

# Valid CIC Exam Materials & Exam CIC Preparation

## CIC COMMERCIAL MULTILINE EXAM STUDY GUIDE 2026 – COMPLETE CONCEPT REVIEW & PRACTICE MATERIALS (LATEST EDITION)

### Principles & Common Elements

1. The primary goal of an insurance contract is to:
  - a) Guarantee the insured will not suffer a loss.
  - b) Transfer the risk of financial loss from the insured to the insurer. ✓
  - c) Eliminate all hazards present in a business operation.
  - d) Serve as an investment vehicle for the insured's capital.
2. Which of the following is a characteristic of a contract of adhesion?
  - a) Both parties negotiate the terms equally.
  - b) The contract is prepared by one party and accepted or rejected by the other. ✓
  - c) It requires consideration only from the insurer.
  - d) It is always a bilateral contract.
3. A representation in an insurance application is considered to be:
  - a) A warranty that must be literally true.
  - b) A fraudulent statement if later found to be inaccurate.
  - c) A statement believed to be true at the time it is made. ✓
  - d) Legally inconsequential to the policy.
4. The principle of indemnity means that:
  - a) The insured should be restored to the same financial position as before the loss. ✓
  - b) The insured always receives the full replacement cost.
  - c) The insurer must pay regardless of fault.
  - d) The insured can profit from a covered loss.
5. Which insurance principle states that a loss should be borne by the party who caused it?
  - a) Subrogation ✓
  - b) Utmost good faith
  - c) Proximate cause
  - d) Insurable interest

### Commercial Property (Building & Personal Property Coverage Form - BPP)

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## CBIC Certified Infection Control Exam Sample Questions (Q96-Q101):

### NEW QUESTION # 96

An infection preventionist has been asked to participate in a process improvement team to standardize disinfection and sterilization practices. Team activities should include all of the following EXCEPT:

- A. Asking central supply and operating room managers to join the team.
- B. Performing a literature review on central supply and sterilization.
- C. Conducting outcome measurement after all changes are implemented.
- D. Observing disinfection and sterilization practices.

**Answer: C**

Explanation:

The CBIC Certified Infection Control Exam Study Guide (6th edition) emphasizes that effective process improvement relies on a structured, data-driven approach that includes baseline assessment, intervention, and ongoing evaluation. A key principle of quality improvement is that outcomes must be measured before and after changes are implemented in order to determine whether an intervention resulted in improvement.

Option D is the correct "EXCEPT" choice because limiting outcome measurement to only after changes are implemented prevents meaningful comparison and makes it impossible to determine effectiveness. Without baseline data, improvements cannot be quantified, trends cannot be assessed, and unintended consequences may go unrecognized. The Study Guide stresses that baseline measurements are essential to evaluate process performance and to support evidence-based decision-making.

Options A, B, and C are all appropriate and expected activities. Direct observation helps identify workflow gaps and variation in practice. Inclusion of central supply and operating room leadership ensures multidisciplinary engagement and operational insight. Conducting a literature review supports alignment with current evidence, standards, and best practices for disinfection and sterilization.

For the CIC exam, it is important to recognize that continuous measurement throughout the improvement cycle-not only after implementation-is required for successful standardization and sustainability of infection prevention practices.

### NEW QUESTION # 97

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

**Answer: B**

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 # 98

An infection preventionist (IP) is tasked with developing an infection prevention training program for family members. What step should the IP take FIRST?

- A. Develop a plan to create an appropriate training environment.
- B. Create clearly defined goals and objectives for the training.
- **C. Assess the needs of the family members at the facility.**
- D. Ensure that all content in the training is relevant and practical.

**Answer: C**

Explanation:

The correct answer is A, "Assess the needs of the family members at the facility," as this is the first step the infection preventionist (IP) should take when developing an infection prevention training program for family members. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, effective education programs begin with a needs assessment to identify the specific knowledge gaps, cultural factors, and practical challenges of the target audience—in this case, family members. This initial step ensures that the training is tailored to their level of understanding, language preferences, and the infection risks they may encounter (e.g., hand hygiene, isolation protocols), aligning with adult learning principles (CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competency 4.1 - Develop and implement educational programs). Without this assessment, subsequent steps risk being misaligned with the audience's needs, reducing the program's effectiveness.

Option B (create clearly defined goals and objectives for the training) is a critical step but follows the needs assessment, as goals should be based on identified needs to ensure relevance. Option C (ensure that all content in the training is relevant and practical) depends on understanding the audience's needs first, making it a later step in the development process. Option D (develop a plan to create an appropriate training environment) is important for implementation but requires prior knowledge of the audience and content to design effectively.

