

CIC Test Review - Latest CIC Cram Materials

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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New developments in the tech sector always bring new job opportunities. These new jobs have to be filled with the CBIC Certified Infection Control Exam (CIC) certification holders. So to fill the space, you need to pass the CBIC CIC exam. Earning the CBIC Certified Infection Control Exam (CIC) certification helps you clear the obstacles you face while working in the CBIC field. To get prepared for the CBIC Certified Infection Control Exam (CIC) certification exam, applicants face a lot of trouble if the study material is not updated.

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to be the latest and valid.

CBIC Certified Infection Control Exam Sample Questions (Q236-Q241):

NEW QUESTION # 236

A hospital is experiencing an increase in vancomycin-resistant Enterococcus (VRE) infections in the hematology-oncology unit. Which of the following interventions is MOST effective in halting the spread of VRE in this high-risk setting?

- A. Restricting the use of vancomycin for all patients in the hospital.
- **B. Implementing a hand hygiene compliance audit and feedback system.**
- C. Screening all patients on admission and placing positive patients in isolation.
- D. Conducting environmental sampling for VRE contamination weekly.

Answer: B

Explanation:

Comprehensive and Detailed In-Depth Explanation:

Hand hygiene remains the single most effective intervention to prevent the spread of vancomycin-resistant Enterococcus (VRE) in healthcare settings. Implementing an audit and feedback system significantly improves compliance and reduces VRE transmission.

Step-by-Step Justification:

* Hand Hygiene Compliance Audit and Feedback (Best Strategy)

* Studies show that poor hand hygiene is the primary mode of VRE transmission in hospitals.

* Implementing real-time auditing with feedback ensures sustained compliance and helps identify weak areas.

* Why Other Options Are Incorrect:

* A. Screening all patients and isolating VRE-positive patients:

* While screening helps identify carriers, contact precautions alone are not sufficient without strong hand hygiene enforcement.

* B. Restricting vancomycin use:

* While antimicrobial stewardship is crucial, vancomycin use alone does not drive VRE outbreaks—poor infection control practices do.

* D. Conducting environmental sampling weekly:

* Routine sampling is not necessary; immediate terminal disinfection and improved hand hygiene are more effective.

CBIC Infection Control References:

* APIC Text, "VRE Prevention and Hand Hygiene," Chapter 11.

* APIC-JCR Workbook, "Antimicrobial Resistance and Infection Control Measures," Chapter 7.

NEW QUESTION # 237

One of the elements of antibiotic stewardship is controlling antibiotic use. Which of the following BEST describes a closed formulary?

- A. Practice of rotating two or more classes of formulary drugs on a regular basis.
- B. Limits the number of antibiotics available for physicians to prescribe.
- **C. Requires the prescribing physician to obtain some form of approval before the antibiotic will be dispensed.**
- D. Automatic switching from broad-spectrum empiric therapy to narrower-spectrum agents.

Answer: C

Explanation:

Antibiotic stewardship programs are designed to optimize antimicrobial use, improve patient outcomes, reduce antimicrobial resistance, and decrease unnecessary costs. The CBIC Certified Infection Control Exam Study Guide (6th edition) identifies formulary restriction and preauthorization as key core strategies within effective antimicrobial stewardship programs. A closed formulary specifically refers to a system in which access to certain antibiotics is restricted and requires prior approval before dispensing.

In a closed formulary model, prescribers must obtain authorization—often from infectious diseases specialists, pharmacy, or an antimicrobial stewardship team—before selected antimicrobial agents can be used. This approach ensures that high-risk, broad-spectrum, or high-cost antibiotics are used only when clinically appropriate. By requiring approval, the organization promotes judicious antibiotic selection, prevents unnecessary exposure, and supports resistance prevention efforts.

Option B describes de-escalation, which is another stewardship strategy but does not define a closed formulary. Option C refers to antibiotic cycling, a controversial and less-supported strategy. Option D is incorrect because a closed formulary does not merely limit availability; rather, it controls access through approval mechanisms.

For the CIC exam, it is critical to distinguish between stewardship strategies. A closed formulary is best characterized by mandatory

approval prior to dispensing, making option A the most accurate answer according to the Study Guide's antimicrobial stewardship framework.

