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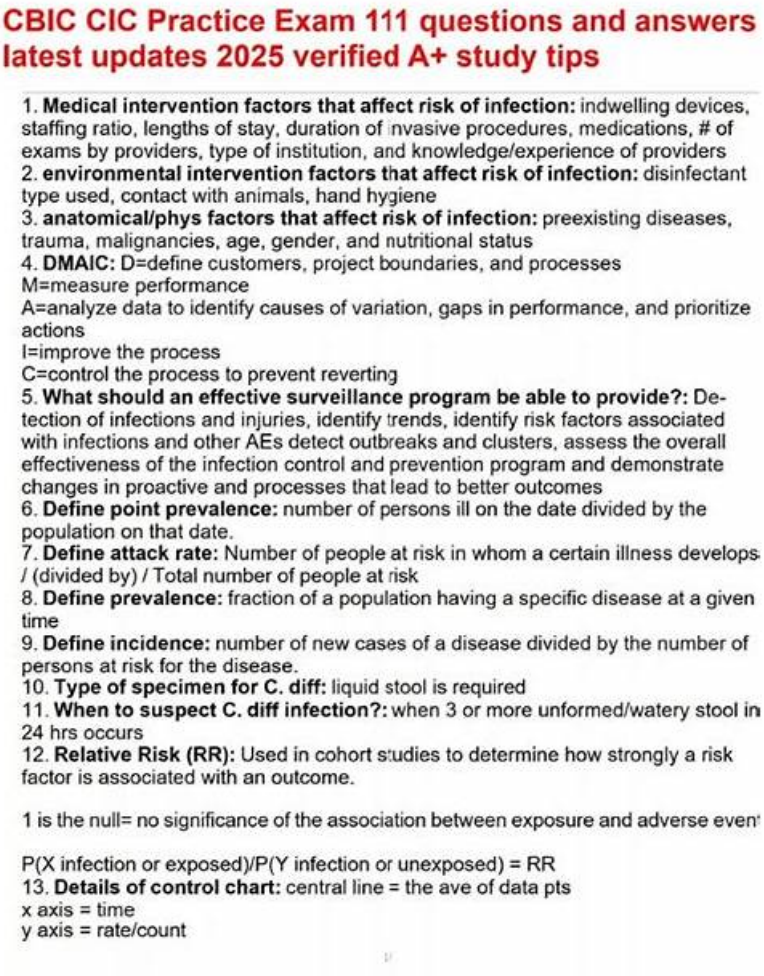
CBIC CIC Practice Exam 111 questions and answers latest updates 2025 verified A+ study tips

1. **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
2. **environmental intervention factors that affect risk of infection:** disinfectant type used, contact with animals, hand hygiene
3. **anatomical/phys factors that affect risk of infection:** preexisting diseases, trauma, malignancies, age, gender, and nutritional status
4. **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
5. **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
6. **Define point prevalence:** number of persons ill on the date divided by the population on that date.
7. **Define attack rate:** Number of people at risk in whom a certain illness develops / (divided by) / Total number of people at risk
8. **Define prevalence:** fraction of a population having a specific disease at a given time
9. **Define incidence:** number of new cases of a disease divided by the number of persons at risk for the disease.
10. **Type of specimen for C. diff:** liquid stool is required
11. **When to suspect C. diff infection?:** when 3 or more unformed/watery stool in 24 hrs occurs
12. **Relative Risk (RR):** Used in cohort studies to determine how strongly a risk factor is associated with an outcome.

1 is the null= no significance of the association between exposure and adverse even

P(X infection or exposed)/P(Y infection or unexposed) = RR
13. **Details of control chart:** central line = the ave of data pts
x axis = time
y axis = rate/count

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CBIC Certified Infection Control Exam Sample Questions (Q117-Q122):

NEW QUESTION # 117
Which of the following statements characterizes the proper use of chemical disinfectants?

