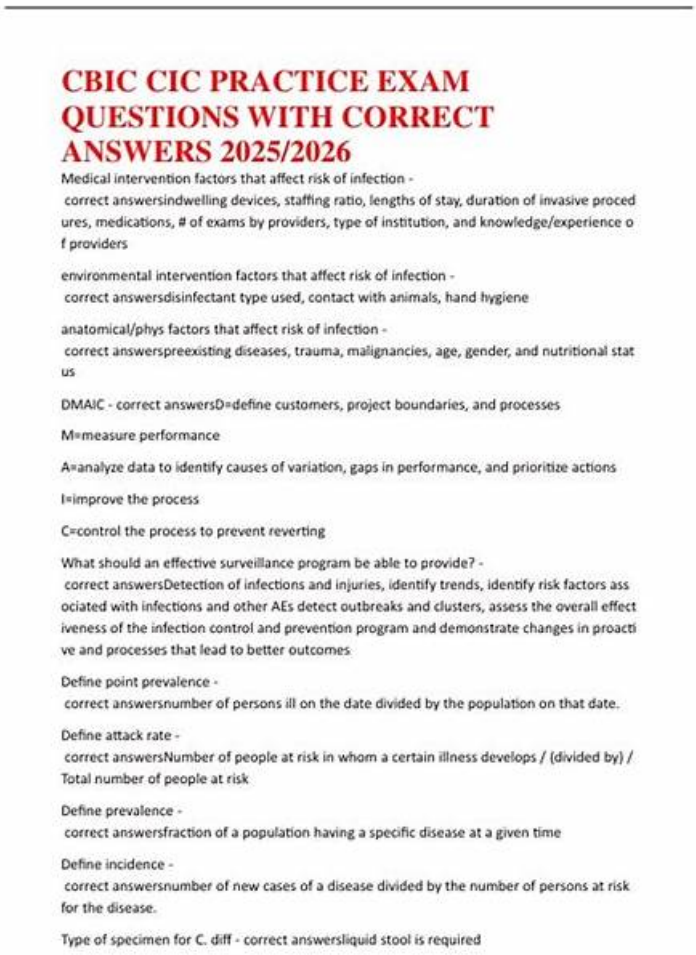
CBIC CIC Training Kit, Examcollection CIC Questions Answers



CBIC CIC PRACTICE EXAM QUESTIONS WITH CORRECT ANSWERS 2025/2026

Medical intervention factors that affect risk of infection -
correct answersindwelling devices, staffing ratio, lengths of stay, duration of invasive proced ures, medications, # of exams by providers, type of institution, and knowledge/experience o f providers

environmental intervention factors that affect risk of infection -
correct answersdisinfectant type used, contact with animals, hand hygiene

anatomical/phys factors that affect risk of infection -
correct answerspreexisting diseases, trauma, malignancies, age, gender, and nutritional stat us

DMAIC - correct answersD=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

What should an effective surveillance program be able to provide? -
correct answersDetection of infections and injuries, identify trends, identify risk factors ass ociated with infections and other AEs detect outbreaks and clusters, assess the overall effect iveness of the infection control and prevention program and demonstrate changes in proacti ve and processes that lead to better outcomes

Define point prevalence -
correct answersnumber of persons ill on the date divided by the population on that date.

Define attack rate -
correct answersNumber of people at risk in whom a certain illness develops / (divided by) / Total number of people at risk

Define prevalence -
correct answersfraction of a population having a specific disease at a given time

Define incidence -
correct answersnumber of new cases of a disease divided by the number of persons at risk for the disease.

Type of specimen for C. diff - correct answersliquid stool is required

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>> CBIC CIC Training Kit <<

Examcollection CIC Questions Answers, CIC Exam Reference

It is hard to scrutinize the CBIC Certified Infection Control Exam (CIC) exam, particularly assuming you have less time and the subjects are tremendous. You essentially have a baffled perspective toward it and some even consider not giving the CBIC Certified Infection Control Exam exam since they can't concentrate exactly as expected. CBIC CIC Exam they need time to cover each point and this is unimaginable considering how they are left with only a piece of a month to give the CBIC CIC exam.