NEW QUESTION # 238

An infection control manager is training a new infection preventionist. In discussing surveillance strategies, which of the following types of hospital infection surveillance usually provides maximum benefit with minimum resources?

- A. High-risk patient focus
- B. Prevalence surveys
- C. Antibiotic monitoring
- D. Nursing care plan review

Answer: A

Explanation:

A high-risk patient focus maximizes benefits while minimizing resource use in infection surveillance.

Step-by-Step Justification:

* Efficiency of High-Risk Surveillance:

* Targeting ICU, immunocompromised patients, or surgical units helps detect infections where the risk is highest, leading to earlier interventions.

* Resource Allocation:

* Full hospital-wide surveillance is resource-intensive; focusing on high-risk groups is more efficient.

* Why Other Options Are Incorrect:

* B. Antibiotic monitoring:

* Important for stewardship, but not the primary focus of infection surveillance.

* C. Prevalence surveys:

* Snapshot data only; does not provide ongoing monitoring.

* D. Nursing care plan review:

* Less direct in identifying infection trends.

CBIC Infection Control References:

* APIC Text, "Surveillance Strategies for Infection Prevention".

NEW QUESTION # 239

Therapeutic antimicrobial agents should be used when

- A. the infecting agent is unknown
- B. Following identification of the pathogen and sensitivities.
- C. the patient's illness warrants treatment prior to culture results
- D. the patient symptoms suggest likely pathogens.

Answer: B

Explanation:

Therapeutic antimicrobial agents should ideally be pathogen-directed to minimize resistance, side effects, and treatment failure. Once the causative pathogen and its antimicrobial susceptibilities are known, the most narrow-spectrum, effective agent should be used.

Why the Other Options Are Incorrect?

* A. The infecting agent is unknown- Empiric therapy may be necessary initially, but definitive therapy should be based on pathogen identification.

* B. The patient's illness warrants treatment prior to culture results- This applies to empiric therapy, but not to definitive antimicrobial selection.

* C. The patient's symptoms suggest likely pathogens- Clinical presentation guides empiric treatment, but definitive therapy should follow culture and susceptibility testing.

CBIC Infection Control Reference

APIC emphasizes the importance of selecting antimicrobials based on pathogen identification and susceptibility testing to prevent antimicrobial resistance.

NEW QUESTION # 240

The infection preventionist recognizes that facility renovation projects are associated with risk for healthcare-associated infections (HAIs). What is the primary rationale for this risk?

- A. Trash removal using uncovered carts
- B. Improper training regarding hand hygiene for contracted workers
- **C. Environmental dispersal of microorganisms**
- D. Increased numbers of construction staff resulting in congested workspaces

Answer: C

Explanation:

The Certification Study Guide (6th edition) identifies environmental dispersal of microorganisms as the primary reason healthcare construction and renovation activities increase the risk of healthcare-associated infections (HAIs). Construction activities such as demolition, drilling, and ceiling penetration disturb dust and building materials that may harbor fungal spores and other microorganisms, particularly *Aspergillus* species.

Once aerosolized, these organisms can spread through airflow to patient care areas if containment and ventilation controls are inadequate.

The study guide emphasizes that immunocompromised patients—such as those in oncology units, transplant units, and intensive care settings—are especially vulnerable to infections caused by airborne fungi released during construction. Numerous outbreaks of invasive aspergillosis have been linked directly to renovation and construction projects that lacked appropriate infection control risk assessment (ICRA) measures.

The incorrect options describe secondary or contributory issues but are not the primary mechanism of infection risk. While increased personnel traffic, hand hygiene training, and waste handling are important considerations, they do not represent the central hazard posed by construction. The fundamental risk is airborne dissemination of microorganisms from disrupted environmental reservoirs. CIC exam questions frequently test knowledge of construction-related infection risks and the importance of engineering controls such as negative pressure containment, HEPA filtration, and dust barriers. Recognizing environmental dispersal as the primary risk underscores why rigorous planning and infection control oversight are essential during renovation projects.

Reference: Certification Study Guide (CBIC/CIC Exam Study Guide), 6th edition, Chapter 9: Environment of Care.

NEW QUESTION # 241

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