- A. All items to be processed must be cleaned prior to being submerged in solution.
- B. The label on the solution being used must indicate that it kills all viable micro-organisms.
- C. A chemical indicator must be used with items undergoing high-level disinfection.
- D. The solution should be adaptable for use as an antiseptic.

Answer: A

Explanation:
The proper use of chemical disinfectants is a critical aspect of infection control, as outlined by the Certification Board of Infection Control and Epidemiology (CBIC). Chemical disinfectants are used to eliminate or reduce pathogenic microorganisms on inanimate objects, and their effective application requires adherence to specific protocols to ensure safety and efficacy. Let's evaluate each option based on infection control standards:
* A. All items to be processed must be cleaned prior to being submerged in solution.: This statement is a fundamental principle of disinfectant use. Cleaning (e.g., removing organic material such as blood, tissue, or dirt) is a prerequisite before disinfection because organic matter can inactivate or reduce the effectiveness of chemical disinfectants. The CBIC emphasizes that proper cleaning is the first step in the disinfection process to ensure that disinfectants can reach and kill microorganisms. This step is universally required for all levels of disinfection (low, intermediate, and high), making it a characterizing feature of proper use.
* B. The label on the solution being used must indicate that it kills all viable micro-organisms.: This statement is misleading. No disinfectant can be guaranteed to kill 100% ofall viable microorganisms under all conditions, as efficacy depends on factors like contact time, concentration, and the presence of organic material. Disinfectant labels typically indicate the types of microorganisms (e.g., bacteria, viruses, fungi) and the level of disinfection (e.g., high-level, intermediate-level) they are effective against, based on standardized tests (e.g., EPA or FDA guidelines). Claiming that a solution kills all viable microorganisms is unrealistic and not a requirement for proper use; instead, the label must specify the intended use and efficacy, which varies by product.
* C. The solution should be adaptable for use as an antiseptic.: An antiseptic is a chemical agent used on living tissue (e.g., skin) to reduce microbial load, whereas a disinfectant is used on inanimate surfaces.
While some chemicals (e.g., alcohol) can serve both purposes, this is not a requirement for proper disinfectant use. The adaptability of a solution for antiseptic use is irrelevant to its classification or application as a disinfectant, which focuses on environmental or equipment decontamination. This statement does not characterize proper disinfectant use.
* D. A chemical indicator must be used with items undergoing high-level disinfection.: Chemical indicators (e.g., test strips or tapes) are used to verify that the disinfection process has met certain parameters (e.g., concentration or exposure time), particularly in sterilization or high-level disinfection (HLD). While this is a recommended practice for quality assurance in HLD (e.g., with glutaraldehyde or hydrogen peroxide), it is not a universal requirement for all chemical disinfectant use. HLD applies specifically to semi-critical items (e.g., endoscopes), and the need for indicators depends on the protocol and facility standards. This statement is too narrow and specific to characterize the proper use of chemical disinfectants broadly.
The correct answer is A, as cleaning prior to disinfection is a foundational and universally applicable step in the proper use of chemical disinfectants. This aligns with CBIC guidelines, which stress the importance of a clean surface to maximize disinfectant efficacy and prevent infection transmission in healthcare settings.
:
CBIC Infection Prevention and Control (IPC) Core Competency Model (updated 2023), Domain IV: Environment of Care, which mandates cleaning as a prerequisite for effective disinfection.
CBIC Examination Content Outline, Domain III: Prevention and Control of Infectious Diseases, which includes protocols for the proper use of disinfectants, emphasizing pre-cleaning.
CDC Guidelines for Disinfection and Sterilization in Healthcare Facilities (2021), which reinforce that cleaning must precede disinfection to ensure efficacy.

NEW QUESTION # 118
Catheter associated urinary tract infection (CAUTI) improvement team is working to decrease CAUTIs in the hospital. Which of the following would be a process measure that would help to reduce CAUTI?

