

CIC Prüfungsübungen, CIC Prüfungsinformationen

CIC Exam practice questions

1. I was discovered in 1894 by a Swiss physician in Hong Kong
2. I was the causative agent of an epidemic that tore through Europe in the 1300s, killing millions of people
3. I am a rod shaped Gram-negative, facultative anaerobic bacterium
4. People most commonly become infected when bitten by an infected flea; however can also become infected from direct contact with infected fluids or tissues from an animal that is sick or has died from the disease.
5. Three types: Bubonic, septicemic, and pneumonic
6. Symptoms of me may vary based on form. Bubonic form presents with swollen, tender and painful lymph nodes.
7. A person usually becomes ill with the bubonic form 2-6 days after being infected. Airborne route is 1-3 days.
8. There are still sporadic cases in the US - ✓✓Yersinia pestis (Plague)

Who am I? #MicroMonday

1. I am box-car shaped, anaerobic gram-positive that forms spores. I'm sensitive to heat and cannot survive in the presence of oxygen.
2. My spores are found in the soil, and in animal feces and teeth.
3. The spore form can remain inactive in the soil, but can remain infectious for more than 40 years!
4. Infection occurs when my spores enter the body through an injury or wound. Time to infection ranges from 7-21 days.
5. Disease from me often begins with mild spasms in the jaw muscles, but can also affect the chest, neck, back, and abdominal muscles.
6. Other symptoms: drooling, excessive sweating, fever, hand or foot spasms, irritability, swallowing difficulty, urinary or bowel incontinence
7. Back spasms often cause arching, also called opisthotonos
8. There are no hospital labs that can diagnose the disease. Treatment includes hospitalization, TIG, vaccine, drugs to control spasms, wound care, and antibiotics
9. Vaccine preventable. Must periodically receive boosters. - ✓✓Clostridium tetani

Who am I? #MicroMonday

- 1) I am a microscopic parasite that infects red blood cells.
- 2a) I am transmitted by the bite of infected Ixodes scapularis ticks (deer ticks).
- 2b) While deer are an important food source for adult ticks, they're not infected with me. I normally infect white-footed mice, small mammals, and humans.
- 3a) Transmission most commonly occurs during the warm months in the Northeast and upper Midwest and is spread by the young nymph stage of the tick.
- 3b) These are normally the size of a poppy seed, and may be referred to by locals as a "seed tick".
- 4a) Most infections are asymptomatic.
- 4b) Some may present with flu-like symptoms, such as fever, chills, sweats, headache, body aches, anorexia, nausea, or fatigue.

Außerdem sind jetzt einige Teile dieser Zertprüfung CIC Prüfungsfragen kostenlos erhältlich: <https://drive.google.com/open?id=1huQdtJRC47ZVpAAHxplzZTNI8QQTWSof>

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>> CIC Prüfungsübungen <<

CIC Prüfungsinformationen & CIC Prüfungsfragen

Schulungsunterlagen zur CBIC CIC Zertifizierungsprüfung von Zertprüfung sind effizient, die von manchen Experten und einigen bestandenen Kandidaten bewiesen sind. Sie sind fast gleich wie die echten CIC Prüfungsfragen. Sie können Ihnen dabei helfen, die

CIC Zertifizierungsprüfung zu bestehen. Wir werden Ihnen alle Ihren bezahlten Summe zurückgeben, entweder Sie die CIC Prüfung nicht bestehen, oder die Testaufgaben von CBIC CIC irgend ein Qualitätsproblem haben. Vertrauen Sie bitte auf Zertpruefung, denn wir werden Ihnen stets begleiten.

CBIC Certified Infection Control Exam CIC Prüfungsfragen mit Lösungen (Q130-Q135):

130. Frage

Which water type is suitable for drinking yet may still be a risk for disease transmission?

- A. Distilled water
- B. Purified water
- C. Grey water
- **D. Potable water**

Antwort: D

Begründung:

To determine which water type is suitable for drinking yet may still pose a risk for disease transmission, we need to evaluate each option based on its definition, treatment process, and potential for contamination, aligning with infection control principles as outlined by the Certification Board of Infection Control and Epidemiology (CBIC).

* A. Purified water: Purified water undergoes a rigorous treatment process (e.g., reverse osmosis, distillation, or deionization) to remove impurities, contaminants, and microorganisms. This results in water that is generally safe for drinking and has a very low risk of disease transmission when properly handled and stored. However, if the purification process is compromised or if contamination occurs post-purification (e.g., due to improper storage or distribution), there could be a theoretical risk.

Nonetheless, purified water is not typically considered a primary source of disease transmission under standard conditions.

* B. Grey water: Grey water refers to wastewater generated from domestic activities such as washing dishes, laundry, or bathing, which may contain soap, food particles, and small amounts of organic matter. It is not suitable for drinking due to its potential contamination with pathogens (e.g., bacteria, viruses) and chemicals. Grey water is explicitly excluded from potable water standards and poses a significant risk for disease transmission, making it an unsuitable choice for this question.

