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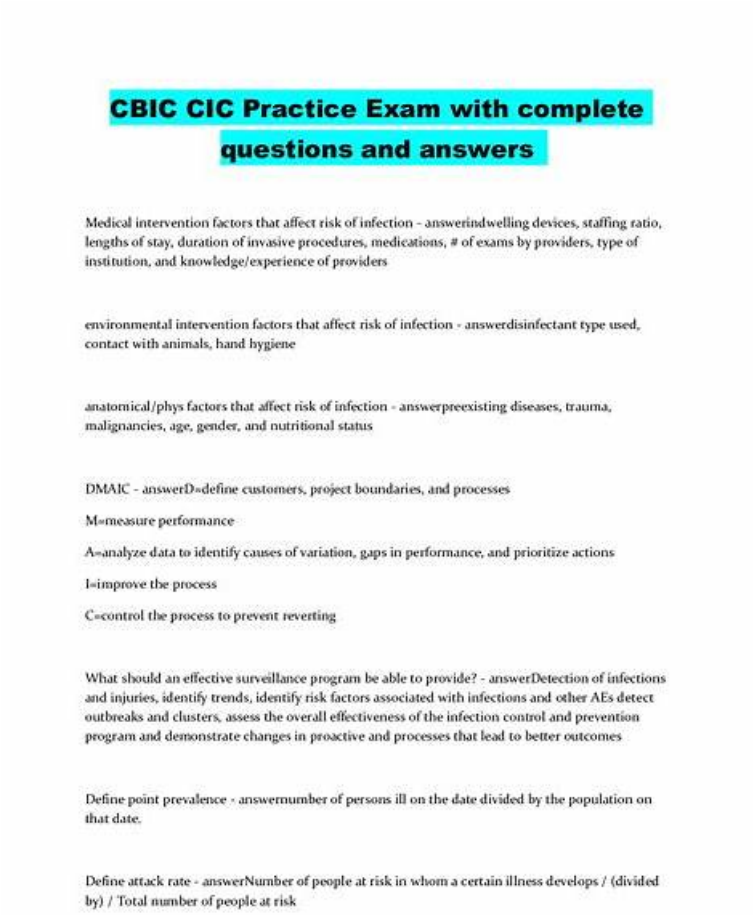
CBIC CIC Practice Exam with complete questions and answers

Medical intervention factors that affect risk of infection - answerindwelling devices, staffing ratio, lengths of stay, duration of invasive procedures, medications, # of exams by providers, type of institution, and knowledge/experience of providers

environmental intervention factors that affect risk of infection - answerdisinfectant type used, contact with animals, hand hygiene

anatomical/phys factors that affect risk of infection - answerpreexisting diseases, trauma, malignancies, age, gender, and nutritional status

DMAIC - answerD=define customers, project boundaries, and processes

M=measure performance

A=analyze data to identify causes of variation, gaps in performance, and prioritize actions

I=improve the process

C=control the process to prevent reverting

What should an effective surveillance program be able to provide? - answerDetection of infections and injuries, identify trends, identify risk factors associated with infections and other AEs detect outbreaks and clusters, assess the overall effectiveness of the infection control and prevention program and demonstrate changes in proactive and processes that lead to better outcomes

Define point prevalence - answernumber of persons ill on the date divided by the population on that date.

Define attack rate - answerNumber of people at risk in whom a certain illness develops / (divided by) / Total number of people at risk

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CIC exam.

CBIC Certified Infection Control Exam Sample Questions (Q79-Q84):

NEW QUESTION # 79
An infection preventionist is calculating measures of central tendency regarding duration of a surgical procedure using this data set: 2, 2, 3, 4, and 9. Which of the following statements is correct?

- A. The standard deviation is 7.
- B. The median is 2.
- C. The mean is 4.
- D. The mode is 3.

Answer: C

Explanation:
Measures of central tendency (mean, median, mode) and dispersion (standard deviation) are statistical tools used to summarize data, such as the duration of surgical procedures, which can help infection preventionists identify trends or risks for surgical site infections. The Certification Board of Infection Control and Epidemiology (CBIC) supports the use of data analysis in the "Surveillance and Epidemiologic Investigation" domain, aligning with epidemiological principles outlined by the Centers for Disease Control and Prevention (CDC). The question provides a data set of 2, 2, 3, 4, and 9, and requires determining the correct statement by calculating these measures.
* Mean: The mean is the average of the data set, calculated by summing all values and dividing by the number of observations. For the data set 2, 2, 3, 4, and 9:(2 + 2 + 3 + 4 + 9) ÷ 5 = 20 ÷ 5 = 4. Thus, the mean is 4, making Option C correct.
* Median: The median is the middle value when the data set is ordered. With five values (2, 2, 3, 4, 9), the middle value is the third number, which is 3. Option A states the median is 2, which is incorrect.
* Mode: The mode is the most frequently occurring value. In this data set, 2 appears twice, while 3, 4, and 9 appear once each, making 2 the mode. Option B states the mode is 3, which is incorrect.
* Standard Deviation: The standard deviation measures the spread of data around the mean. For a small data set like this, the calculation involves finding the variance (average of squared differences from the mean) and taking the square root. The mean is 4, so the deviations are: $(2-4)^2 = 4$, $(2-4)^2 = 4$, $(3-4)^2 = 1$, $(4-4)^2 = 0$, $(9-4)^2 = 25$. The sum of squared deviations is 4 + 4 + 1 + 0 + 25 = 34. The variance is 34 ÷ 5
= 6.8, and the standard deviation is #6.8 # 2.61 (not 7). Option D states the standard deviation is 7, which is incorrect without further context (e.g., a population standard deviation with n-1 denominator would be #34 # 5.83, still not 7).
The CBIC Practice Analysis (2022) and CDC guidelines encourage accurate statistical analysis to inform infection control decisions, such as assessing surgical duration as a risk factor for infections. Based on the calculations, the mean of 4 is the only correct statement among the options, confirming Option C as the answer. Note that the standard deviation of 7 might reflect a miscalculation or misinterpretation (e.g., using a different formula or data set), but with the given data, it does not hold.
References:
* CBIC Practice Analysis, 2022.
* CDC Principles of Epidemiology in Public Health Practice, 3rd Edition, 2012.