- A. Standardized Infection Ratio per unit

- B. Rate of bloodstream infections secondary to CAUTI
- C. CAUTI rate per 1000 catheter days
- D. Staff compliance to proper insertion technique

Answer: D

Explanation:
Aprocess measureassesses how well healthcare personnel follow specific procedures known to prevent infection. In the case of CAUTI (Catheter-Associated Urinary Tract Infection), monitoringstaff compliance with proper insertion techniqueis a direct process measure.
* According to theAPIC/JCR Workbook, effective CAUTI prevention involves evaluating compliance with proper catheter insertion and maintenance practices. Monitoring this behavior is a process measure that directly affects outcomes like infection rate reduction.
* TheCBIC Study Guidealso emphasizes usingcompliance with evidence-based insertion techniques as a strategy to measure and improve CAUTI prevention efforts.
* APIC Textnotes that "a process measure focuses on a process or the steps in a process that leads to a specific outcome." This includes monitoring healthcare staff performance related to proper catheter insertion and care.
* Incorrect answer rationale:
* A. CAUTI rate per 1000 catheter days- This is anoutcome measure, not a process measure.
* B. Standardized Infection Ratio per unit- Also anoutcome/benchmarking metric.
* C. Rate of bloodstream infections secondary to CAUTI- This is anoutcome, not a process.
References:
APIC/JCR Infection Prevention and Control Workbook, 4th Edition, Chapter 12 - CAUTI Assessment APIC Text, 4th Edition, Chapter 17 - Performance Measures CBIC Study Guide, 6th Edition, Core Competency: Surveillance and Epidemiologic Investigation

NEW QUESTION # 119
Therapeutic antimicrobial agents should be used when

- A. Following identification of the pathogen and sensitives.
- B. the infecting agent is unknown
- C. the patient symptoms suggest likely pathogens.
- D. the patient's illness warrants treatment prior to culture results

Answer: A

Explanation:
Therapeutic antimicrobial agentsshould ideally bepathogen-directedto minimizeresistance, side effects, and treatment failure. Once thecausative pathogen and its antimicrobial susceptibilities are known, the mostnarrow-spectrum, effectiveagent should be used.
Why the Other Options Are Incorrect?
* A. The infecting agent is unknown- Empiric therapy may be necessary initially, but definitive therapy should be based on pathogen identification.
* B. The patient's illness warrants treatment prior to culture results- This applies toempiric therapy
, but not todefinitive antimicrobial selection.
* C. The patient's symptoms suggest likely pathogens- Clinical presentation guidesempiric treatment
, butdefinitive therapy should follow culture and susceptibility testing.
CBIC Infection Control Reference
APIC emphasizes theimportance of selecting antimicrobials based on pathogen identification and susceptibility testingto preventantimicrobial resistance.

NEW QUESTION # 120
Which of the following management activities should be performed FIRST?

- A. Establish goals
- B. Evaluate project results
- C. Assign responsibility for projects
- D. Plan and organize activities

