

# CIC Vce Exam & Real CIC Torrent

## CIC PRACTICE EXAM QUESTIONS WITH CORRECT ANSWERS 2025/2026

Atypical Mycobacterium

Staphylococcus

Pseudomonas -

- correct answers What organisms have been associated with transmission of infection after body piercing?

When an epidemiological investigation is being conducted. ( very costly no standards exists)

- correct answers What is an indication for routine environmental culturing?

1. HA- TB

2. Single case aspergillosis

3. HA- Varicella

4. Increase in post op SSIs -

- correct answers What can HVAC malfunctions cause in the hospital setting?

41 F/ 5 C or lower - correct answers Safe temp range for cold food storage

Western Blot.

EIA twice and then the western blot -

- correct answers An employee is exposed to blood and bodily fluids from a pt whose baseline testing revealed positive results in rapid HIV test. What's the most appropriate F/U test for pt?

equal to or less than 2 hours at room temperature -

- correct answers What is the acceptable blood culture transport time?

60% -

- correct answers What is the acceptable upper limit for relative humidity in a facility to prevent fungal growth?

Hep B, Seasonal Flu, Meningococcal, MMR, and Varicella (chickenpox) or VZIG if pregnant -

- correct answers Recommended vaccines for HCW?

35F - 46F (2C - 8C) - correct answers At what temperature are vaccines stored?

Used to investigate public health issues and improve healthcare outcomes or when IPs evaluate their IP plan -

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## CBIC Certified Infection Control Exam Sample Questions (Q279-Q284):

### NEW QUESTION # 279

Based on the scenarios, when should an infection preventionist suspect an outbreak?

- A. Detection of three ventilator-associated pneumonia cases among patients in the intensive care unit (ICU) after updated case definition implementation
- B. Increase in the number of *Klebsiella pneumoniae* carbapenemase-producing isolates in the ICU after implementation of new minimum inhibitory concentration breakpoints
- C. Three positive routine environmental cultures of *Staphylococcus aureus* from the bone marrow transplant unit
- **D. Detection of three positive blood cultures with methicillin-resistant *Staphylococcus aureus* in the cardiac ICU for patients who underwent cardiac surgery in the same week**

**Answer: D**

Explanation:

The Certification Study Guide (6th edition) emphasizes that an outbreak should be suspected when there is an unexpected clustering of infections by time, place, and person, particularly when cases share a common exposure or procedure. Option D meets all key criteria for outbreak suspicion: the same organism (methicillin-resistant *Staphylococcus aureus*), the same location (cardiac ICU), a common procedure (cardiac surgery), and a tight time frame (same week). This constellation strongly suggests possible transmission related to surgical practices, postoperative care, or shared equipment.

The other scenarios reflect situations that do not necessarily indicate an outbreak. Routine environmental cultures are not recommended for outbreak detection and often do not correlate with patient infection risk. An apparent increase in ventilator-associated pneumonia following implementation of a new case definition is likely due to surveillance artifact, not true transmission. Similarly, increases in carbapenemase-producing *Klebsiella pneumoniae* after adoption of new laboratory breakpoints reflect diagnostic changes, not an epidemiologic event.

The study guide stresses the importance of distinguishing true outbreaks from pseudo-outbreaks caused by changes in definitions, testing methods, or surveillance intensity. CIC exam questions frequently test this concept. Recognizing a true outbreak requires linking cases through epidemiologic characteristics—not simply increases in numbers.

Prompt recognition of true outbreaks enables timely investigation, implementation of control measures, and prevention of further transmission.

Reference: Certification Study Guide (CBIC/CIC Exam Study Guide), 6th edition, Chapter 4: Surveillance and Epidemiologic Investigation.

### NEW QUESTION # 280

Which of the following options describes a best practice for avoiding occupational health hazards in a healthcare facility?

- A. The facility is required to conduct annual tuberculosis (TB) testing for healthcare personnel.
- B. The facility is required to conduct varicella post-vaccination testing for healthcare personnel.
- **C. The facility should provide *Neisseria meningitidis* pre-exposure vaccination to laboratory personnel.**
- D. The facility should exclude asymptomatic *Bordetella pertussis*-exposed healthcare personnel from duty.

**Answer: C**

Explanation:

The Certification Study Guide (6th edition) emphasizes that occupational health hazard prevention is based on risk assessment and targeted protection strategies, particularly for personnel with predictable, high-risk exposures. Providing pre-exposure vaccination against *Neisseria meningitidis* to laboratory personnel is a recognized best practice because laboratorians who routinely handle *N. meningitidis* isolates are at increased risk for aerosol or droplet exposure, which can result in rapidly progressive and potentially fatal disease.

