

# CIC Training For Exam - CIC Study Materials Review

## 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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Our CIC preparation exam have assembled a team of professional experts incorporating domestic and overseas experts and scholars to research and design related exam bank, committing great efforts to work for our candidates. Most of the experts have been studying in the professional field for many years and have accumulated much experience in our CIC Practice Questions. So we can say that our CIC exam questions are the first-class in the market. With our CIC learning guide, you will get your certification by your first attempt.

Holding a CIC certification in a certain field definitely shows that one have a good command of the CIC knowledge and professional skills in the related field. However, it is universally accepted that the majority of the candidates for the CBIC Certified Infection Control Exam exam are those who do not have enough spare time and are not able to study in the most efficient way. Our CIC Study Materials solve this problem perfectly for you with high-efficiency and you will know if you can just have a try!

>> CIC Training For Exam <<

## CIC - CBIC Certified Infection Control Exam –Valid Training For Exam

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## CBIC Certified Infection Control Exam Sample Questions (Q270-Q275):

### NEW QUESTION # 270

It is determined that the Infection Prevention and Control Program has inadequate resources to accomplish the required tasks. What is the FIRST step?

- A. Update the Infection Prevention and Control Plan
- B. Review studies and recommendations on resource allowances for staffing decisions
- C. Contact hospitals in the region to determine their staffing guidelines
- D. Schedule a meeting with supervisor to discuss current job duties

**Answer: D**

Explanation:

The CBIC Certified Infection Control Exam Study Guide (6th edition) emphasizes that when an Infection Prevention and Control (IPC) Program identifies inadequate resources, the first and most critical step is internal assessment and communication. Scheduling a meeting with the supervisor to discuss current job duties allows the infection preventionist to clearly define workload demands, regulatory requirements, and gaps between assigned responsibilities and available resources.

This initial discussion establishes a shared understanding of scope of practice, priority tasks, and compliance obligations, such as surveillance, reporting, education, emergency preparedness, and performance improvement. The Study Guide highlights that resource justification must begin with a clear inventory of required functions versus available staffing, time, and tools. Without this foundational step, subsequent actions—such as benchmarking, literature review, or plan updates—lack context and organizational alignment.

Option A is an important later step, used to support justification once internal expectations and gaps are defined. Option B may provide benchmarking data but should not precede internal role clarification. Option D is premature, as program plans should be updated only after leadership agreement on scope, priorities, and resources.

For CIC exam preparation, it is essential to recognize that effective advocacy for IPC resources begins with direct supervisor engagement, role clarification, and documentation of unmet needs. This structured approach aligns with leadership principles and ensures that requests for additional resources are credible, data-driven, and organizationally relevant.

### NEW QUESTION # 271

Which water type is suitable for drinking yet may still be a risk for disease transmission?

- A. Grey water
- B. Potable water
- C. Distilled water
- D. Purified water

**Answer: B**

Explanation:

To determine which water type is suitable for drinking yet may still pose a risk for disease transmission, we need to evaluate each option based on its definition, treatment process, and potential for contamination, aligning with infection control principles as outlined by the Certification Board of Infection Control and Epidemiology (CBIC).

\* A. Purified water: Purified water undergoes a rigorous treatment process (e.g., reverse osmosis, distillation, or deionization) to remove impurities, contaminants, and microorganisms. This results in water that is generally safe for drinking and has a very low risk of disease transmission when properly handled and stored. However, if the purification process is compromised or if contamination occurs post-purification (e.g., due to improper storage or distribution), there could be a theoretical risk.

Nonetheless, purified water is not typically considered a primary source of disease transmission under standard conditions.

\* B. Grey water: Grey water refers to wastewater generated from domestic activities such as washing dishes, laundry, or bathing, which may contain soap, food particles, and small amounts of organic matter. It is not suitable for drinking due to its potential contamination with pathogens (e.g., bacteria, viruses) and chemicals. Grey water is explicitly excluded from potable water standards and poses a significant risk for disease transmission, making it an unsuitable choice for this question.