The focus on assessing needs aligns with CBIC's emphasis on evidence-based education design, enabling the IP to address specific infection prevention priorities for family members and improve outcomes in the facility (CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competency 4.2 - Evaluate the effectiveness of educational programs). This approach is supported by CDC guidelines, which recommend audience assessment as a foundational step in health education programs.

References: CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competencies 4.1 - Develop and implement educational programs, 4.2 - Evaluate the effectiveness of educational programs. CDC Health Education Curriculum Analysis Tool, 2019.

### NEW QUESTION # 99

An 84-year-old male with a gangrenous foot is admitted to the hospital from an extended-care facility (ECF).

The ECF is notified that the wound grew *Enterococcus faecium* with the following antibiotic sensitivity results:

ampicillin - R

vancomycin - R

penicillin - R

linezolid - S

This is the fourth *Enterococcus* species cultured from residents within the same ECF wing in the past month.

The other cultures were from two urine specimens and a draining wound. The Infection Preventionist (IP) should immediately:

- A. Conduct surveillance cultures for this organism in all residents.
- **B. Notify the medical director of the outbreak.**
- C. Compare the four culture reports and sensitivity patterns.
- D. Notify the nursing administrator to close the wing to new admissions.

**Answer: B**

Explanation:

The scenario describes a potential outbreak of multidrug-resistant *Enterococcus faecium* in an extended-care facility (ECF) wing, indicated by four positive cultures (including the current case and three prior cases from urine and a draining wound) within a month. The organism exhibits resistance to ampicillin, vancomycin, and penicillin, but sensitivity to linezolid, suggesting a possible vancomycin-resistant *Enterococcus* (VRE) strain, which is a significant concern in healthcare settings. The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes the importance of rapid outbreak detection and response in the "Surveillance and Epidemiologic Investigation" domain, aligning with Centers for Disease Control and Prevention (CDC) guidelines for managing multidrug-resistant organisms (MDROs).

Option A, "Notify the medical director of the outbreak," is the most immediate and critical action. Identifying an outbreak—defined by the CDC as two or more cases of a similar illness linked by time and place—requires prompt notification to the facility's leadership (e.g., medical director) to initiate a coordinated response. The presence of four *Enterococcus* cases, including a multidrug-resistant strain, within a single ECF wing over a month suggests a potential cluster, necessitating urgent action to assess the scope, implement control measures, and allocate resources. The CDC's "Management of Multidrug-Resistant Organisms in Healthcare Settings" (2006) recommends immediate reporting to facility leadership as the first step to activate an outbreak investigation team, making this the priority.

Option B, "Compare the four culture reports and sensitivity patterns," is an important subsequent step in outbreak investigation. Analyzing the antibiotic susceptibility profiles and culture sources can confirm whether the cases are epidemiologically linked (e.g., clonal spread of VRE) and guide treatment and control strategies. However, this is a detailed analysis that follows initial notification and should not delay alerting the medical director. Option C, "Conduct surveillance cultures for this organism in all residents," is a proactive measure to determine the prevalence of *Enterococcus faecium*, especially VRE, within the wing. The CDC recommends targeted surveillance during outbreaks, but this requires prior authorization and planning by the outbreak team, making it a secondary action after notification. Option D, "Notify the nursing administrator to close the wing to new admissions," may be a control measure to prevent further spread, as suggested by the CDC for MDRO outbreaks. However, closing a unit is a significant decision that should be guided by the medical director and infection control team after assessing the situation, not an immediate independent action by the IP.

The CBIC Practice Analysis (2022) and CDC guidelines prioritize rapid communication with leadership to initiate a structured outbreak response, including resource allocation and policy adjustments. Given the multidrug-resistant nature and cluster pattern, notifying the medical director (Option A) is the most immediate and appropriate action to ensure a comprehensive response.

References:

\* CBIC Practice Analysis, 2022.

\* CDC Management of Multidrug-Resistant Organisms in Healthcare Settings, 2006.

### NEW QUESTION # 100

Surgical site infection (SSI) data for the previous quarter reveal the following numbers. The surgeon with the highest infection rate is Doctor

□

- A. Smith
- B. Jones.
- C. Brown
- D. White

**Answer: D**

Explanation:

To determine which surgeon has the highest surgical site infection (SSI) rate, use the following formula:

A screenshot of a report AI-generated content may be incorrect.

□

Since Dr. White has the highest SSI rate at 9.1%, the correct answer is D. White.

CBIC Infection Control Reference

SSI rates are calculated using infection count per total procedures and reported as percentage values.

### NEW QUESTION # 101

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