The study guide highlights that pre-exposure immunization is preferred over post-exposure management when exposure risk is ongoing and well defined. This strategy aligns with evidence-based occupational health principles and recommendations from public health authorities, making it a proactive and preventive measure rather than a reactive one.

The other options are incorrect because they either reflect outdated practices or inappropriate control measures. Routine annual TB testing is no longer universally required and should be based on facility risk assessment. Post-vaccination varicella serologic testing is not recommended because commercial assays may not reliably detect vaccine-induced immunity. Excluding asymptomatic *pertussis*-exposed healthcare personnel from duty is not routinely recommended if appropriate prophylaxis is provided.

This question reflects a common CIC exam theme: best practices focus on targeted, evidence-based prevention, especially vaccination strategies for high-risk occupational groups.

Reference: Certification Study Guide (CBIC/CIC Exam Study Guide), 6th edition, Chapter 6: Employee /Occupational Health.

### NEW QUESTION # 281

An infection preventionist is observing the cleaning and disinfection process of semi-critical devices. To ensure these items have been reprocessed meeting the minimum requirements, which of the following is required?

- A. Initial cleaning must begin as soon as possible after use
- B. Use of detergents with pH lower than 7
- C. Soaking in a solution of liquid chemical sterilant between 3 and 12 hours
- D. Initial cleaning must begin 24 hours after use

**Answer: A**

Explanation:

The Certification Study Guide (6th edition) emphasizes that thorough cleaning is the most critical step in the reprocessing of all reusable medical devices, including semi-critical devices (those that contact mucous membranes or nonintact skin). A foundational requirement is that initial cleaning begins as soon as possible after use. Prompt cleaning prevents organic material—such as blood, secretions, and tissue—from drying on device surfaces and within lumens, which can shield microorganisms and significantly reduce the effectiveness of subsequent disinfection.

The study guide explains that delayed cleaning increases the risk of biofilm formation and makes removal of soil more difficult, potentially compromising patient safety. For this reason, point-of-use pre-cleaning and rapid transport to reprocessing are considered minimum expectations. Cleaning must occur before any high-level disinfection or sterilization; without effective cleaning, even correctly selected disinfectants may fail.

The other options are incorrect or misleading. There is no universal requirement for detergents with pH lower than 7; detergent selection should follow manufacturer instructions. Waiting 24 hours before cleaning is contrary to best practice and increases risk. Soaking devices in liquid chemical sterilants for extended periods does not address the prerequisite of cleaning and may not be appropriate for semi-critical devices unless specified by the manufacturer.

This question reflects a key CIC exam principle: timely cleaning is non-negotiable and is the cornerstone of safe device reprocessing. Reference: Certification Study Guide (CBIC/CIC Exam Study Guide), 6th edition, Chapter 10: Cleaning, Sterilization, Disinfection, and Asepsis.

### NEW QUESTION # 282

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

**Answer: A**

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 # 283

In a retrospective case-control study, the initial case group is composed of persons

- A. with the risk factor under investigation
- B. without the disease.
- **C. with the disease**
- D. without the risk factor under investigation

**Answer: C**

Explanation:

In a retrospective case-control study, cases and controls are selected based on disease status. The case group is composed of individuals who have the disease (cases), while the control group consists of individuals without the disease. This design allows researchers to look back in time to assess exposure to potential risk factors.

Step-by-Step Justification:

\* Selection of Cases and Controls:

\* Cases: Individuals who already have the disease.

\* Controls: Individuals without the disease but similar in other aspects.

\* Direction of Study:

\* A retrospective study moves backward from the disease outcome to investigate potential causes or risk factors.

\* Data Collection:

\* Uses past medical records, interviews, and laboratory results to determine past exposures.

\* Common Use:

\* Useful for studying rare diseases since cases have already occurred, making it cost-effective compared to cohort studies.

Why Other Options Are Incorrect:

\* B. without the disease: (Incorrect) This describes the control group, not the case group.

\* C. with the risk factor under investigation: (Incorrect) Risk factors are identified after selecting cases and controls.

\* D. without the risk factor under investigation: (Incorrect) The study investigates whether cases had prior exposure, not whether they lacked a risk factor.

CBIC Infection Control References:

\* APIC Text, Chapter on Epidemiologic Study Design.

### NEW QUESTION # 284

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