

CIC Exam Questions Pdf - Reliable CIC Exam Questions

CIC Exam Outline

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Time limit: 3 hours

Total questions: 150

Question format: Multiple-choice

Delivery format: Computer-based

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CBIC Certified Infection Control Exam Sample Questions (Q19-Q24):

NEW QUESTION # 19

An infection preventionist (IP) encounters a surgeon at the nurse's station who loudly disagrees with the IP's surgical site infection findings. The IP's BEST response is to:

- A. Ask the surgeon to change their tone and leave the nurses' station if they refuse.
- B. Calmly explain that the findings are credible.
- C. Report the surgeon to the chief of staff.
- **D. Ask the surgeon to speak in a more private setting to review their concerns.**

Answer: D

Explanation:

The scenario involves a conflict between an infection preventionist (IP) and a surgeon regarding surgical site infection (SSI) findings, occurring in a public setting (the nurse's station). The IP's response must align with professional communication standards, infection control priorities, and the principles of collaboration and conflict resolution as emphasized by the Certification Board of Infection Control and Epidemiology (CBIC).

The "best" response should de-escalate the situation, maintain professionalism, and facilitate a constructive dialogue. Let's evaluate each option:

* A. Report the surgeon to the chief of staff: Reporting the surgeon to the chief of staff might be considered if the behavior escalates or violates policy (e.g., harassment or disruption), but it is an escalation that should be a last resort. This action does not address the immediate disagreement about the SSI findings or attempt to resolve the issue collaboratively. It could also strain professional relationships and is not the best initial response, as it bypasses direct communication.

* B. Calmly explain that the findings are credible: Explaining the credibility of the findings is important and demonstrates the IP's confidence in their work, which is based on evidence-based infection control practices. However, doing so in a public setting like the nurse's station, especially with a loud disagreement, may not be effective. The surgeon may feel challenged or defensive, potentially worsening the situation. While this response has merit, it lacks consideration of the setting and the need for privacy to discuss sensitive data.

* C. Ask the surgeon to speak in a more private setting to review their concerns: This response is the most appropriate as it addresses the immediate need to de-escalate the public confrontation and move the discussion to a private setting. It shows respect for the surgeon's concerns, maintains professionalism, and allows the IP to review the SSI findings (e.g., data collection methods, definitions, or surveillance techniques) in a controlled environment. This aligns with CBIC's emphasis on effective communication and collaboration with healthcare teams, as well as the need to protect patient confidentiality and maintain a professional atmosphere. It also provides an opportunity to educate the surgeon on the evidence behind the findings, which is a key IP role.

* D. Ask the surgeon to change their tone and leave the nurses' station if they refuse: Requesting a change in tone is reasonable given the loud disagreement, but demanding the surgeon leave if they refuse is confrontational and risks escalating the conflict. This approach could damage the working relationship and does not address the underlying disagreement about the SSI findings. While maintaining a respectful environment is important, this response prioritizes control over collaboration and is less constructive than seeking a private discussion.

The best response is C, as it promotes a professional, collaborative approach by moving the conversation to a private setting. This allows the IP to address the surgeon's concerns, explain the SSI surveillance methodology (e.g., NHSN definitions or CBIC guidelines), and maintain a positive working relationship, which is critical for effective infection prevention programs. This strategy reflects CBIC's focus on leadership, communication, and teamwork in healthcare settings.

CBIC Infection Prevention and Control (IPC) Core Competency Model (updated 2023), Domain V:

Management and Communication, which stresses effective interpersonal communication and conflict resolution.

CBIC Examination Content Outline, Domain V: Leadership and Program Management, which includes collaborating with healthcare personnel and addressing disagreements professionally.

CDC Guidelines for SSI Surveillance (2023), which emphasize the importance of clear communication of findings to healthcare teams.

NEW QUESTION # 20

A patient with pertussis can be removed from Droplet Precautions after

- A. the patient has been given pertussis vaccine.
- **B. five days of appropriate antibiotic therapy.**
- C. the paroxysmal stage has ended.
- D. direct fluorescent antibody and/or culture are negative.

Answer: B

Explanation:

A patient with pertussis (whooping cough) should remain on Droplet Precautions to prevent transmission.

According to APIC guidelines, patients with pertussis can be removed from Droplet Precautions after completing at least five days of appropriate antimicrobial therapy and showing clinical improvement.

Why the Other Options Are Incorrect?

* A. Direct fluorescent antibody and/or culture are negative - Laboratory results may not always detect pertussis early, and false negatives can occur.

* C. The patient has been given pertussis vaccine - The vaccine prevents but does not treat pertussis, and it does not shorten the period of contagiousness.

* D. The paroxysmal stage has ended - The paroxysmal stage (severe coughing fits) can last weeks, but infectiousness decreases with antibiotics.

CBIC Infection Control Reference

According to APIC guidelines, Droplet Precautions should continue until the patient has received at least five days of antimicrobial therapy.