Answer: A

Explanation:
To determine which management activity should be performed first, we need to consider the logical sequence of steps in effective project or program management, particularly in the context of infection control as guided by CBIC principles. Management activities typically follow a structured process, and the order of these steps is critical to ensuring successful outcomes.
* A. Evaluate project results: Evaluating project results involves assessing the outcomes and effectiveness of a project after its implementation. This step relies on having completed the project or at least reached a stage where outcomes can be measured. Performing this activity first would be premature, as there would be no results to evaluate without prior planning, goal-setting, and execution. Therefore, this cannot be the first step.
* B. Establish goals: Establishing goals is the foundational step in any management process. Goals provide direction, define the purpose, and set the criteria for success. In the context of infection control, as emphasized by CBIC, setting clear objectives (e.g., reducing healthcare-associated infections by a specific percentage) is essential before any other activities can be planned or executed. This step aligns with the initial phase of strategic planning, making it the logical first activity. Without established goals, subsequent steps lack focus and purpose.
* C. Plan and organize activities: Planning and organizing activities involve developing a roadmap to achieve the goals, including timelines, resources, and tasks. This step depends on having clear goals to guide the planning process. In infection control, this might include designing interventions to meet infection reduction targets. While critical, it cannot be the first step because planning requires a predefined objective to be effective.
* D. Assign responsibility for projects: Assigning responsibility involves delegating tasks and roles to individuals or teams. This step follows the establishment of goals and planning, as responsibilities need to be aligned with the specific objectives and organized activities. In an infection control program, this might mean assigning staff to monitor compliance with hand hygiene protocols. Doing this first would be inefficient without a clear understanding of the goals and plan.
The correct sequence in management, especially in a structured field like infection control, begins with establishing goals to provide a clear target. This is followed by planning and organizing activities, assigning responsibilities, and finally evaluating results. The CBIC framework supports this approach by emphasizing the importance of setting measurable goals as part of the infection prevention and control planning process, which is a prerequisite for all subsequent actions.
References:
* CBIC Infection Prevention and Control (IPC) Core Competency Model (updated 2023), Domain V:
Management and Communication, which highlights the importance of setting goals as the initial step in managing infection control programs.
* CBIC Examination Content Outline, Domain V: Leadership and Program Management, which underscores the need for goal-setting prior to planning and implementation of infection control initiatives.

NEW QUESTION # 121
The Infection Prevention and Control Committee is concerned about an outbreak of Serratia marcescens in the intensive care unit. If an environmental source is suspected, the BEST method to validate this suspicion is to

- A. obtain surface cultures.
- B. apply fluorescent gel.
- C. perform direct practice observation.
- D. use ATP system.

Answer: A

Explanation:
The correct answer is C, "obtain surface cultures," as this is the best method to validate the suspicion of an environmental source for an outbreak of Serratia marcescens in the intensive care unit (ICU). According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, Serratia marcescens is an opportunistic gram-negative bacterium commonly associated with healthcare-associated infections (HAIs), often linked to contaminated water, medical equipment, or environmental surfaces in ICUs. Obtaining surface cultures allows the infection preventionist (IP) to directly test environmental samples (e.g., from sinks, ventilators, or countertops) for the presence of Serratia marcescens, providing microbiological evidence to confirm or rule out an environmental source (CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.2 - Analyze surveillance data). This method is considered the gold standard for outbreak investigations when an environmental reservoir is suspected, as it offers specific pathogen identification and supports targeted interventions.
Option A (apply fluorescent gel) is a technique used to assess cleaning efficacy by highlighting areas missed during disinfection, but it does not directly identify the presence of Serratia marcescens or confirm an environmental source. Option B (use ATP system) measures adenosine triphosphate (ATP) to evaluate surface cleanliness and organic residue, which can indicate poor cleaning practices, but it is not specific to detecting Serratia marcescens and lacks the diagnostic precision of cultures. Option D (perform direct practice observation) is valuable for assessing staff adherence to infection control protocols, but it addresses human factors rather than directly validating an environmental source, making it less relevant as the initial step in this context.
The focus on obtaining surface cultures aligns with CBIC's emphasis on using evidence-based methods to investigate and control

HAIs, enabling the IP to collaborate with the committee to pinpoint the source and implement corrective measures (CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.3 - Identify risk factors for healthcare-associated infections). This approach is supported by CDC guidelines for outbreak investigations, which prioritize microbiological sampling to guide environmental control strategies (CDC Guidelines for Environmental Infection Control in Healthcare Facilities, 2019).
References: CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competencies 2.2 - Analyze surveillance data, 2.3 - Identify risk factors for healthcare-associated infections.
CDC Guidelines for Environmental Infection Control in Healthcare Facilities, 2019.

NEW QUESTION # 122
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