\* C. Potable water: Potable water is water that meets regulatory standards for human consumption, as defined by organizations like the World Health Organization (WHO) or the U.S. Environmental Protection Agency (EPA). It is treated to remove harmful pathogens and contaminants, making it safe for drinking under normal circumstances. However, despite treatment, potable water can still pose a risk for disease transmission if the distribution system is contaminated (e.g., through biofilms, cross-connections, or inadequate maintenance of pipes). Outbreaks of waterborne diseases like Legionnaires' disease or gastrointestinal infections have

been linked to potable water systems, especially in healthcare settings. This makes potable water the best answer, as it is suitable for drinking yet can still carry a risk under certain conditions.

\* D. Distilled water: Distilled water is produced by boiling water and condensing the steam, which removes most impurities, minerals, and microorganisms. It is highly pure and safe for drinking, often used in medical and laboratory settings. Similar to purified water, the risk of disease transmission is extremely low unless contamination occurs after distillation due to improper handling or storage. Like purified water, it is not typically associated with disease transmission risks in standard use.

The key to this question lies in identifying a water type that is both suitable for drinking and has a documented potential for disease transmission. Potable water fits this criterion because, while it is intended for consumption and meets safety standards, it can still be a vector for disease if the water supply or distribution system is compromised. This is particularly relevant in infection control, where maintaining water safety in healthcare facilities is a critical concern addressed by CBIC guidelines.

CBIC Infection Prevention and Control (IPC) Core Competency Model (updated 2023), Domain III:

Prevention and Control of Infectious Diseases, which highlights the importance of water safety and the risks of contamination in potable water systems.

CBIC Examination Content Outline, Domain IV: Environment of Care, which includes managing waterborne pathogens (e.g., *Legionella*) in potable water supplies.

### NEW QUESTION # 272

Which of the following is an example of a syndromic surveillance indicator?

- A. Number of cases of methicillin-resistant *Staphylococcus aureus* in an intensive care unit each month
- **B. Number of individuals presenting with influenza-like illness in the emergency department each day**
- C. Number of individuals presenting with laboratory-confirmed influenza in the emergency department each day
- D. Rate of central line-associated bloodstream infections each quarter

**Answer: B**

Explanation:

The CBIC Certified Infection Control Exam Study Guide (6th edition) describes syndromic surveillance as a surveillance method that focuses on clinical signs, symptoms, or health-seeking behaviors rather than confirmed diagnoses. Its primary purpose is early detection of outbreaks or emerging health threats, often before laboratory confirmation is available.

Option A is the correct example because tracking the number of individuals presenting with influenza-like illness (ILI) relies on symptom patterns such as fever, cough, and sore throat. These data are typically collected in near real time from emergency department chief complaints or triage notes, allowing infection preventionists and public health authorities to identify unusual increases quickly and initiate early response measures.

Option B is not syndromic surveillance because it depends on laboratory-confirmed diagnoses, which are characteristic of traditional, diagnosis-based surveillance. Option C represents device-associated infection surveillance, which is retrospective and outcome-focused. Option D involves laboratory-confirmed antimicrobial-resistant organisms and is also not syndromic.

For CIC exam preparation, it is important to remember that syndromic surveillance prioritizes speed over diagnostic certainty. By monitoring symptom clusters rather than confirmed cases, it enables earlier recognition of outbreaks such as influenza, gastrointestinal illness, or bioterrorism-related events, making it a critical component of public health preparedness and response.

### NEW QUESTION # 273

A patient with a history of *Clostridioides difficile* is admitted to the hospital. The patient is asymptomatic for diarrheal symptoms; however, the provider prescribes an antibiotic. What type of antimicrobial therapy is applied in this scenario?

