

Excel in the Certification Exam With Real CBIC CIC Questions

CBIC CIC exam questions with answers

Chain of Infection

- ✓ 1) Infectious agent= organism with ability to cause disease; greater virulence, invasiveness, and pathogenicity => increased odds of infection
 - 2) Reservoir: place where microbes can persist and reproduce
 - 3) Portal of Exit: way for microbe to leave the reservoir
 - 4) Mode of transmission: method of microbe transfer from one place to another
 - 5) Portal of entry: opening that allows microbe to enter host
 - 6) Susceptible host: Lacks immunity or physical resistance to prevent invasion by microbe
- Is a circle; each link must be present in sequential order for infection to occur

Virulence

- ✓ Measure of microbe's ability to invade and create disease
- Depends on ability to:
Survive in environment between hosts
Transmit between hosts (moving; adherence)
Proliferate

IgM

- ✓ Pentamer; primary response, short-lived (<6 months); best at fixing complement

IgG

- ✓ Monomer; main blood antibody, secondary response; longer lived, opsonization and toxin neutralization, 4 subclasses

Physical barriers

- ✓ Skin; fever; secreted antimicrobials; innate immunity

Complement system

- ✓ 11=protein cascade; classically activate by ab:ag complexes; alternate by pathogen surfaces

Skin defects; examples and associated pathogens

- ✓ Wounds, burns, trauma, serious derm problems, indwelling devices, injections, Skin flora- S. aureus, CNS, strep pyo, corynebacteria, malassezia furfur

Mucous membrane barrier defects; examples and associated pathogens

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CBIC Certified Infection Control Exam Sample Questions (Q136-Q141):

NEW QUESTION # 136

The infection preventionist (IP) is notified about the recall of certain ice machines because of a faulty filtration device. These ice machines are located on several units throughout the facility. What is the BEST action the IP should take?

- A. Culture all ice machines for Legionella
- B. Report a waterborne disease outbreak to Administration
- C. Identify all patients who have been served ice from these machines
- **D. Supply an alternative source of ice while investigating further**

Answer: D

Explanation:

The CBIC Certified Infection Control Exam Study Guide (6th edition) emphasizes that when a device recall involves potential contamination risk, the infection preventionist's first priority is risk mitigation and prevention of further exposure. In this scenario, the recall of ice machines due to a faulty filtration device represents a potential waterborne contamination risk, even in the absence of confirmed infections.

The best immediate action is to remove the recalled ice machines from service and provide an alternative source of ice while further investigation and corrective actions are underway. This step promptly eliminates the exposure pathway and protects patients, staff, and visitors from possible contamination. The Study Guide stresses that interruption of use is the most effective initial control measure when equipment safety is in question.

Option A is incorrect because culturing ice machines is not the first step and is not routinely recommended without clinical indication.

Option B is inappropriate because there is no evidence of a confirmed outbreak.

Option C may be necessary later if exposure investigation becomes warranted, but it should not precede immediate risk control.

For the CIC exam, it is essential to recognize that eliminating exposure takes precedence over testing or notification activities.

Supplying an alternative ice source while investigating further aligns with risk management principles, patient safety priorities, and evidence-based infection prevention practice.

NEW QUESTION # 137

An infection preventionist is developing training exercises for emergency preparedness and disaster response teams. The MOST effective instructional method for retaining information is:

- A. Watching videos recorded by other hospitals.
- **B. Simulating an event to practice how to respond.**
- C. Providing reading materials to the group.
- D. Administering a post-test after circulating the emergency response plan.

Answer: B

Explanation:

The Certification Study Guide (6th edition) emphasizes that active, experiential learning methods are the most effective for long-term retention of knowledge and skills, particularly in the context of emergency preparedness and disaster response. Simulation-based training allows participants to practice real-time decision-making, communication, and task execution in a controlled environment that closely mirrors actual emergency conditions.

Simulating an event-such as a mass casualty incident, infectious disease outbreak, or evacuation-engages learners cognitively, physically, and emotionally. The study guide notes that this type of hands-on training improves recall, reinforces correct behaviors, exposes system gaps, and builds team confidence. Simulation also supports interdisciplinary coordination and allows immediate feedback and debriefing, which further enhances learning retention.

The other instructional methods are less effective for retention. Reading materials and watching videos are passive learning approaches that may increase awareness but do not ensure competency during high-stress situations. Administering a post-test measures short-term knowledge acquisition but does not demonstrate the ability to apply that knowledge during an actual emergency.

CIC exam questions frequently highlight adult learning principles, stressing that people learn best by doing- especially when preparing for rare but high-risk events. Simulation-based exercises are therefore considered the gold standard for emergency preparedness

training and are strongly recommended for disaster response teams.

Reference: Certification Study Guide (CBIC/CIC Exam Study Guide), 6th edition, Chapter 7: Management and Communication; Chapter 8: Preparedness and Emergency Management.

