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CIC TEST

What is the primary mission of CIC? - answer Gather, Process, Display, Evaluate, Disseminate
(Good People Die Every Day)

What is gathering? - answer The collection of information from various sources.

What sources are used for gathering? - answer RADARS
Voice Radio
Radio Messages
EW Equipment
IFF
Sonar
Tactical data systems
Visual sources
Intelligence reports
Pubs (NWP, ATP, ACP)
Satellites
Charts and Navigational data
OPPLANS, OPORDERS

What is processing? - answer When information is received it is processed so nonessential info is eliminated. Info is sorted, inspected, appraised and correlating all information so it may be displayed and disseminated as necessary.

Describe display - answer Displays information using various devices

What is used to display information? - answer Summary plots
status boards
surface plots
strategic plots
geographic plots NTDS consoles
Maps and charts
Television
Logs and records
AEGIS Display system
Large screen displays

Describe evaluation - answer The process of considering and weighing all available factors and pieces of information to arrive at a sound operational decision, which may

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CIC Reliable Exam Preparation | Standard CIC Answers

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CBIC Certified Infection Control Exam Sample Questions (Q106-Q111):

NEW QUESTION # 106
Which of the following is the correct collection technique to obtain a laboratory specimen for suspected pertussis?

- A. Sputum culture
- B. Cough plate
- C. Nares culture
- D. Nasopharyngeal culture

Answer: D

Explanation:
The gold standard specimen for diagnosing pertussis (Bordetella pertussis infection) is a nasopharyngeal culture because:
* B. pertussis colonizes the nasopharynx, making it the best site for detection.
* A properly collected nasopharyngeal swab or aspirate increases diagnostic sensitivity.
* This method is recommended for culture, PCR, or direct fluorescent antibody testing.
Why the Other Options Are Incorrect?
* A. Cough plate - Not commonly used due to low sensitivity.
* B. Nares culture - The nares are not a primary site for pertussis colonization.
* C. Sputum culture - B. pertussis does not commonly infect the lower respiratory tract.
CBIC Infection Control Reference
APIC confirms that nasopharyngeal culture is the preferred method for diagnosing pertussis.

NEW QUESTION # 107
A healthcare facility has installed a decorative water fountain in their lobby for the enjoyment of patients and visitors. What is an important issue for the infection preventionist to consider?

- A. Aerosolization of Legionella pneumophila
- B. Children getting Salmonella enteritidis
- C. Growth of Acinetobacter baumannii
- D. Cryptosporidium growth in the fountain

Answer: A

Explanation:
The installation of a decorative water fountain in a healthcare facility lobby introduces a potential environmental hazard that an infection preventionist must evaluate, guided by the Certification Board of Infection Control and Epidemiology (CBIC) principles and infection control best practices. Water features can serve as reservoirs for microbial growth and dissemination, particularly in settings with vulnerable populations such as patients. The key is to identify the most significant infection risk associated with such a water source. Let's analyze each option:
* A. Children getting Salmonella enteritidis: Salmonella enteritidis is a foodborne pathogen typically associated with contaminated food or water sources like poultry, eggs, or untreated drinking water.
While children playing near a fountain might theoretically ingest water, Salmonella is not a primary concern for decorative fountains unless they are specifically contaminated with fecal matter, which is uncommon in a controlled healthcare environment. This risk is less relevant compared to other waterborne pathogens.
* B. Cryptosporidium growth in the fountain: Cryptosporidium is a parasitic protozoan that causes gastrointestinal illness, often transmitted through contaminated drinking water or recreational water (e.
g., swimming pools). While decorative fountains could theoretically harbor Cryptosporidium if contaminated, this organism requires specific conditions (e.g., fecal contamination) and is more associated with untreated or poorly maintained water systems. In a healthcare setting with regular maintenance, this is a lower priority risk compared to bacterial pathogens spread via aerosols.
* C. Aerosolization of Legionella pneumophila: Legionella pneumophila is a gram-negative bacterium that thrives in warm, stagnant water environments, such as cooling towers, hot water systems, and decorative fountains. It causes Legionnaires' disease, a severe form of pneumonia, and Pontiac fever, both transmitted through inhalation of contaminated aerosols. In healthcare facilities, where immunocompromised patients are present, aerosolization from a water fountain poses a significant risk, especially if the fountain is not regularly cleaned, disinfected, or monitored. The CBIC and CDC highlight Legionella as a critical concern in water management programs, making this the most important issue for an infection preventionist to consider.
* D. Growth of Acinetobacter baumannii: Acinetobacter baumannii is an opportunistic pathogen commonly associated with healthcare-associated infections (e.g., ventilator-associated pneumonia, wound infections), often found on medical equipment or skin. While it can survive in moist environments, its growth in a decorative fountain is less likely compared to Legionella, which is

specifically adapted to water systems. The risk of Acinetobacter transmission via a fountain is minimal unless it becomes a direct contamination source, which is not a primary concern for this scenario.
The most important issue is C, aerosolization of Legionella pneumophila, due to its potential to cause severe respiratory infections, its association with water features, and the heightened vulnerability of healthcare facility populations. The infection preventionist should ensure the fountain is included in the facility's water management plan, with regular testing, maintenance, and disinfection to prevent Legionella growth and aerosol spread, as recommended by CBIC and CDC guidelines.
References:
* CBIC Infection Prevention and Control (IPC) Core Competency Model (updated 2023), Domain IV: Environment of Care, which addresses waterborne pathogens like Legionella in healthcare settings.
* CBIC Examination Content Outline, Domain III: Prevention and Control of Infectious Diseases, which includes managing environmental risks such as water fountains.
* CDC Toolkit for Controlling Legionella in Common Sources of Exposure (2021), which identifies decorative fountains as a potential source of Legionella aerosolization.