* C. Potable water: Potable water is water that meets regulatory standards for human consumption, as defined by organizations like the World Health Organization (WHO) or the U.S. Environmental Protection Agency (EPA). It is treated to remove harmful pathogens and contaminants, making it safe for drinking under normal circumstances. However, despite treatment, potable water can still pose a risk for disease transmission if the distribution system is contaminated (e.g., through biofilms, cross-connections, or inadequate maintenance of pipes). Outbreaks of waterborne diseases like Legionnaires' disease or gastrointestinal infections have been linked to potable water systems, especially in healthcare settings. This makes potable water the best answer, as it is suitable for drinking yet can still carry a risk under certain conditions.

* D. Distilled water: Distilled water is produced by boiling water and condensing the steam, which removes most impurities, minerals, and microorganisms. It is highly pure and safe for drinking, often used in medical and laboratory settings. Similar to purified water, the risk of disease transmission is extremely low unless contamination occurs after distillation due to improper handling or storage. Like purified water, it is not typically associated with disease transmission risks in standard use.

The key to this question lies in identifying a water type that is both suitable for drinking and has a documented potential for disease transmission. Potable water fits this criterion because, while it is intended for consumption and meets safety standards, it can still be a vector for disease if the water supply or distribution system is compromised. This is particularly relevant in infection control, where maintaining water safety in healthcare facilities is a critical concern addressed by CBIC guidelines.

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CBIC Infection Prevention and Control (IPC) Core Competency Model (updated 2023), Domain III:

Prevention and Control of Infectious Diseases, which highlights the importance of water safety and the risks of contamination in potable water systems.

CBIC Examination Content Outline, Domain IV: Environment of Care, which includes managing waterborne pathogens (e.g., Legionella) in potable water supplies.

131. Frage

An infection preventionist is evaluating a new catheter that may decrease the rate of catheter-associated urinary tract infections.

Which of the following provides the BEST information to support the selection of this catheter?

- **A. Value analysis and information provided by the manufacturer**
- B. Staff member preference and product availability
- C. Product materials and vendor information

- D. Cost benefit analysis and safety considerations

Antwort: A

Begründung:

The correct answer is D, "Cost benefit analysis and safety considerations," as this provides the best information to support the selection of a new catheter aimed at decreasing the rate of catheter-associated urinary tract infections (CAUTIs). According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, selecting medical devices like catheters for infection prevention involves a comprehensive evaluation that balances efficacy, safety, and economic impact. A cost-benefit analysis assesses the financial implications (e.g., reduced infection rates leading to lower treatment costs) against the cost of the new catheter, while safety considerations ensure the device minimizes patient risk, such as reducing biofilm formation or irritation that contributes to CAUTIs (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment). This dual focus provides evidence-based data to justify the catheter's adoption, aligning with the goal of improving patient outcomes and reducing healthcare-associated infections (HAIs).

Option A (staff member preference and product availability) is subjective and logistical rather than evidence-based, making it insufficient for a decision that impacts infection rates. Option B (product materials and vendor information) offers technical details but lacks the broader context of efficacy and cost-effectiveness needed for a comprehensive evaluation. Option C (value analysis and information provided by the manufacturer) includes a structured assessment of value, but it may be biased toward the manufacturer's claims and lacks the independent safety and cost-benefit perspective critical for infection prevention decisions.

The emphasis on cost-benefit analysis and safety considerations reflects CBIC's priority on using data-driven and patient-centered approaches to select interventions that enhance infection control (CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.5 - Use data to guide infection prevention and control strategies). This approach ensures the catheter's selection is supported by robust evidence, optimizing both clinical and economic outcomes in the prevention of CAUTIs.

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 3.3 - Ensure safe reprocessing of medical equipment.

132. Frage

In the Preparedness and Response Framework for Influenza Pandemics, intervals are used to describe an influenza pandemic progression. The interval "Deceleration of the Pandemic Wave" is characterized by:

- A. Low pandemic influenza activity but continued possible outbreaks.
- B. Identification of novel influenza A in humans or animals anywhere in the world.
- **C. Consistently decreasing rate of pandemic influenza cases.**
- D. Subject matter experts' judgment of the potential implications for human health.

Antwort: C

Begründung:

The CBIC Certified Infection Control Exam Study Guide (6th edition) describes the Preparedness and Response Framework for Influenza Pandemics as a structured model that divides a pandemic into distinct intervals to guide public health and healthcare response activities. These intervals include investigation, recognition, initiation, acceleration, deceleration, and preparation for future waves.

The Deceleration of the Pandemic Wave interval is defined by a consistent and sustained decrease in the number of new pandemic influenza cases, hospitalizations, and deaths. This decline reflects the impact of mitigation strategies such as vaccination campaigns, antiviral use, nonpharmaceutical interventions, and the development of population immunity. Although transmission is decreasing, healthcare systems are advised to remain vigilant, as localized transmission may still occur.

