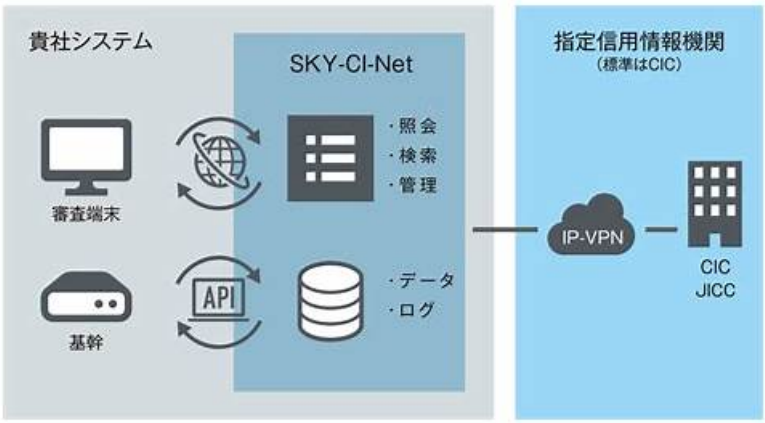
CIC専門知識訓練、CIC再テスト



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>> CIC専門知識訓練 <<

最高のCIC試験ツールの保証購入の安全性-CBIC Certified Infection Control Exam

数千人の専門家で構成された権威ある制作チームが、CIC学習の質問を理解し、質の高い学習体験を楽しんでいます。 試験概要と現在のポリシーの最近の変更に応じて、CICテストガイドの内容を随時更新します。 また、CIC試験の質問は、わかりにくい概念を簡素化して学習方法を最適化し、習熟度を高めるのに役立ちます。 さらに、CICテストガイドを使用すると、試験を受ける前に20〜30時間の練習で準備時間を短縮できることは間違いありません。

CBIC Certified Infection Control Exam 認定 CIC 試験問題 (Q112-Q117):

質問 # 112
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.

正解：C

解説：
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.

質問 # 113
What rate is expressed by the number of patients who acquire infections over a specified time period divided by the population at risk of acquiring an infection during that time period?

- A. Disease specific
- B. Incidence rate
- C. Period prevalence
- D. Point prevalence

正解：B

解説：
The incidence rate measures new cases of infection in a population over a defined time period using the formula:
Why the Other Options Are Incorrect?
* B. Disease specific - Refers to infections caused by a particular pathogen, not the general rate of new infections.
* C. Point prevalence - Measures existing cases at a specific point in time, not new cases.
* D. Period prevalence - Includes both old and new cases over a set period, unlike incidence, which only considers new cases.
CBIC Infection Control Reference
APIC defines incidence rate as the number of new infections in a population over a given period.

質問 # 114
Given the formula for calculating incidence rates, the Y represents which of the following?

- A. Population served
- B. Population at risk
- C. Number of events
- D. Number of infected patients

正解：B

解説：
Incidence rate is a fundamental epidemiological measure used to quantify the frequency of new cases of a disease within a specified population over a defined time period. The Certification Board of Infection Control and Epidemiology (CBIC) supports the use of such metrics in the "Surveillance and Epidemiologic Investigation" domain, aligning with the Centers for Disease Control and Prevention (CDC) "Principles of Epidemiology in Public Health Practice" (3rd Edition, 2012). The formula provided,
XY×K=Rate\frac{X}
{Y} \times K = RateYX×K=Rate, represents the standard incidence rate calculation, where KKK is a constant (e.g., 1,000 or

100,000) to express the rate per unit population, and the question asks what YYY represents among the given options.
In the incidence rate formula, XXX typically represents the number of new cases (or events) of the disease occurring during a specific period, and YYY represents the population at risk during that same period. The ratio XY\frac{X}{Y}YX yields the rate per unit of population, which is then multiplied by KKK to standardize the rate (e.g., cases per 1,000 persons). The CDC defines the denominator (YYY) as the population at risk, which includes individuals susceptible to the disease over the observation period.
Option B ("Number of infected patients") might suggest XXX if it specified new cases, but as the denominator YYY, it is incorrect because incidence focuses on new cases relative to the at-risk population, not the total number of infected individuals (which could include prevalent cases). Option C ("Population at risk") correctly aligns with YYY, representing the base population over which the rate is calculated.
Option A, "Population served," is a broader term that might include the total population under care (e.g., in a healthcare facility), but it is not specific to those at risk for new infections, making it less precise. Option D,
"Number of events," could align with XXX (new cases or events), but as the denominator YYY, it does not fit the formula's structure. The CBIC Practice Analysis (2022) and CDC guidelines reinforce that the denominator in incidence rates is the population at risk, ensuring accurate measurement of new disease occurrence.
References:
* CBIC Practice Analysis, 2022.
* CDC Principles of Epidemiology in Public Health Practice, 3rd Edition, 2012.

