CIC Prüfungsfragen - CIC PDF

Außerdem sind jetzt einige Teile dieser ZertSoft CIC Prüfungsfragen kostenlos erhältlich: https://drive.google.com/open?id=1tAW8kIogtLjZ1lOw6h3RNSbYnX-d9aTb

ZertSoft hat riesieges Expertenteam. Sie untersucht ständig nach ihren Kenntnissen und Erfahrungen die CBIC CIC (CBIC Certified Infection Control Exam) IT-Zertifizierungsprüfung in den letzten Jahren. Ihre Forschungsergebnisse sind nämlich die Produkte von ZertSoft. Die Fragen und Antworten zur CBIC CIC Zertifizierungsprüfung von ZertSoft sind den realen Fragen und Antworten sehr ähnlich. Sie können vielen helfen, ihren Traum zu verwirklichen. ZertSoft verspricht, dass Sie die CBIC CIC (CBIC Certified Infection Control Exam) Prüfung erfolgreich zu bestehen. Sie können beruhigt ZertSoft in Ihren Warenkorb schicken. Mit ZertSoft könen Sie Ihren Wunsch sofort erfüllen.

Eine breite Vielzahl von CBIC CIC Prüfungsfragen und Antworten aus ZertSoft sind logisch. CBIC CIC Zertifizierungsantworten aus ZertSoft sind gleich wie die in der realen Prüfung. Vor dem Kauf der CBIC CIC Echte Fragen können Sie kostenlose Demo zum Teil auf der Website www.ZertSoft.de herunterladen.

>> CIC Prüfungsfragen <<

CIC PDF, CIC Prüfungsmaterialien

Warum versprechen wir, dass wir Ihnen Geld zurückgeben, wenn Sie die CBIC CIC Prüfung nicht bestehen? Denn zahlose Kunden, die unsere Prüfungssofteware benutzt haben, bestehen die CBIC CIC Zertifizierungsprüfung, was uns die Konfidenz bringt. CBIC CIC Prüfung ist eine sehr wichtige Beweis der IT-Fähigkeit für die Angestellte im IT-Gewerbe. Aber die Prüfung ist auch schwierig. Die Arbeiter von ZertSoft haben die CBIC CIC Prüfungsunterlagen mit große Einsätze geforscht. Die Software ist das Geistesprodukt vieler IT-Spezialist.

CBIC Certified Infection Control Exam CIC Prüfungsfragen mit Lösungen (Q117-Q122):

117. Frage
Given the formula for calculating incidence rates, the Y represents which of the following?

- A. Population served
- B. Number of events
- C. Number of infected patients
- D. Population at risk

Antwort: D

Begründung:
Incidence rate is a fundamental epidemiological measure used to quantify the frequency of new cases of a disease within a specified population over a defined time period. The Certification Board of Infection Control and Epidemiology (CBIC) supports the use of such metrics in the "Surveillance and Epidemiologic Investigation" domain, aligning with the Centers for Disease Control and Prevention (CDC) "Principles of Epidemiology in Public Health Practice" (3rd Edition, 2012). The formula provided, XY×K=Rate\frac{X}{Y} \times K = RateYX×K=Rate, represents the standard incidence rate calculation, where KKK is a constant (e.g., 1,000 or 100,000) to express the rate per unit population, and the question asks what YYY represents among the given options.
In the incidence rate formula, XXX typically represents the number of new cases (or events) of the disease occurring during a specific period, and YYY represents the population at risk during that same period. The ratio XY\frac{X}{Y}YX yields the rate per unit of population, which is then multiplied by KKK to standardize the rate (e.g., cases per 1,000 persons). The CDC defines the denominator (YYY) as the population at risk, which includes individuals susceptible to the disease over the observation period. Option B ("Number of infected patients") might suggest XXX if it specified new cases, but as the denominator YYY, it is incorrect because incidence focuses on new cases relative to the at-risk population, not the total number of infected individuals (which could include prevalent cases). Option C ("Population at risk") correctly aligns with YYY, representing the base population over which the rate is calculated.
Option A, "Population served," is a broader term that might include the total population under care (e.g., in a healthcare facility), but it is not specific to those at risk for new infections, making it less precise. Option D,
"Number of events," could align with XXX (new cases or events), but as the denominator YYY, it does not fit the formula's structure. The CBIC Practice Analysis (2022) and CDC guidelines reinforce that the denominator in incidence rates is the population at risk, ensuring accurate measurement of new disease occurrence.
References:
CBIC Practice Analysis, 2022.
CDC Principles of Epidemiology in Public Health Practice, 3rd Edition, 2012.

