

# CIC Test Questions - CIC Reliable Test Tips

## CIC Exam Outline

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1. Identification and Infectious Disease Processes	22
2. Surveillance and Epidemiologic Investigation	22
3. Preventing/Controlling the Transmission of Infectious Agents	22
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8. Cleaning, Disinfection, and Sterilization of Medical Devices and Equipment	18

**Time limit:** 3 hours

**Total questions:** 150

**Question format:** Multiple-choice

**Delivery format:** Computer-based

**Mometrix** TEST PREPARATION

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## CBIC Certified Infection Control Exam Sample Questions (Q266-Q271):

### NEW QUESTION # 266

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

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

**Answer: A**

Explanation:

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

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 # 267

Immediate use steam sterilization is NOT recommended for implantable items requiring immediate use because

- A. results of biologic indicators are unavailable prior to use of the item
- B. the high temperature may damage the items.
- C. chemical indicators may not be accurate at high temperatures.
- D. the length of time is inadequate for the steam to penetrate the pack.

**Answer: A**

Explanation:

The correct answer is C, "results of biologic indicators are unavailable prior to use of the item," as this is the primary reason immediate use steam sterilization (IUSS) is not recommended for implantable items requiring immediate use. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, IUSS is a process used for sterilizing items needed urgently when no other sterile options are available, typically involving a shortened cycle (e.g., flash sterilization). However, for implantable items- such as orthopedic hardware or prosthetic devices-ensuring absolute sterility is critical due to the risk of deep infection. Biologic indicators (BIs), which contain highly resistant spores to verify sterilization efficacy, require incubation (typically 24-48 hours) to confirm the kill, but IUSS does not allow time for BI results to be available before the item is used (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment). This lack of immediate verification poses a significant infection risk, making IUSS inappropriate for implants, as per AAMI ST79 standards.

Option A (the high temperature may damage the items) is a consideration for some heat-sensitive materials, but modern IUSS cycles are designed to minimize damage, and this is not the primary reason for the restriction on implants. Option B (chemical indicators may not be accurate at high temperatures) is incorrect, as chemical indicators (e.g., color-changing strips) are reliable at high temperatures and serve as an immediate check, though they are not a substitute for BIs. Option D (the length of time is inadequate for the steam to penetrate the pack) is not the main issue, as IUSS cycles are optimized for penetration, though the shortened time may be a secondary concern; the unavailability of BI results remains the decisive factor.

The focus on biologic indicator results aligns with CBIC's emphasis on ensuring the safety and sterility of reprocessed medical devices, particularly for high-risk implantable items (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.5 - Evaluate the environment for infection risks). This recommendation is supported by AAMI and CDC guidelines, which prioritize BI confirmation for implants to prevent healthcare-associated infections (AAMI ST79:2017, CDC Sterilization Guidelines, 2019).

References: CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competencies 3.3 - Ensure safe reprocessing of medical equipment, 3.5 - Evaluate the environment for infection risks. AAMI ST79:2017, Comprehensive guide to steam sterilization and sterility assurance in health care facilities. CDC Guidelines for Disinfection and Sterilization in Healthcare Facilities, 2019.

### NEW QUESTION # 268

Which of the following is the BEST aid in the identification of patients affected by a recall due to failures in endoscope reprocessing?

- A. Maintaining a log of patient identifiers linked with endoscope used
- B. Searching electronic records for endoscope serial number recorded in patient records

- C. Searching electronic records using diagnostic coding to identify all patients that had endoscopy procedures
- D. Maintaining a log of endoscope use by date of procedure

**Answer: A**

Explanation:

The CBIC Certified Infection Control Exam Study Guide (6th edition) emphasizes the importance of traceability in endoscope reprocessing programs to ensure rapid and accurate patient notification when reprocessing failures or recalls occur. The most effective method for identifying affected patients is maintaining a log that directly links each endoscope to specific patient identifiers for every procedure.

This type of tracking system allows infection preventionists to quickly determine exactly which patients were exposed to a particular endoscope during the time period of concern. When reprocessing failures are identified—such as incomplete cleaning, high-level disinfection errors, or equipment malfunction—precise linkage between the endoscope and the patient is essential to limit the scope of exposure investigations, reduce unnecessary notifications, and ensure timely follow-up care.

Option A is insufficient because a date-only log does not identify individual patients. Option C may be useful if serial numbers are consistently documented in the medical record, but this practice is not reliably implemented in many facilities and is therefore less dependable. Option D is overly broad and would identify all patients who underwent endoscopy, rather than those exposed to a specific device, leading to unnecessary alarm and inefficient investigations.

