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When implementing a multimodal strategy (or bundle) for hand hygiene, the infection preventionist should first assess barriers to compliance before implementing solutions.

Step-by-Step Justification:

- * Understanding Barriers First:
 - * Identifying barriers (e.g., lack of access to sinks, high workload, or poor compliance culture) is critical for effective intervention.
 - * APIC Guidelines on Hand Hygiene Improvement:
 - * Strategies must be tailored based on the institution's specific challenges.
 - * Why Other Options Are Incorrect:
 - * A. Signage for hand hygiene reminders:
 - * Signage alone is insufficient without addressing systemic barriers.
 - * B. Cost-effectiveness of hand hygiene products:
 - * While important, cost analysis comes after identifying compliance barriers.
 - * C. Availability of gloves in the patient care area:
 - * Gloves do not replace hand hygiene and may lead to lower compliance.
- CBIC Infection Control References:
- * APIC/JCR Workbook, "Hand Hygiene Compliance and Institutional Barriers".
 - * APIC Text, "Hand Hygiene Improvement Strategies".

질문 # 186

An infection preventionist wishes to compare central line infection rates with those of a national database. What consideration is of prime importance in making this comparison?

- A. Use of identical types of central lines
- B. Comparable skin preparation prior to insertion
- C. Similar sizes of facilities in the database
- **D. Same definition of central line infection**

정답: D

설명:

The Certification Study Guide (6th edition) stresses that valid comparison of infection rates requires consistent surveillance definitions and methodologies. When comparing a facility's central line-associated bloodstream infection (CLABSI) rates to those reported in a national database, the single most important consideration is the use of the same case definition for central line infection. Without standardized definitions, rate comparisons are unreliable and may lead to incorrect conclusions about performance.

National databases rely on precise, standardized criteria for what constitutes a CLABSI, including timing, clinical signs, laboratory confirmation, and attribution to a central line. If a facility applies different criteria- such as alternative timing windows, inclusion/exclusion rules, or diagnostic thresholds-the resulting rates may be artificially higher or lower than benchmark data. The study guide emphasizes that comparability hinges on alignment of numerators (cases) and denominators (central line days) using identical definitions.

The other options, while relevant to prevention practices or contextual understanding, are not primary requirements for valid comparison. Skin preparation methods and types of lines influence risk but do not ensure comparability of reported rates. Facility size can affect risk profiles, but standardized definitions allow for risk adjustment within databases.

This question reflects a core CIC exam principle: benchmarking is meaningful only when surveillance definitions are consistent. Ensuring alignment with national definitions is foundational to accurate performance evaluation and quality improvement.

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

질문 # 187

Which of the following strategies is MOST effective in reducing surgical site infections (SSI) in orthopedic procedures?

- **A. Perioperative normothermia maintenance.**
- B. Use of sterile adhesive wound dressings for 10 days postoperatively.
- C. Administration of prophylactic antibiotics postoperatively for 48 hours.
- D. Routine intraoperative wound irrigation with povidone-iodine.

정답: A

설명:

- * Perioperative normothermia maintenance reduces SSI rates by improving immune function and tissue perfusion.
- * Routine wound irrigation (B) has no strong evidence supporting SSI prevention.
- * Prolonged antibiotic use (C) increases antibiotic resistance without added benefit.

* Extended use of wound dressings (D) does not reduce SSI rates.

CBIC Infection Control References:

* APIC Text, "SSI Prevention in Surgery," Chapter 12.

질문 # 188

An infection preventionist is asked by the Central Supply department to review its process for assigning expiration dates to sterile supplies. Which of the following is the MOST important consideration?

- A. The expiration date depends on the type of sterilization.
- **B. Sterility is related to package integrity.**
- C. The expiration date depends on the type of packaging.
- D. Items must have 30- to 90-day expiration dates.

정답: B

설명:

The CBIC Certified Infection Control Exam Study Guide (6th edition) emphasizes that the most important consideration in assigning expiration dates to sterile supplies is package integrity, reflecting the principle of event-related sterility. Modern infection prevention practice recognizes that sterility is not determined by time alone but by whether an event has occurred that compromises the sterile barrier system.

Sterile items remain sterile indefinitely as long as the packaging remains intact, dry, and properly stored, and no contamination event (such as tearing, puncture, moisture exposure, or improper handling) has occurred.

Therefore, the presence or absence of a printed expiration date is less important than assurance that the package integrity has been maintained throughout storage and handling.

Option A is correct because it captures the foundational concept that sterility is directly linked to the integrity of the packaging, not an arbitrary time frame. Option B is incorrect because fixed time-based expiration dates (e.g., 30-90 days) are outdated and not evidence-based. Options C and D may influence packaging durability or compatibility with sterilization methods, but they are secondary considerations and do not override the primary determinant of sterility.

For the CIC exam, this question reinforces a critical sterilization principle: event-related shelf life is the standard, and infection preventionists should focus on policies that emphasize package integrity, proper storage conditions, and handling practices rather than routine time-based expiration dating.

질문 # 189

There are four cases of ventilator-associated pneumonia in a surgical intensive care unit with a total of 200 ventilator days and a census of 12 patients. Which of the following BEST expresses how this should be reported?

- **A. 20 ventilator-associated pneumonia cases/1000 ventilator days**
- B. Postoperative pneumonia rate of 6% in SICU patients
- C. More information is needed regarding ventilator days per patient
- D. Ventilator-associated pneumonia rate of 2%

정답: A

설명:

The standard way to report ventilator-associated pneumonia (VAP) rates is:

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Why the Other Options Are Incorrect?

* A. Ventilator-associated pneumonia rate of 2% - This does not use the correct denominator (ventilator days).

* C. Postoperative pneumonia rate of 6% in SICU patients - Not relevant, as the data focuses on VAP, not postoperative pneumonia.

* D. More information is needed regarding ventilator days per patient - The total ventilator days are already provided, so no additional data is required.

CBIC Infection Control Reference

APIC and NHSN recommend reporting VAP rates as cases per 1,000 ventilator days.

질문 # 190

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참고: Itcertkr에서 Google Drive로 공유하는 무료, 최신 CIC 시험 문제집이 있습니다: https://drive.google.com/open?id=1EhE_oXYOM93Bq0vWvbafSJ1c7NLLyCJ