118. Frage
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. Ice
- C. Aerators
- D. Carpet

Antwort: A

Begründung:
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.

119. Frage
A Quality Improvement Committee is trying to decrease catheter-associated urinary tract infections (CAUTIs) in the hospital. Which of the following would be an outcome measure that would help to show a reduction in CAUTIs?

- A. Rate of patients receiving daily indwelling urinary catheter care
- B. Percentage of staff trained to insert indwelling urinary catheters
- C. Rate of CAUTI per 1000 indwelling urinary catheter days
- D. Percentage of patients with indwelling urinary catheters

Antwort: C

Begründung:
Anoutcome measuretracks the end result of healthcare processes. TheCAUTI rate per 1,000 catheter days directly measures the frequency of infections, making it an ideal outcome metric.
* From theAPIC Text:
"An incidence rate (i.e., the number of new cases during a time period, such as the rate of patients with urinary catheters who get a CAUTI) is a frequently used outcome performance measure."
* Other choices like care compliance or training areprocess measures, not outcomes.
References:
APIC Text, 4th Edition, Chapter 17 - Performance Measures

120. Frage
An employee is presenting to Occupational Health for clearance prior to starting work at a healthcare facility.
They have a history of having received the Bacillus Calmette-Guérin (BCG) vaccination. What is the preferred methodology for pre-work clearance?

- A. Interferon-gamma release assay
- B. Two-step purified protein derivative-based Tuberculin skin test (TST)
- C. Initial chest radiograph

- D. Referral to tuberculosis (TB) clinic

Antwort: A

Begründung:
The preferred methodology for pre-work clearance in this scenario is the interferon-gamma release assay (IGRA), making option C the correct choice. This conclusion is supported by the guidelines from the Certification Board of Infection Control and Epidemiology (CBIC), which align with recommendations from the Centers for Disease Control and Prevention (CDC) for tuberculosis (TB) screening in healthcare workers.
The employee's history of receiving the Bacillus Calmette-Guérin (BCG) vaccination, a vaccine commonly used in some countries to prevent severe forms of TB, is significant because it can cause false-positive results in the traditional Tuberculin skin test (TST) due to cross-reactivity with BCG antigens (CBIC Practice Analysis, 2022, Domain I: Identification of Infectious Disease Processes, Competency 1.3 - Apply principles of epidemiology).
The IGRA, such as the QuantiFERON-TB Gold test, measures the release of interferon-gamma from T-cells in response to specific TB antigens (e.g., ESAT-6 and CFP-10) that are not present in BCG or most non- tuberculous mycobacteria. This makes it a more specific and reliable test for detecting latent TB infection (LTBI) in individuals with a history of BCG vaccination, avoiding the false positives associated with the TST.
The CDC recommends IGRA over TST for BCG-vaccinated individuals when screening for TB prior to healthcare employment (CDC Guidelines for Preventing Transmission of Mycobacterium tuberculosis, 2005, updated 2019).
Option A (referral to tuberculosis clinic) is a general action but not a specific methodology for clearance; it may follow testing if results indicate further evaluation is needed. Option B (initial chest radiograph) is used to detect active TB disease rather than latent infection and is not a primary screening method for pre-work clearance, though it may be indicated if IGRA results are positive.
Option D (two-step purified protein derivative-based Tuberculin skin test) is less preferred because the BCG vaccination can lead to persistent cross-reactivity, reducing its specificity and reliability in this context. The two-step TST is typically used to establish a baseline in unvaccinated individuals with potential prior exposure, but it is not ideal for BCG- vaccinated individuals.
The IP's role includes ensuring accurate TB screening to protect both the employee and patients, aligning with CBIC's focus on preventing transmission of infectious diseases in healthcare settings (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.2 - Implement measures to prevent transmission of infectious agents).
References: CBIC Practice Analysis, 2022, Domain I: Identification of Infectious Disease Processes, Competency 1.3 - Apply principles of epidemiology; Domain III: Infection Prevention and Control, Competency 3.2 - Implement measures to prevent transmission of infectious agents. CDC Guidelines for Preventing Transmission of Mycobacterium tuberculosis, 2005, updated 2019.