CBIC Certified Infection Control Exam Sample Questions (Q82-Q87):

NEW QUESTION # 82
A patient with suspected active tuberculosis is being transferred from a mental health facility to a medical center by emergency medical services. Which of the following should an infection preventionist recommend to the emergency medical technician (EMT)?

- A. Place an N95 respirator on both the patient and the EMT.
- B. Place a surgical mask on the patient and an N95 respirator on the EMT.
- C. Place an N95 respirator on the patient and a surgical mask on the EMT.
- D. Place a surgical mask on both the patient and the EMT.

Answer: C

Explanation:
Active tuberculosis (TB) is an airborne disease transmitted through the inhalation of droplet nuclei containing Mycobacterium tuberculosis. Effective infection control measures are critical during patient transport to protect healthcare workers, such as emergency medical technicians (EMTs), and to prevent community spread. The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes the use of appropriate personal protective equipment (PPE) and source control as key strategies in the "Prevention and Control of Infectious Diseases" domain, aligning with guidelines from the Centers for Disease Control and Prevention (CDC).
For a patient with suspected active TB, the primary goal is to contain the infectious particles at the source (the patient) while ensuring the EMT is protected from inhalation exposure. Option C, placing an N95 respirator on the patient and a surgical mask on the EMT, is the most appropriate recommendation. The N95 respirator on the patient serves as source control by filtering the exhaled air, reducing the dispersion of infectious droplets. However, fitting an N95 respirator on the patient may be challenging, especially in an emergency setting or if the patient is uncooperative, so a surgical mask is often used as an alternative source control measure. For the EMT, a surgical mask provides a basic barrier but does not offer the same level of respiratory protection as an N95 respirator. The CDC recommends that healthcare workers, including EMTs, use an N95 respirator (or higher-level respiratory protection) when in close contact with a patient with suspected or confirmed active TB, unless an airborne infection isolation room is available, which is not feasible during transport.
Option A is incorrect because placing a surgical mask on both the patient and the EMT does not provide adequate respiratory protection for the EMT. Surgical masks are not designed to filter small airborne particles like those containing TB bacilli and do not meet the N95 standard required for airborne precautions. Option B is impractical and unnecessary, as placing an N95 respirator on both the patient and the EMT is overly restrictive and logistically challenging, especially for the patient during transport. Option D reverses the PPE roles, placing the surgical mask on the patient (insufficient for source control) and the N95 respirator on the EMT (appropriate for protection but misaligned with the need to control the patient's exhalation). The CBIC and CDC guidelines prioritize source control on the patient and respiratory protection for the healthcare worker, making Option C the best fit.
This recommendation is consistent with the CBIC's emphasis on implementing transmission-based precautions (CDC, 2005, Guideline for Preventing the Transmission of Mycobacterium tuberculosis in Healthcare Settings) and the use of PPE tailored to the mode of transmission, as outlined in the CBIC Practice Analysis (2022).
References:
* CBIC Practice Analysis, 2022.
* CDC Guideline for Preventing the Transmission of Mycobacterium tuberculosis in Healthcare Settings, 2005.

NEW QUESTION # 83
Which of the following pathogens is associated with the highest risk of seroconversion after percutaneous exposure?