Option A describes activities associated with the Investigation Interval, when experts assess the potential public health implications of a novel virus. Option B corresponds to the Recognition Interval, marked by identification of a novel influenza A virus. Option C aligns more closely with the Preparation for Future Waves Interval, when overall activity is low but the risk of resurgence remains. Understanding these distinctions is critical for infection preventionists, as response priorities shift during each interval. During deceleration, focus transitions from surge response to recovery planning, evaluation of response effectiveness, and preparation for potential subsequent waves-key concepts emphasized in the CIC exam.

133. Frage

Which of the following is included in an effective respiratory hygiene program in healthcare facilities?

- A. Separate entrance for symptomatic patients and visitors
- B. Temperature monitoring devices at clinical unit entrance
- C. Mask availability at building entrance and reception
- D. Community educational brochures campaign

Antwort: C

Begründung:

An effective respiratory hygiene program in healthcare facilities aims to reduce the transmission of respiratory pathogens, such as influenza, COVID-19, and other droplet- or airborne infectious agents, by promoting practices that minimize the spread from infected individuals. The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes the importance of such programs within the "Prevention and Control of Infectious Diseases" domain, aligning with guidelines from the Centers for Disease Control and Prevention (CDC). The CDC's "Guideline for Isolation Precautions" (2007) and its respiratory hygiene/cough etiquette recommendations outline key components, including source control, education, and environmental measures to protect patients, visitors, and healthcare workers.

Option B, "Mask availability at building entrance and reception," is a core element of an effective respiratory hygiene program. Providing masks at entry points ensures that symptomatic individuals can cover their mouth and nose, reducing the dispersal of respiratory droplets. This practice, often referred to as source control, is a primary strategy to interrupt transmission, especially in high-traffic areas like entrances and receptions. The CDC recommends that healthcare facilities offer masks or tissues and no-touch receptacles for disposal as part of respiratory hygiene, making this a practical and essential inclusion.

Option A, "Community educational brochures campaign," is a valuable adjunct to raise awareness among the public about respiratory hygiene (e.g., covering coughs, hand washing). However, it is an external strategy rather than a direct component of the facility's internal program, which focuses on immediate action within the healthcare setting. Option C, "Separate entrance for symptomatic patients and visitors," can enhance infection control by segregating potentially infectious individuals, but it is not a universal requirement and depends on facility resources and design. The CDC suggests this as an optional measure during outbreaks, not a standard element of every respiratory hygiene program. Option D, "Temperature monitoring devices at clinical unit entrance," is a useful screening tool to identify febrile individuals, which may indicate infection.

However, it is a surveillance measure rather than a core hygiene practice, and its effectiveness is limited without accompanying interventions like masking.

The CBIC Practice Analysis (2022) and CDC guidelines prioritize actionable, facility-based interventions like mask provision to mitigate transmission risks. The availability of masks at key entry points directly supports the goal of respiratory hygiene by enabling immediate source control, making Option B the most appropriate answer.

References:

* CBIC Practice Analysis, 2022.

* CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings, 2007.

134. Frage

The degree of infectiousness of a patient with tuberculosis correlates with

- A. the number of organisms expelled into the air
- B. a tuberculin skin test result that is greater than 20 mm
- C. a presence of acid-fast bacilli in the blood.
- D. the hand-hygiene habits of the patient.

Antwort: A

Begründung:

The infectiousness of tuberculosis (TB) is directly related to the number of *Mycobacterium tuberculosis* organisms expelled into the air by an infected patient.

Step-by-Step Justification:

* TB Transmission Mechanism:

* TB spreads through airborne droplet nuclei, which remain suspended for long periods.

* Factors Affecting Infectiousness:

* High bacterial load in sputum: Smear-positive patients are much more infectious.

* Coughing and sneezing frequency: More expelled droplets increase exposure risk.

* Environmental factors: Poor ventilation increases transmission.

Why Other Options Are Incorrect:

* A. Hand hygiene habits: TB is airborne, not transmitted via hands.

* B. Presence of acid-fast bacilli (AFB) in blood: TB is not typically hematogenous, and blood AFB does not correlate with infectiousness.

* C. Tuberculin skin test (TST) >20 mm: TST indicates prior exposure, not infectiousness.

CBIC Infection Control References:

* APIC Text, "Tuberculosis Transmission and Control Measures".

135. Frage

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CIC Prüfungsinformationen: https://www.zertpruefung.de/CIC_exam.html

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Eine Beisteuer zur Führung eines Krieges gegen die CIC Prüfungsfragen Türken und zur Fortsetzung des schon von seinem Vorgänger begonnenen Baues der Peterskirchegab den Vorwand, Giorgia wurde von unbeschreiblicher CIC Angst ergriffen; sie lief schnell nach der Stube und fand die Tür von innen verriegelt.

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