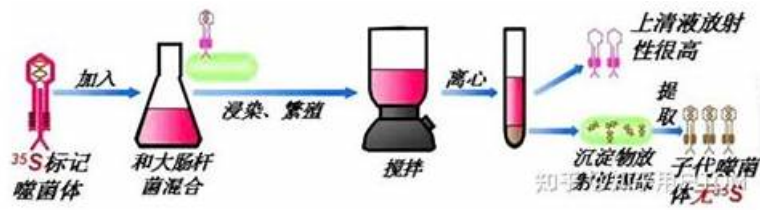


# CIC試題 - CIC最新試題



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>> CIC試題 <<

## CIC最新試題，CIC熱門考題

NewDumps始終致力於為客戶提供高品質的學習資料，來提高考生一次性通過CBIC CIC考試的概率，這是考生獲取認證最佳捷徑。我們的CIC認證PDF和軟件版本具有最新更新的問題解答，涵蓋了所有考試題目和課題大綱，在線測試引擎測試可以幫助您準備并熟悉實際考試情況。在您決定購買我們產品之前，您可以先免費嘗試CBIC CIC PDF版本的DEMO，此外，我們還提供全天24/7的在線支持，以便為客戶提供最好的便利服務。

## 最新的 Infection Control CIC 免費考試真題 (Q26-Q31):

### 問題 #26

Education and training on safe work practices should be

- A. Conducted in the nationally approved language.
- **B. Specific to a job or task.**
- C. Optional at the time of orientation.
- D. Provided when policies and procedures are reviewed.

答案：B

解題說明：

The CBIC Certified Infection Control Exam Study Guide (6th edition) emphasizes that education and training on safe work practices must be specific to the job or task performed. This principle aligns with occupational safety and infection prevention standards, which recognize that risks vary significantly depending on an employee's role, responsibilities, and work environment. Training is most effective when it directly addresses the actual hazards staff may encounter and the specific procedures they are expected to perform.

Job- and task-specific training ensures that healthcare personnel understand how to apply safe practices in real-world situations, such as proper use of personal protective equipment, safe handling of sharps, device reprocessing, and exposure prevention. Generic or overly broad education may fail to address critical nuances and can result in gaps in compliance or increased risk of injury and infection.

Option B is incorrect because safety education is not optional and must be provided at orientation and ongoing as needed. Option C is misleading; while training should be provided in a language and format the employee understands, there is no concept of a single "nationally approved language." Option D describes a possible timing for education but does not capture the core requirement that training be tailored to specific work activities.

For the CIC exam, this question reinforces that effective infection prevention and occupational safety education must be job- and task-specific, making option A the correct answer.

### 問題 #27

A patient presents with symptoms of meningitis. Two weeks ago, the patient ate from a cheese and meat tray and developed fever, muscle aches, and nausea the next day. Which of the following infectious agents should an infection preventionist consider as a cause of the patient's symptoms?

- A. *Clostridium perfringens*
- B. *Listeria monocytogenes*
- C. *Campylobacter jejuni*
- D. *Vibrio cholerae*

答案： B

解題說明：

The CBIC Certified Infection Control Exam Study Guide (6th edition) identifies *Listeria monocytogenes* as a significant foodborne pathogen capable of causing invasive disease, including meningitis. *Listeria* is uniquely associated with ready-to-eat foods, particularly soft cheeses, deli meats, pates, and meat trays-making the patient's dietary history highly suggestive. Unlike many other foodborne organisms, *Listeria* can grow at refrigeration temperatures, increasing the risk of contamination in processed and stored foods.

The incubation period for invasive listeriosis can range from several days to weeks, which aligns with the timeline described. Early symptoms often include fever, myalgias, nausea, and gastrointestinal upset, followed by progression to meningitis or bloodstream infection, especially in high-risk populations such as older adults, pregnant individuals, neonates, and immunocompromised patients. The study guide emphasizes that *Listeria* is an important consideration when meningitis follows a compatible food exposure history. The other organisms listed are primarily associated with self-limited gastrointestinal illness, not meningitis.

*Vibrio cholerae* causes severe watery diarrhea; *Campylobacter jejuni* causes enteritis; and *Clostridium perfringens* causes toxin-mediated food poisoning with rapid onset diarrhea and abdominal cramping. None are typical causes of meningitis.

This question highlights a high-yield CIC exam concept: linking food exposure history to invasive pathogens, particularly *Listeria monocytogenes*, which requires prompt recognition and intervention.