For CIC exam purposes, understanding that patient-to-device linkage logs are the cornerstone of effective exposure investigation and recall management in endoscope reprocessing is critical and aligns with best-practice infection prevention standards.

### NEW QUESTION # 269

Education and training on safe work practices should be

- A. Optional at the time of orientation.
- B. Provided when policies and procedures are reviewed.
- C. Conducted in the nationally approved language.
- D. Specific to a job or task.

**Answer: D**

Explanation:

The CBIC Certified Infection Control Exam Study Guide (6th edition) emphasizes that education and training on safe work practices must be specific to the job or task performed. This principle aligns with occupational safety and infection prevention standards, which recognize that risks vary significantly depending on an employee's role, responsibilities, and work environment. Training is most effective when it directly addresses the actual hazards staff may encounter and the specific procedures they are expected to perform.

Job- and task-specific training ensures that healthcare personnel understand how to apply safe practices in real-world situations, such as proper use of personal protective equipment, safe handling of sharps, device reprocessing, and exposure prevention.

Generic or overly broad education may fail to address critical nuances and can result in gaps in compliance or increased risk of injury and infection.

Option B is incorrect because safety education is not optional and must be provided at orientation and ongoing as needed. Option C is misleading; while training should be provided in a language and format the employee understands, there is no concept of a single "nationally approved language." Option D describes a possible timing for education but does not capture the core requirement that training be tailored to specific work activities.

For the CIC exam, this question reinforces that effective infection prevention and occupational safety education must be job- and task-specific, making option A the correct answer.

### NEW QUESTION # 270

Which of the following community-acquired infections has the greatest potential public health impact?

- A. Fifth disease (parvovirus B-19)
- B. Cryptococcal meningitis
- C. Clostridial myositis (gas gangrene)
- D. *Cryptosporidium enteritis*

**Answer: D**

Explanation:

The correct answer is A, "Cryptosporidium enteritis," as it has the greatest potential public health impact among the listed community-acquired infections. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, the public health impact of an infection is determined by factors such as its transmissibility, severity, population at risk, and potential for outbreaks. Cryptosporidium enteritis, caused by the protozoan parasite Cryptosporidium, is a waterborne illness that spreads through contaminated water or food, leading to severe diarrhea, particularly in immunocompromised individuals. Its significant public health impact stems from its high transmissibility in community settings (e.g., via recreational water or daycare centers), the difficulty in eradicating the oocysts with standard chlorination, and the potential to cause large-scale outbreaks affecting vulnerable populations, such as children or the elderly (CBIC Practice Analysis, 2022, Domain I: Identification of Infectious Disease Processes, Competency 1.3 - Apply principles of epidemiology). This is exemplified by notable outbreaks, such as the 1993 Milwaukee outbreak affecting over 400,000 people.

Option B (Fifth disease, caused by parvovirus B-19) is a viral infection primarily affecting children, causing a mild rash and flu-like symptoms. While it can pose risks to pregnant women (e.g., fetal anemia), it is generally self-limiting and has limited community-wide transmission potential, reducing its public health impact. Option C (clostridial myositis, or gas gangrene, caused by Clostridium perfringens) is a severe but rare infection typically associated with traumatic wounds or surgery, with limited person-to-person spread, making its public health impact low due to its sporadic nature. Option D (cryptococcal meningitis, caused by Cryptococcus neoformans) primarily affects immunocompromised individuals (e.g., those with HIV/AIDS) and is not highly transmissible in the general community, confining its impact to specific at-risk groups rather than the broader population.

The selection of Cryptosporidium enteritis aligns with CBIC's focus on identifying infections with significant epidemiological implications, enabling infection preventionists to prioritize surveillance and control measures for diseases with high outbreak potential (CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.1 - Conduct surveillance for healthcare-associated infections and epidemiologically significant organisms). This is supported by CDC data highlighting waterborne pathogens as major public health concerns (CDC Parasites - Cryptosporidium, 2023).

References: CBIC Practice Analysis, 2022, Domain I: Identification of Infectious Disease Processes, Competency 1.3 - Apply principles of epidemiology; Domain II: Surveillance and Epidemiologic Investigation, Competency 2.1 - Conduct surveillance for healthcare-associated infections and epidemiologically significant organisms. CDC Parasites - Cryptosporidium, 2023.

## NEW QUESTION # 271

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