121. Frage
Based on the scenarios, when should an infection preventionist suspect an outbreak?

- A. Three positive routine environmental cultures of Staphylococcus aureus from the bone marrow transplant unit
- B. Detection of three positive blood cultures with methicillin-resistant Staphylococcus aureus in the cardiac ICU for patients who underwent cardiac surgery in the same week
- C. Detection of three ventilator-associated pneumonia cases among patients in the intensive care unit (ICU) after updated case definition implementation
- D. Increase in the number of Klebsiella pneumoniae carbapenemase-producing isolates in the ICU after implementation of new minimum inhibitory concentration breakpoints

Antwort: B

Begründung:
The Certification Study Guide (6th edition) emphasizes that an outbreak should be suspected when there is an unexpected clustering of infections by time, place, and person, particularly when cases share a common exposure or procedure. Option D meets all key criteria for outbreak suspicion: the same organism (methicillin- resistant Staphylococcus aureus), the same location (cardiac ICU), a common procedure (cardiac surgery), and a tight time frame (same week). This constellation strongly suggests possible transmission related to surgical practices, postoperative care, or shared equipment.
The other scenarios reflect situations that do not necessarily indicate an outbreak. Routine environmental cultures are not recommended for outbreak detection and often do not correlate with patient infection risk. An apparent increase in ventilator-associated pneumonia following implementation of a new case definition is likely due to surveillance artifact, not true transmission. Similarly, increases in carbapenemase-producing Klebsiella pneumoniae after adoption of new laboratory breakpoints reflect diagnostic changes, not an epidemiologic event.
The study guide stresses the importance of distinguishing true outbreaks from pseudo-outbreaks caused by changes in definitions, testing methods, or surveillance intensity. CIC exam questions frequently test this concept. Recognizing a true outbreak requires linking cases through epidemiologic characteristics-not simply increases in numbers.
Prompt recognition of true outbreaks enables timely investigation, implementation of control measures, and prevention of further

transmission.
Reference: Certification Study Guide (CBIC/CIC Exam Study Guide), 6th edition, Chapter 4: Surveillance and Epidemiologic Investigation.
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122. Frage
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Unser ZertSoft gibt viele Mühe aus, um den Kandidaten den besten und effizienten Service zu bieten. Heutztage ist hohe Effizienz ein beliebtes Thema. So hat ZertSoft die effizienten Schulungsunterlagen für den Kandidaten entworfen, so dasss Sie die Kenntnisse über CBIC CIC Zertifizierung schnell meistern und gute Leistungen in der Prüfung erzielen. Die Schulungsunterlagen zur CBIC CIC Zertifizierungsprüfung von ZertSoft können den Kandidaten viel Zeit und Energie ersparen. Und die Kandidaten können deshalb mehr Geld verdienen.

CIC PDF: https://www.zertsoft.com/CIC-pruefungsfragen.html

Um die Qualität der CBIC CIC zu garantieren, haben unsere IT-Gruppe mit großen Menge von Prüfungsunterlagen der CIC geforscht, Auf Windows/ Mac/ Android/ iOS (iPad, iPhone) sowie andere Betriebssysteme ist die Online Test Engine für CIC Fragenkataloge auch verwendbar, denn diese basiert auf der Software vom Web-Browser, CBIC CIC Prüfungsfragen Examfragen verfügen über qualitativ hochwertige Tainingsmaterialien zu Prüfungen.

Wenn sie die Stirn des Cäsar werden sehen Du hast ein unerhörtes Glück CIC gehabt, Von tausend und Einem Ziele VieIe Länder sah Zarathustra und viele Völker: so entdeckte er vieler Völker Gutes und Böses.

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Examfragen verfügen über qualitativ hochwertige Tainingsmaterialien zu Prüfungen, Nun ist die CBIC CIC Zertifizierungsprüfung eine beliebte Prüfung in der IT-Branche.

Ich weiß, dass Sie jetzt nicht zufrieden sind und die Schwierigkeit von CIC realem Test überwinden möchten.

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