- A. Syphilis
- B. Hepatitis C
- C. Shigella
- D. Hepatitis A

Answer: B

Explanation:

Among the listed pathogens,Hepatitis Chas thehighest risk of seroconversion following a percutaneous exposure, though it's important to note thatHepatitis Bactually has the highest overall risk. However, since Hepatitis B is not listed among the options, the correct choice from the available ones isHepatitis C.
* TheAPIC Textconfirms:
"The average risk of seroconversion after a percutaneous injury involving blood infected with hepatitis C virus is approximately 1.8 percent".
* The other options are not bloodborne pathogens typically associated with high seroconversion risks after needlestick or percutaneous exposure:
* A. Shigella- transmitted fecal-orally, not percutaneously.
* B. Syphilis- transmitted sexually or via mucous membranes.
* C. Hepatitis A- primarily fecal-oral transmission, low occupational seroconversion risk.
References:
APIC Text, 4th Edition, Chapter 103 - Occupational Exposure to Bloodborne Pathogens

NEW QUESTION # 84
What question would be appropriate for an infection preventionist to ask when reviewing the discussion section of an original article?

- A. Was the correct sample size and analysis method chosen?
- B. Are criteria used to measure the exposure and the outcome explicit?
- C. Could alternative explanations account for the observed results?
- D. Is the study question important, appropriate, and stated clearly?

Answer: C

Explanation:
When reviewing the discussion section of an original article, an infection preventionist must focus on critically evaluating the interpretation of the study findings, their relevance to infection control, and their implications for practice. The discussion section typically addresses the meaning of the results, compares them to existing literature, and considers limitations or alternative interpretations. The appropriate question should align with the purpose of this section and reflect the infection preventionist's need to assess the validity and applicability of the research. Let's analyze each option:
* A. Was the correct sample size and analysis method chosen?: This question pertains to the methodology section of a research article, where the study design, sample size, and statistical methods are detailed.
While these elements are critical for assessing the study's rigor, they are not the primary focus of the discussion section, which interprets results rather than re-evaluating the study design. An infection preventionist might ask this during a review of the methods section, but it is less relevant here.
* B. Could alternative explanations account for the observed results?: The discussion section often explores whether the findings can be explained by factors other than the hypothesized cause, such as confounding variables, bias, or chance. This question is highly appropriate foran infection preventionist, as it encourages a critical assessment of whether the results truly support infection control interventions or if other factors (e.g., environmental conditions, patient factors) might be responsible. This aligns with CBIC's emphasis on evidence-based practice, where understanding the robustness of conclusions is key to applying research to infection prevention strategies.
* C. Is the study question important, appropriate, and stated clearly?: This question relates to the introduction or background section of an article, where the research question and its significance are established. While important for overall study evaluation, it is not specific to the discussion section, which focuses on interpreting results rather than revisiting the initial question. An infection preventionist might consider this earlier in the review process, but it does not fit the context of the discussion section.
* D. Are criteria used to measure the exposure and the outcome explicit?: This question is relevant to the methods section, where the definitions and measurement tools for exposures (e.g., a specific intervention) and outcomes (e.g., infection rates) are described. The discussion section may reference these criteria but focuses more on their implications rather than their clarity. This makes it less appropriate for the discussion section specifically.
The discussion section is where authors synthesize their findings, address limitations, and consider alternative explanations, making option B the most fitting. For an infection preventionist, evaluating alternative explanations is crucial to ensure that recommended practices (e.g., hand hygiene protocols or sterilization techniques) are based on solid evidence and not confounded by unaddressed variables. This critical thinking is consistent with CBIC's focus on applying research to improve infection control outcomes.
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CBIC Infection Prevention and Control (IPC) Core Competency Model (updated 2023), Domain I:
Identification of Infectious Disease Processes, which emphasizes critical evaluation of research evidence.
CBIC Examination Content Outline, Domain V: Management and Communication, which includes assessing the validity of research findings for infection control decision-making.