質問 # 115
During the last week in June, an emergency department log reveals numerous cases of profuse watery diarrhea in individuals 74 years of age and older. During the same time period, four immunocompromised patients were admitted with possible Cryptosporidium. Which of the following actions should the infection preventionist take FIKST?

- A. Increase surveillance facility wide for additional cases
- B. Contact the laboratory to confirm stool identification results
- C. Form a tentative hypothesis about the potential reservoir for this outbreak
- D. Characterize the outbreak by person, place, and time

正解：D

解説：
When an outbreak of infectious disease is suspected, the first step is to conduct an epidemiologic investigation. This begins with characterizing the outbreak by person, place, and time to establish patterns and trends. This approach, known as descriptive epidemiology, provides critical insights into potential sources and transmission patterns.
Step-by-Step Justification:
* Identify Cases and Patterns:
* The infection preventionist should analyze patient demographics (person), locations of cases (place), and onset of symptoms (time). This helps in defining the outbreak scope and potential exposure sources.
* Create an Epidemic Curve:
* An epidemic curve helps determine whether the outbreak is a point-source or propagated event.
This can indicate whether the infection is spreading person-to-person or originating from a common source.
* Compare with Baseline Data:
* Reviewing historical data ensures that the observed cases exceed the expected norm, confirming an outbreak.
* Guide Further Investigation:
* Establishing basic epidemiologic patterns guides subsequent actions, such as laboratory testing, environmental sampling, and surveillance.
Why Other Options Are Incorrect:
* B. Increase surveillance facility-wide for additional cases:
* While enhanced surveillance is important, it should follow the initial characterization of the outbreak. Surveillance without a defined case profile may lead to misclassification and misinterpretation.
* C. Contact the laboratory to confirm stool identification results:
* Confirming lab results is essential but comes after defining the outbreak's characteristics. Without an epidemiologic link, testing may yield results that are difficult to interpret.
* D. Form a tentative hypothesis about the potential reservoir for this outbreak:
* Hypothesis generation occurs after sufficient epidemiologic data have been collected. Jumping to conclusions without characterization may result in incorrect assumptions and ineffective control measures.
CBIC Infection Control References:
* APIC Text, "Outbreak Investigations," Epidemiology, Surveillance, Performance, and Patient Safety Measures.
* APIC/JCR Infection Prevention and Control Workbook, Chapter 4, Surveillance Program.
* APIC Text, "Investigating Infectious Disease Outbreaks," Guidelines for Epidemic Curve Analysis.

質問 # 116
Each item or package that is prepared for sterilization should be labeled with the

- A. storage location.
- B. type of sterilization process.
- C. cleaning method (e.g., mechanical or manual).
- D. sterilizer identification number or code.

正解：D

解説：
The correct answer is C, "sterilizer identification number or code," as this is the essential information that each item or package prepared for sterilization should be labeled with. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, proper labeling of sterilized items is a critical component of infection prevention and control to ensure traceability and verify the sterilization process. The sterilizer identification number or code links the item to a specific sterilization cycle, allowing the infection preventionist (IP) and sterile processing staff to track the equipment used, confirm compliance with standards (e.g., AAMI ST79), and facilitate recall or investigation if issues arise (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment). This labeling ensures that the sterility of the item can be assured and documented, protecting patient safety by preventing the use of inadequately processed items.
Option A (storage location) is important for inventory management but is not directly related to the sterilization process itself and does not provide evidence of the sterilization event. Option B (type of sterilization process) indicates the method (e.g., steam, ethylene oxide), which is useful but less critical than the sterilizer identification, as the process type alone does not confirm the specific cycle or equipment used.
Option D (cleaning method, e.g., mechanical or manual) is a preliminary step in reprocessing, but it is not required on the sterilization label, as the focus shifts to sterilization verification once the item is prepared.
The requirement for a sterilizer identification number or code aligns with CBIC's emphasis on maintaining rigorous tracking and quality assurance in the reprocessing of medical devices, ensuring accountability and adherence to best practices (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.5 - Evaluate the environment for infection risks). This practice is mandated by standards such as AAMI ST79 to support effective infection control in healthcare settings.
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.

質問 # 117
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プロフェッショナルCIC専門知識訓練 & 資格試験におけるリーダーオファー & 無料ダウンロードCBIC CBIC Certified Infection Control Exam

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