NEW QUESTION # 80
A patient with pertussis can be removed from Droplet Precautions after

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

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 # 81
The infection preventionist (IP) collaborates with the Intravenous Therapy team to select the best antiseptic for use during the insertion of an intravascular device for adults. For a patient with no contraindications, what antiseptic should the IP suggest?

- A. Povidone-iodine
- B. Chlorhexidine
- C. Alcohol
- D. Antibiotic ointment

Answer: B

Explanation:
The selection of an appropriate antiseptic for the insertion of an intravascular device (e.g., peripheral or central venous catheters) is a critical infection prevention measure to reduce the risk of catheter-related bloodstream infections (CRBSIs). The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes evidence-based practices in the "Prevention and Control of Infectious Diseases" domain, which includes adhering to guidelines for aseptic technique during invasive procedures. The Centers for Disease Control and Prevention (CDC) provides specific recommendations for skin antisepsis, as outlined in the "Guidelines for the Prevention of Intravascular Catheter-Related Infections" (2017).
Option A, chlorhexidine, is the preferred antiseptic for skin preparation prior to intravascular device insertion in adults with no contraindications. Chlorhexidine, particularly in a 2% chlorhexidine gluconate (CHG) with 70% isopropyl alcohol solution, is recommended by the CDC due to its broad-spectrum antimicrobial activity, residual effect (which continues to kill bacteria after application), and superior efficacy compared to other agents in reducing CRBSI rates. Studies cited in the CDC guidelines demonstrate that chlorhexidine-based preparations significantly lower infection rates compared to povidone-iodine or alcohol alone, making it the gold standard for this procedure when tolerated by the patient.
Option B, povidone-iodine, is an alternative antiseptic that can be used for skin preparation. It is effective against a wide range of microorganisms and is often used when chlorhexidine is contraindicated (e.g., in patients with chlorhexidine allergy). However, its efficacy is less persistent than chlorhexidine, and it requires longer drying time, which can be a limitation in busy clinical settings. The CDC considers povidone-iodine a second-line option unless chlorhexidine is unavailable or unsuitable. Option C, alcohol (e.g., 70% isopropyl or ethyl alcohol), has rapid bactericidal activity but lacks a residual effect, making it less effective for prolonged protection during catheter dwell time. It is often used as a component of chlorhexidine-alcohol combinations but is not recommended as a standalone antiseptic for intravascular device insertion. Option D, antibiotic ointment, is not appropriate for skin preparation during insertion. Antibiotic ointments (e.g., bacitracin or mupirocin) are sometimes applied to catheter sites post-insertion to prevent infection, but their use is discouraged by the CDC due to the risk of promoting antibiotic resistance and fungal infections, and they are not classified as antiseptics for initial skin antisepsis.
The CBIC Practice Analysis (2022) supports the adoption of CDC-recommended practices, and the 2017 CDC guidelines explicitly state that chlorhexidine-based preparations with alcohol should be used for skin antisepsis unless contraindicated. For a patient with no contraindications, the infection preventionist should suggest chlorhexidine to optimize patient safety and align with best practices.
References:
* CBIC Practice Analysis, 2022.
* CDC Guidelines for the Prevention of Intravascular Catheter-Related Infections, 2017.

NEW QUESTION # 82
A new hospital disinfectant with a 3-minute contact time has been purchased by Environmental Services. The disinfectant will be rolled out across the patient care 3-minute contact time has been purchased by Environmental Services. The disinfectant will be rolled out across the patient care areas. They are concerned about the high cost of the disinfectant. What advice can the infection preventionist provide?

- A. Use the new disinfectant for patient washrooms only.
- B. Use detergents on the floors in patient rooms.
- C. Use detergents on smooth horizontal surfaces.

- D. Use new disinfectant for all surfaces in the patient room.