NEW QUESTION # 85
A 17-year-old presents to the Emergency Department with fever, stiff neck, and vomiting. A lumbar puncture is done. The Gram stain shows Gram negative diplocooci. Presumptive identification of the organism is

- A. Listeria monocytogenes
- B. Haemophilus influenzae
- C. Neisseria meningitidis
- D. Streptococcus pneumoniae

Answer: C

Explanation:
The Gram stain showing Gram-negative diplococci in cerebrospinal fluid (CSF) is characteristic of Neisseria meningitidis, a leading cause of bacterial meningitis in adolescents and young adults.
Step-by-Step Justification:
* Gram Stain Interpretation:
* Gram-negative diplococci in CSF strongly suggest Neisseria meningitidis.
* Classic Symptoms of Meningitis:
* Fever, stiff neck, and vomiting are hallmark signs of meningococcal meningitis.
* Neisseria meningitidis vs. Other Bacteria:
* Haemophilus influenzae (Option A) # Gram-negative coccobacilli.
* Listeria monocytogenes (Option C) # Gram-positive rods.
* Streptococcus pneumoniae (Option D) # Gram-positive diplococci.
CBIC Infection Control References:
* APIC Ready Reference for Microbes, "Neisseria meningitidis and Meningitis".

NEW QUESTION # 86
The infection preventionist (IP) collaborates with the Intravenous Therapy team to select the best antiseptic for use during the insertion of an intravascular device for adults. For a patient with no contraindications, what antiseptic should the IP suggest?

- A. Antibiotic ointment
- B. Chlorhexidine
- C. Povidone-iodine
- D. Alcohol

Answer: B

Explanation:
The selection of an appropriate antiseptic for the insertion of an intravascular device (e.g., peripheral or central venous catheters) is a critical infection prevention measure to reduce the risk of catheter-related bloodstream infections (CRBSIs). The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes evidence-based practices in the "Prevention and Control of Infectious Diseases" domain, which includes adhering to guidelines for aseptic technique during invasive procedures. The Centers for Disease Control and Prevention (CDC) provides specific recommendations for skin antisepsis, as outlined in the "Guidelines for the Prevention of Intravascular Catheter-Related Infections" (2017).
Option A, chlorhexidine, is the preferred antiseptic for skin preparation prior to intravascular device insertion in adults with no contraindications. Chlorhexidine, particularly in a 2% chlorhexidine gluconate (CHG) with 70% isopropyl alcohol solution, is recommended by the CDC due to its broad-spectrum antimicrobial activity, residual effect (which continues to kill bacteria after application), and superior efficacy compared to other agents in reducing CRBSI rates. Studies cited in the CDC guidelines demonstrate that chlorhexidine-based preparations significantly lower infection rates compared to povidone-iodine or alcohol alone, making it the gold standard for this procedure when tolerated by the patient.
Option B, povidone-iodine, is an alternative antiseptic that can be used for skin preparation. It is effective against a wide range of microorganisms and is often used when chlorhexidine is contraindicated (e.g., in patients with chlorhexidine allergy). However, its efficacy is less persistent than chlorhexidine, and it requires longer drying time, which can be a limitation in busy clinical settings. The CDC considers povidone-iodine a second-line option unless chlorhexidine is unavailable or unsuitable. Option C, alcohol (e.g., 70% isopropyl or ethyl alcohol), has rapid bactericidal activity but lacks a residual effect, making it less effective for prolonged protection during catheter dwell time. It is often used as a component of chlorhexidine-alcohol combinations but is not recommended as a standalone antiseptic for intravascular device insertion. Option D, antibiotic ointment, is not appropriate for skin preparation during insertion. Antibiotic ointments (e.g., bacitracin or mupirocin) are sometimes applied to catheter sites post-insertion to prevent infection, but their use is discouraged by the CDC due to the risk of promoting antibiotic resistance and fungal infections, and they are not classified as antiseptics for initial skin antisepsis.

The CBIC Practice Analysis (2022) supports the adoption of CDC-recommended practices, and the 2017 CDC guidelines explicitly state that chlorhexidine-based preparations with alcohol should be used for skin antisepsis unless contraindicated. For a patient with no contraindications, the infection preventionist should suggest chlorhexidine to optimize patient safety and align with best practices.
References:
* CBIC Practice Analysis, 2022.
* CDC Guidelines for the Prevention of Intravascular Catheter-Related Infections, 2017.

NEW QUESTION # 87
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