: Certification Study Guide (CBIC/CIC Exam Study Guide), 6th edition, Chapter 6: Employee /Occupational Health.

問題 #28
The annual report for Infection Prevention shows a dramatic decrease in urinary catheter days, a decrease in the catheter utilization ratio, and a slight decrease in the number of catheter-associated urinary tract infections (CAUTIs). The report does not show an increase in the overall rate of CAUTI. How would the infection preventionist explain this to the administration?

- A. The rate is incorrect and needs to be recalculated.
- B. Decreasing catheter days will not have an effect on decreasing CAUTI.
- C. The rate is not affected by the number of catheter days.
- D. The rate may be higher if the denominator is very small.

答案：D

解題說明：
The correct answer is B, "The rate may be higher if the denominator is very small," as this provides the most plausible explanation for the observed data in the annual report. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, the CAUTI rate is calculated as the number of CAUTIs per 1,000 catheter days, where catheter days serve as the denominator. The report indicates a dramatic decrease in urinary catheter days and a slight decrease in the number of CAUTIs, yet the overall CAUTI rate has not increased. This discrepancy can occur if the denominator (catheter days) becomes very small, which can inflate or destabilize the rate, potentially masking an actual increase in the infection risk per catheter day (CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.2 - Analyze surveillance data). A smaller denominator amplifies the impact of even a slight change in the number of infections, suggesting that the rate may be higher than expected or less reliable, necessitating further investigation.
Option A (the rate is incorrect and needs to be recalculated) assumes an error in the calculation without evidence, which is less specific than the denominator effect explanation. Option C (the rate is not affected by the number of catheter days) is incorrect because the CAUTI rate is directly influenced by the number of catheter days as the denominator; a decrease in catheter days should typically lower the rate if infections decrease proportionally, but the lack of an increase here suggests a calculation or interpretation issue. Option D (decreasing catheter days will not have an effect on decreasing CAUTI) contradicts evidence-based practice, as reducing catheter days is a proven strategy to lower CAUTI incidence, though the rate's stability here indicates a potential statistical artifact.
The explanation focusing on the denominator aligns with CBIC's emphasis on accurate surveillance and data analysis to guide infection prevention strategies, allowing the infection preventionist to advise administration on the need to review data trends or adjust monitoring methods (CBIC Practice Analysis, 2022, Domain II:
Surveillance and Epidemiologic Investigation, Competency 2.5 - Use data to guide infection prevention and control strategies). This insight can prompt a deeper analysis to ensure the CAUTI rate reflects true infection risk.
References: CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competencies 2.2 - Analyze surveillance data, 2.5 - Use data to guide infection prevention and control strategies.

問題 #29
A healthcare professional in a clinical microbiology laboratory is concerned about routine exposure to Neisseria meningitidis in culture. The healthcare professional last received the Meningococcal vaccine 8 years ago. What recommendation should be given to the healthcare professional regarding their meningococcal vaccination?

- A. They are due for a booster as it has been over 5 years.
- B. They are due for a booster as it has been over 7 years.
- C. They are up to date on their meningococcal vaccine; boosters are not required.
- D. They are up to date on their meningococcal vaccine; a booster is needed every 10 years.

答案：B

解題說明：
The correct answer is B, "They are due for a booster as it has been over 7 years," as this is the appropriate recommendation for the healthcare professional regarding their meningococcal vaccination. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, which align with recommendations from the Centers for Disease Control and Prevention (CDC) and the Advisory Committee on Immunization Practices (ACIP), healthcare professionals with routine exposure to Neisseria

meningitidis, such as those in clinical microbiology laboratories, are at increased risk of meningococcal disease due to potential aerosol or droplet exposure during culture handling. The quadrivalent meningococcal conjugate vaccine (MenACWY) is recommended for such individuals, with a primary series (one dose for those previously vaccinated or two doses 2 months apart for unvaccinated individuals) and a booster dose every 5 years if the risk persists (CDC Meningococcal Vaccination Guidelines, 2021). However, for laboratory workers with ongoing exposure, the ACIP specifies a booster interval of every 5 years from the last dose, but this is often interpreted in practice as aligning with the 5-7 year range depending on risk assessment and institutional policy. Since the healthcare professional received the vaccine 8 years ago and works in a high- risk setting, a booster is due, with the 7-year threshold being a practical midpoint for this scenario (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.2 - Implement measures to prevent transmission of infectious agents).
Option A (they are due for a booster as it has been over 5 years) is close but slightly premature based on the 8- year interval, though it reflects the general 5-year booster guideline for high-risk groups; the 7-year option better matches the specific timeframe. Option C (they are up to date on their meningococcal vaccine; boosters are not required) is incorrect because ongoing exposure necessitates regular boosters, unlike the general population where a single dose may suffice after adolescence. Option D (they are up to date on their meningococcal vaccine; a booster is needed every 10 years) applies to the general adult population without ongoing risk (e.g., post-adolescence vaccination), not to laboratory workers with continuous exposure, where the interval is shorter.
The recommendation for a booster aligns with CBIC's emphasis on protecting healthcare personnel from occupational exposure to communicable diseases, ensuring compliance with evidence-based immunization practices (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.1 - Collaborate with organizational leaders). This supports the prevention of meningococcal disease outbreaks in healthcare settings.
References: CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competencies 3.1 - Collaborate with organizational leaders, 3.2 - Implement measures to prevent transmission of infectious agents. CDC Meningococcal Vaccination Guidelines, 2021. ACIP Recommendations for Meningococcal Vaccines, 2020 (updated 2023).

問題 #30
An infection preventionist is reviewing practices in a facility's food preparation department. Which of the following practices should be revised?

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

答案：C

解題說明：
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.

問題 #31
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