NEW QUESTION # 108
Which of the following procedures has NOT been documented to contribute to the development of postoperative infections in clean surgical operations?

- A. Prolonged length of the operations
- B. The use of iodophors for preoperative scrubs
- C. Prolonged preoperative hospital stay
- D. Shaving the site on the day prior to surgery

Answer: B

Explanation:
Postoperative infections in clean surgical operations, defined by the Centers for Disease Control and Prevention (CDC) as uninfected operative wounds with no inflammation and no entry into sterile tracts (e.g., gastrointestinal or respiratory systems), are influenced by various perioperative factors. The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes identifying and mitigating risk factors in the "Prevention and Control of Infectious Diseases" domain, aligning with CDC guidelines for surgical site infection (SSI) prevention. The question focuses on identifying a procedure not documented as a contributor to SSIs, requiring an evaluation of evidence-based risk factors.
Option C, "The use of iodophors for preoperative scrubs," has not been documented to contribute to the development of postoperative infections in clean surgical operations. Iodophors, such as povidone-iodine, are antiseptic agents used for preoperative skin preparation and surgical hand scrubs. The CDC's "Guideline for Prevention of Surgical Site Infections" (1999) and its 2017 update endorse iodophors as an effective method for reducing microbial load on the skin, with no evidence suggesting they increase SSI risk when used appropriately. Studies, including those cited by the CDC, show that iodophors are comparable to chlorhexidine in efficacy for preoperative antisepsis, and their use is a standard, safe practice rather than a risk factor.
Option A, "Prolonged preoperative hospital stay," is a well-documented risk factor. Extended hospital stays prior to surgery increase exposure to healthcare-associated pathogens, raising the likelihood of colonization and subsequent SSI, as noted in CDC and surgical literature (e.g., Mangram et al., 1999). Option B,
"Prolonged length of the operations," is also a recognized contributor. Longer surgical durations are associated with increased exposure time, potential breaches in sterile technique, and higher infection rates, supported by CDC data showing a correlation between operative time and SSI risk. Option D, "Shaving the site on the day prior to surgery," has been documented as a risk factor. Preoperative shaving, especially with razors, can cause microabrasions that serve as entry points for bacteria, increasing SSI rates. The CDC recommends avoiding shaving or using clippers immediately before surgery to minimize this risk, with evidence from studies like those in the 1999 guideline showing higher infection rates with preoperative shaving.
The CBIC Practice Analysis (2022) and CDC guidelines focus on evidence-based practices, and the lack of documentation linking iodophor use to increased SSIs-coupled with its role as a preventive measure-makes Option C the correct answer. The other options are supported by extensive research as contributors to SSI development in clean surgeries.
References:
* CBIC Practice Analysis, 2022.
* CDC Guideline for Prevention of Surgical Site Infections, 1999, updated 2017.
* Mangram, A. J., et al. (1999). Guideline for Prevention of Surgical Site Infection. Infection Control and Hospital Epidemiology.

NEW QUESTION # 109
A positive biological indicator is reported to the Infection Preventionist (IP) after a sterilizer was used. Which of the following should be done FIRST?

- A. Check the Central Services employees' technique
- B. Notify potentially affected patients of exposure to nonsterile equipment
- C. Re-challenge the sterilizer with a second indicator
- D. Inform the risk manager of the positive indicator

Answer: C

Explanation:
When apositive biological indicator (BI)is detected, the immediate response is toretest the sterilizerusing another BI to confirm results. This helps distinguish between a true sterilization failure and a defective BI.
* TheCBIC Study Guideadvises:
"If there is no indication of abnormalities, then the sterilizer should be tested again in three consecutive cycles using paired biological indicators from different manufacturers." Immediate recall is reserved for implant loads or confirmed sterilization failure.
* Incorrect responses:
* A. Check employee techniquemay be appropriate later but not as a first step.
* B. Informing risk managerorC. Notifying patientsoccurs only after confirmation of failure.
References:
CBIC Study Guide, 6th Edition, Chapter 10 - Sterilization Monitoring
APIC Text, 4th Edition, Chapter 106 - Sterile Processing

NEW QUESTION # 110
Occupational Health contacts the Infection Preventionist (IP) regarding exposure of a patient to an employee's blood during surgery. The employee is negative for bloodborne pathogens. What is theNEXT step regarding informing the patient of the exposure?

- A. Since this was a solid needle and not a hollow bore needed, follow up is not required or need to be disclosed
- B. Disclose the exposure to the patient with the information that the staff member is negative for all bloodborne pathogens
- C. The patient does not need to be informed since the employee is negative for all bloodborne pathogens
- D. Disclose the exposure to the patient's surgeon and allow surgeon to determine if patient should be informed

Answer: B

Explanation:
Even if the healthcare worker is negative for bloodborne pathogens, the patienthas the right to be informed of a potential exposure. Transparency builds trust and aligns with ethical obligations in patient care.
* TheAPIC Textstates:
"Providers should inform patients when an HAI or other exposure event occurs, regardless of whether the exposure results in harm or is caused by negligence." Courts and professional guidelines support disclosure.
* CBIC and OSHA guidelinesemphasize prompt and transparent reporting of exposures.
* OptionsC and Dare incorrect because the lack of infection does not negate the ethical duty to inform the patient.
References:
APIC Text, 4th Edition, Chapter 8 - Legal Issues and Patient Rights

NEW QUESTION # 111
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