NEW QUESTION # 138

Assume the mean age of onset for patients with tuberculosis (TB) is 62 years, with one standard deviation of 5 years, and the age of onset follows a normal distribution. What is the percentage of patients expected to have the age of onset ranging from 57 to 67 years?

- A. 34%
- **B. 68%**
- C. 95%
- D. 99%

Answer: B

Explanation:

To determine the percentage of patients with an age of onset ranging from 57 to 67 years, we need to apply the properties of a normal distribution. In a normal distribution, the mean represents the central point, and the standard deviation defines the spread of the data. Here, the mean age of onset is 62 years, and the standard deviation is 5 years. The range of 57 to 67 years corresponds to one standard deviation below the mean ($62 - 5 = 57$) to one standard deviation above the mean ($62 + 5 = 67$).

In a normal distribution, approximately 68% of the data falls within one standard deviation of the mean (i.e., between $\# - \#$ and $\# + \#$, where $\#$ is the mean and $\#$ is the standard deviation). This is a well-established statistical principle, often referred to as the 68-95-99.7 rule (or empirical rule) in statistics. Specifically, 34% of the data lies between the mean and one standard deviation above the mean, and another 34% lies between the mean and one standard deviation below the mean, totaling 68% for the range spanning one standard deviation on both sides of the mean.

Let's verify this:

* The lower bound (57 years) is exactly one standard deviation below the mean ($62 - 5 = 57$).

* The upper bound (67 years) is exactly one standard deviation above the mean ($62 + 5 = 67$).

* Thus, the range from 57 to 67 years encompasses the middle 68% of the distribution.

Option A (34%) represents the percentage of patients within one standard deviation on only one side of the mean (e.g., 62 to 67 or 57 to 62), not the full range. Option C (95%) corresponds to approximately two standard deviations from the mean (62 ± 10 years, or 52 to 72 years), which is wider than the given range.

Option D (99%) aligns with approximately three standard deviations (62 $\pm$ 15 years, or 47 to 77 years), which is even broader. Since the question specifies a range of one standard deviation on either side of the mean, the correct answer is 68%, corresponding to Option B.

In infection control, understanding the distribution of disease onset ages can help infection preventionists identify at-risk populations and allocate resources effectively, aligning with the CBIC's focus on surveillance and data analysis (CBIC Practice Analysis, 2022). While the CBIC does not directly address statistical calculations in its core documents, the application of normal distribution principles is a standard epidemiological tool endorsed in public health guidelines, which inform CBIC practices.

References:

CBIC Practice Analysis, 2022.

Public Health Epidemiology Guidelines, Normal Distribution and Empirical Rule (commonly accepted statistical standards).

NEW QUESTION # 139

A patient with a non-crusted rash has been diagnosed with *Sarcoptes scabiei*. The patient is treated with 5% permethrin and precautions are started. The precautions can be stopped

- A. when the treatment cream is applied
- B. 24 hours after the second treatment
- C. when the bed linen is changed
- **D. 24 hours after effective treatment**

Answer: D

Explanation:

For *Sarcoptes scabiei* (scabies), Contact Precautions should remain in place until 24 hours after effective treatment has been completed. The first-line treatment is 5% permethrin cream, which is applied to the entire body and left on for 8-14 hours before being washed.

off.

Why the Other Options Are Incorrect?

- * A. When the treatment cream is applied- The mite is still present and infectious until treatment has fully taken effect.
- * B. When the bed linen is changed- While changing linens is necessary, it does not indicate that the infestation has cleared.
- * D. 24 hours after the second treatment- Most cases require only one treatment with permethrin, though severe cases may need a second dose after a week.

CBIC Infection Control Reference

According to APIC guidelines, Contact Precautions can be discontinued 24 hours after effective treatment has been administered.

NEW QUESTION # 140

The rate of catheter-associated urinary tract infections (CAUTIs) has decreased following recent practice changes. To present these results to the Quality Committee, the infection preventionist should use:

- A. A fishbone diagram.
- **B. A run chart.**
- C. A root cause analysis.
- D. An affinity diagram.

Answer: B

Explanation:

To communicate that CAUTI rates decreased after practice changes, the best tool is a run chart, which displays a measure over time and helps determine whether observed changes represent real improvement rather than random variation. The Institute for Healthcare Improvement (IHI) describes run charts as graphs of data over time and emphasizes that improvement and sustainability are demonstrated by observing patterns and shifts over time.

Run charts are especially appropriate for infection prevention metrics because they allow a Quality Committee to see: (1) the baseline period before interventions, (2) the timing of practice changes, and (3) whether there is a sustained downward trend or "shift" in CAUTI rates. Patient safety measurement guidance likewise notes that run charts are a standard quality tool to display trends in patient-safety measures over time and evaluate whether process changes are leading to improvement.

By contrast, an affinity diagram organizes ideas/themes, and fishbone diagrams and root cause analyses are primarily for analyzing causes of a problem-not for clearly presenting a time-based improvement result to leadership. A run chart is therefore the most appropriate communication method.

NEW QUESTION # 141

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