NEW QUESTION # 21

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

□

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

Answer: C

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 # 22

Working with public health agencies to collect and analyze indicators that might signal an increase in community illness is an example of which type of surveillance?

- A. Passive
- B. Syndromic
- C. Active
- D. Targeted

Answer: B

Explanation:

Surveillance is a critical tool in infection prevention and control, used to monitor disease trends and guide public health responses.

The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes the "Surveillance and Epidemiologic Investigation" domain, which aligns with the Centers for Disease Control and Prevention (CDC) "Principles of Epidemiology in Public Health Practice" (3rd Edition, 2012). The question describes a process of collecting and analyzing indicators to signal an increase in community illness, requiring identification of the appropriate surveillance type among the options provided.

Option C, "Syndromic," is the correct answer. Syndromic surveillance involves monitoring non-specific health indicators or symptoms (e.g., fever, respiratory complaints, or gastrointestinal issues) that may precede a formal diagnosis, aiming to detect potential outbreaks or increases in community illness early. The CDC defines syndromic surveillance as the real-time or near-real-time collection, analysis, and interpretation of health-related data to provide actionable information, often in collaboration with public health agencies. This approach uses data from sources like emergency department visits, over-the-counter medication sales, or absenteeism reports to identify trends before laboratory confirmation, making it well-suited to the described scenario of signaling community illness increases.

Option A, "Passive," involves healthcare providers or laboratories reporting cases to public health authorities on a voluntary or mandatory basis without active prompting (e.g., routine notifiable disease reporting). While passive surveillance contributes to baseline data, it is less proactive and not specifically designed to signal early increases in illness, making it less fitting. Option B,

"Active," entails public health officials actively seeking data from healthcare facilities or providers (e.g., calling to confirm cases during an outbreak). This is more resource-intensive and typically used for specific investigations rather than ongoing community trend monitoring, which aligns better with syndromic methods. Option D, "Targeted," refers to surveillance focused on a specific population, disease, or event (e.g., monitoring TB in a high-risk group). The scenario's broad focus on community illness indicators does not suggest a targeted approach.

The CBIC Practice Analysis (2022) and CDC guidelines highlight syndromic surveillance as a key strategy for early detection of community-wide health threats, often involving collaboration with public health agencies. Option C best matches the described activity of analyzing indicators to signal illness increases, making it the correct choice.

References:

CBIC Practice Analysis, 2022.

CDC Principles of Epidemiology in Public Health Practice, 3rd Edition, 2012.

CDC Syndromic Surveillance Systems, 2020.

NEW QUESTION # 23

The Sterile Processing Department alerts an infection preventionist that a load of surgical Instruments sterilized with high temperature steam/moist heat needs to be recalled. Which of the following Is the MOST likely reason for the recall?

- A. Incorrect placement of the instruments In the tray
- B. Placement of the biological Indicator on the bottom shelf over the d*an
- C. Failure of the biological Indicator *Geobacillus stearothermophilus*
- D. Failure of the biological Indicator *Bacillus subtilis*

Answer: C

Explanation:

The most likely reason for the recall of a steam-sterilized load is the failure of the biological indicator (BI), specifically *Geobacillus stearothermophilus*, which is used to monitor high-temperature steam (moist heat) sterilization processes. This organism is the biological indicator of choice because it has high resistance to moist heat and thus serves as a reliable marker for sterilization efficacy. The APIC Text and AAMI ST79 guidelines confirm that *Geobacillus stearothermophilus* is used for steam sterilization and that a failed BI indicates a failure in the sterilization process, which requires immediate action, including recalling all items sterilized since the last negative BI and reprocessing them. This is a crucial aspect of ensuring patient safety and preventing the use of potentially non-sterile surgical instruments.

* According to the APIC Text:

"BIs are the only process indicators that directly monitor the lethality of a given sterilization process. [...] *Geobacillus stearothermophilus* spores are used to monitor steam sterilization..."

* The CIC Study Guide (6th ed.) also specifies that:

"Evidence of sterilization failures (e.g., positive biological indicators) is the most common reason for a recall."

* Additionally, it is noted:

"With steam sterilization, the instrument load does not need to be recalled for a single positive biological indicator test, with the exception of implantable objects." However, multiple positive BIs or BI failure confirmation does require a recall.

* The incorrect options explained:

* A. *Bacillus subtilis*- This is not used in steam sterilization but rather in dry heat or EO processes.

* C. Placement of the biological indicator on the bottom shelf over the drain- While incorrect placement can lead to test failure, the recall is prompted by BI failure, not just placement.

* D. Incorrect placement of instruments- This can cause sterilization failure but is not the direct trigger for a recall unless it leads to a failed BI.

References:

CIC Study Guide, 6th Edition, Chapter 10 - Cleaning, Sterilization, Disinfection, Asepsis, Pages 211, 236 APIC Text, 4th Edition, Chapter 106 - Sterile Processing ANSI/AAMI ST79:2017, cited throughout APIC Text and APIC 4 for sterilization monitoring protocols.

NEW QUESTION # 24

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