- A. Inappropriate
- B. Empiric
- C. Targeted
- **D. Prophylactic**

**Answer: D**

Explanation:

The CBIC Certified Infection Control Exam Study Guide (6th edition) defines prophylactic antimicrobial therapy as the use of antibiotics to prevent infection in the absence of clinical signs or symptoms of active disease. In this scenario, the patient has a history of *Clostridioides difficile* infection but is currently asymptomatic for diarrhea or other CDI manifestations. The antibiotic is therefore not being used to treat active infection.

Empiric therapy (Option A) is initiated when infection is suspected but the causative organism has not yet been identified-this does not apply here, as the patient has no symptoms suggesting infection. Targeted therapy (Option D) requires laboratory confirmation of

a specific pathogen, which is also not present. While prescribing antibiotics in patients with prior CDI may be clinically questionable depending on indication and stewardship principles, the type of therapy being applied is best categorized as prophylactic, not inappropriate, based on standard antimicrobial definitions.

The Study Guide emphasizes that antimicrobial stewardship programs carefully evaluate prophylactic antibiotic use because unnecessary exposure can disrupt normal flora and increase the risk of CDI recurrence.

However, from a classification standpoint, antibiotics given without signs of active infection fall under prophylactic use.

For CIC exam preparation, it is important to correctly identify antimicrobial intent, even when clinical appropriateness may be debatable.

#### NEW QUESTION # 274

Which of the following microorganisms does NOT cause gastroenteritis in humans?

- A. Coxsackievirus
- B. Norovirus
- C. Rhinovirus
- D. Rotavirus

**Answer: C**

Explanation:

Gastroenteritis, characterized by inflammation of the stomach and intestines, typically presents with symptoms such as diarrhea, vomiting, and abdominal pain. The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes the identification of infectious agents in the "Identification of Infectious Disease Processes" domain, aligning with the Centers for Disease Control and Prevention (CDC) guidelines on foodborne and enteric diseases. The question requires identifying the microorganism among the options that does not cause gastroenteritis, necessitating an evaluation of each pathogen's clinical associations.

Option B, "Rhinovirus," is the correct answer as it does not cause gastroenteritis. Rhinoviruses are the primary cause of the common cold, affecting the upper respiratory tract and leading to symptoms like runny nose, sore throat, and cough. The CDC and WHO classify rhinoviruses as picornaviruses that replicate in the nasopharynx, with no significant evidence linking them to gastrointestinal illness in humans. Their transmission is primarily through respiratory droplets, not the fecal-oral route associated with gastroenteritis.

Option A, "Norovirus," is a well-known cause of gastroenteritis, often responsible for outbreaks of acute vomiting and diarrhea, particularly in closed settings like cruise ships or nursing homes. The CDC identifies norovirus as the leading cause of foodborne illness in the U.S., transmitted via the fecal-oral route. Option C,

"Rotavirus," is a major cause of severe diarrheal disease in infants and young children worldwide, also transmitted fecal-orally, with the CDC noting its significance before widespread vaccination reduced its impact. Option D, "Coxsackievirus," a member of the enterovirus genus, can cause gastroenteritis, particularly in children, alongside other syndromes like hand-foot-mouth disease. The CDC and clinical literature (e.g., Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases) document its gastrointestinal involvement, though it is less common than norovirus or rotavirus.

The CBIC Practice Analysis (2022) and CDC guidelines on enteric pathogens underscore the importance of distinguishing between respiratory and gastrointestinal pathogens for effective infection control. Rhinovirus's exclusive association with respiratory illness makes Option B the microorganism that does not cause gastroenteritis.

References:

\* CBIC Practice Analysis, 2022.

\* CDC Norovirus Fact Sheet, 2021.

\* CDC Rotavirus Vaccination Information, 2020.

\* Mandell, Douglas, and Bennett's Principles and Practice of Infectious Diseases, 9th Edition, 2019.

#### NEW QUESTION # 275

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