Answer: C

Explanation:
The scenario involves the introduction of a new hospital disinfectant with a 3-minute contact time, intended for use across patient care areas, but with concerns raised by Environmental Services about its high cost. The infection preventionist's advice must balance infection control efficacy with cost management, adhering to principles outlined by the Certification Board of Infection Control and Epidemiology (CBIC) and evidence- based practices. The goal is to optimize the disinfectant's use while ensuring a safe environment. Let's evaluate each option:
* A. Use the new disinfectant for patient washrooms only: Limiting the disinfectant to patient washrooms focuses its use on high-touch, high-risk areas where pathogens (e.g., Clostridioides difficile, norovirus) may be prevalent. However, this approach restricts the disinfectant's application to a specific area, potentially leaving other patient care surfaces (e.g., bed rails, tables) vulnerable to contamination. While cost-saving, it does not address the broad infection control needs across all patient care areas, making it an incomplete strategy.
* B. Use detergents on the floors in patient rooms: Detergents are cleaning agents that remove dirt and organic material but lack the antimicrobial properties of disinfectants. Floors in patient rooms can harbor pathogens, but they are generally considered lower-risk surfaces compared to high-touch areas (e.
g., bed rails, doorknobs). Using detergents instead of the new disinfectant on floors could reduce costs but compromises infection control, as floors may still contribute to environmental transmission (e.g., via shoes or equipment). This option is not optimal given the availability of an effective disinfectant.
* C. Use detergents on smooth horizontal surfaces: Smooth horizontal surfaces (e.g., tables, counters, overbed tables) are common sites for pathogen accumulation and transmission in patient rooms. Using detergents to clean these surfaces removes organic material, which is acritical first step before disinfection. If the 3-minute contact time disinfectant is reserved for high-touch or high-risk surfaces (e.
g., bed rails, call buttons) where disinfection is most critical, this approach maximizes the disinfectant's efficacy while reducing its overall use and cost. This strategy aligns with CBIC guidelines, which emphasize a two-step process (cleaning followed by disinfection) and targeted use of resources, making it a practical and cost-effective recommendation.
* D. Use new disinfectant for all surfaces in the patient room: Using the disinfectant on all surfaces ensures comprehensive pathogen reduction but increases consumption and cost, which is a concern for Environmental Services. While the 3-minute contact time suggests efficiency, overusing the disinfectant on low-risk surfaces (e.g., floors, walls) may not provide proportional infection control benefits and could strain the budget. This approach does not address the cost concern and is less strategic than targeting high-risk areas.
The best advice is C, using detergents on smooth horizontal surfaces to handle routine cleaning, while reserving the new disinfectant for high-touch or high-risk areas where its antimicrobial action is most needed.
This optimizes infection prevention, aligns with CBIC's emphasis on evidence-based environmental cleaning, and addresses the cost concern by reducing unnecessary disinfectant use. The infection preventionist should also recommend a risk assessment to identify priority surfaces for disinfectant application.
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CBIC Infection Prevention and Control (IPC) Core Competency Model (updated 2023), Domain IV:
Environment of Care, which advocates for targeted cleaning and disinfection based on risk.
CBIC Examination Content Outline, Domain III: Prevention and Control of Infectious Diseases, which includes cost-effective use of disinfectants.
CDC Guidelines for Environmental Infection Control in Healthcare Facilities (2022), which recommend cleaning with detergents followed by targeted disinfection.

NEW QUESTION # 83
A city has a population of 150.000. Thirty new cases of tuberculosis (TB) were diagnosed in the city last year.
These now cases brought the total number of active TB cases in the city last year to 115. Which of the following equations represents the incidence rate tor TB per 100.000 in that year?

- A. (115÷150.000) x 100.000 - X
- B. (30÷150.000) x 100.000 = X
- C. (30÷150.000) x 100 = X
- D. (115÷100.000) x 100 = X

Answer: B

Explanation:
Theincidence rateis calculated using the formula:

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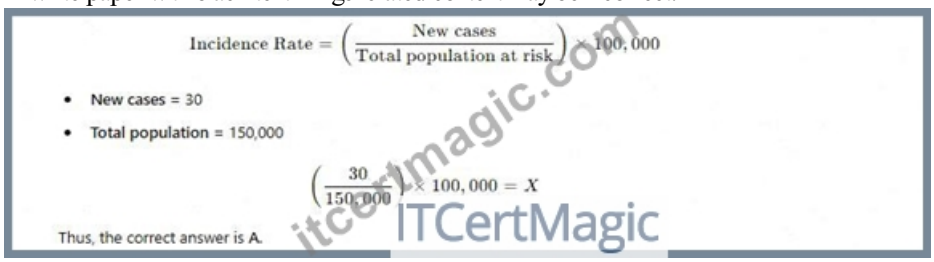

Why the Other Options Are Incorrect?
* B. (30 ÷ 150,000) × 100 = X- Incorrectmultiplier(should be100,000for standard incidence rate).
* C. (115 ÷ 150,000) × 100,000 = X-115 represents total cases (prevalence), not incidence.
* D. (115 ÷ 100,000) × 100 = X- Uses thewrong denominator and multiplier.
CBIC Infection Control Reference
APIC defines theincidence rate as the number of new cases per population unit, typically per 100,000 people.

NEW QUESTION # 84
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