### 問題 #28

The Infection Prevention and Control Committee is concerned about an outbreak of *Serratia marcescens* in the intensive care unit. If an environmental source is suspected, the BEST method to validate this suspicion is to

- A. obtain surface cultures.
- B. apply fluorescent gel.
- C. use ATP system.
- D. perform direct practice observation.

答案： A

解題說明：

The correct answer is C, "obtain surface cultures," as this is the best method to validate the suspicion of an environmental source for an outbreak of *Serratia marcescens* in the intensive care unit (ICU). According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, *Serratia marcescens* is an opportunistic gram-negative bacterium commonly associated with healthcare-associated infections (HAIs), often linked to contaminated water, medical equipment, or environmental surfaces in ICUs. Obtaining surface cultures allows the infection preventionist (IP) to directly test environmental samples (e.g., from sinks, ventilators, or countertops) for the presence of *Serratia marcescens*, providing microbiological evidence to confirm or rule out an environmental source (CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.2 - Analyze surveillance data). This method is considered the gold standard for outbreak investigations when an environmental reservoir is suspected, as it offers specific pathogen identification and supports targeted interventions.

Option A (apply fluorescent gel) is a technique used to assess cleaning efficacy by highlighting areas missed during disinfection, but it does not directly identify the presence of *Serratia marcescens* or confirm an environmental source. Option B (use ATP system) measures adenosine triphosphate (ATP) to evaluate surface cleanliness and organic residue, which can indicate poor cleaning practices, but it is not specific to detecting *Serratia marcescens* and lacks the diagnostic precision of cultures. Option D (perform direct practice observation) is valuable for assessing staff adherence to infection control protocols, but it addresses human factors rather than directly validating an environmental source, making it less relevant as the initial step in this context.

The focus on obtaining surface cultures aligns with CBIC's emphasis on using evidence-based methods to investigate and control HAIs, enabling the IP to collaborate with the committee to pinpoint the source and implement corrective measures (CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.3 - Identify risk factors for healthcare-associated infections). This approach is supported by CDC guidelines for outbreak investigations, which prioritize microbiological

sampling to guide environmental control strategies (CDC Guidelines for Environmental Infection Control in Healthcare Facilities, 2019).

References: CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competencies 2.2 - Analyze surveillance data, 2.3 - Identify risk factors for healthcare-associated infections.

CDC Guidelines for Environmental Infection Control in Healthcare Facilities, 2019.

#### 問題 #29

What is the most effective early detection strategy for emerging public health threats?

- A. Rely on information provided by the facility laboratory.
- **B. Subscribe to public health alerts at the local, state, and/or federal level.**
- C. Attend educational and professional webinars on global outbreaks.
- D. Visit local, state, and federal public health websites on a regular schedule.

答案： B

解題說明：

Early detection of emerging public health threats depends on receiving timely, actionable information that can trigger rapid assessment and response within the facility. The Certification Study Guide emphasizes preparedness for biologic threats and emerging infectious diseases as part of core infection prevention practice (e.g., planning for an influx of patients with communicable diseases and responding to emerging infections).

Subscribing to public health alerts is the most effective option because alerts are designed to push critical updates (case definitions, exposure risks, recommended control measures, and reporting expectations) as soon as they are identified by public health authorities—minimizing delay compared with periodically checking websites.

Why the other options are incorrect:

\* A is reactive and can miss urgent updates between scheduled checks.

\* C supports ongoing education but is not a real-time early warning system.

\* D is important for facility-level detection, but emerging threats are often identified first through public health surveillance and communications beyond a single facility's lab.

Reference: Certification Study Guide (CBIC/CIC Exam Study Guide), 6th edition, Chapter 5, p. 100.

#### 問題 #30

A surgical team is performing a liver transplant. Which of the following represents the HIGHEST risk for transmission of a healthcare-associated infection?

- A. Delayed administration of preoperative antibiotics.
- B. Airflow disruption due to personnel movement.
- C. Using alcohol-based hand rub instead of surgical scrub.
- **D. Failure to change surgical gloves after contamination.**

答案： D

解題說明：

\* Glove Contamination and SSI Risk:

\* Failure to change contaminated gloves increases the risk of surgical site infections (SSIs).

\* Double-gloving with an outer glove change reduces contamination.

\* Why Other Options Are Incorrect:

\* B. Alcohol-based hand rubs: Are FDA-approved alternatives to traditional scrubs and effective.

\* C. Delayed antibiotics: Increases infection risk, but immediate correction reduces harm.

\* D. Airflow disruption: Can increase SSI risk, but glove contamination poses a more direct threat.

CBIC Infection Control References:

\* APIC-JCR Workbook, "Surgical Infection Prevention," Chapter 6.

#### 問題 #31

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