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>> CIC Echte Fragen <<

CIC Probesfragen, CIC Online Tests

Zertpruefung versprechen, dass wir keine Mühe scheuen, um Ihnen zu helfen, die CBIC CIC Zertifizierungsprüfung zu bestehen. Jetzt können Sie kostenlos einen Teil der Fragen und Antworten von CBIC CIC Zertifizierungsprüfung (CBIC Certified Infection Control Exam) auf Zertpruefung downloaden. Wenn Sie Zertpruefung wählen, können Sie nicht nur die CBIC CIC Zertifizierungsprüfung bestehen, sondern auch über einen einjährigen kostenlosen Update-Service verfügen. Zertpruefung versprechen, wenn Sie die Prüfung nicht bestehen, zahlen wir Ihnen die gesamte Summe zurück.

CBIC Certified Infection Control Exam CIC Prüfungsfragen mit Lösungen (Q99-Q104):

99. Frage

Which of the following statements is true about the microbial activity of chlorhexidine soap?

- A. Poor against gram positive bacteria
- B. Can be used with any hand lotion
- **C. Persistent activity with a broad spectrum effect**
- D. As fast as alcohol

Antwort: C

Begründung:

Chlorhexidine soap is a widely used antiseptic agent in healthcare settings for hand hygiene and skin preparation due to its effective antimicrobial properties. The Certification Board of Infection Control and Epidemiology (CBIC) underscores the importance of proper hand hygiene and antiseptic use in the

"Prevention and Control of Infectious Diseases" domain, aligning with guidelines from the Centers for Disease Control and Prevention (CDC) and the World Health Organization (WHO). Understanding the microbial activity of chlorhexidine is essential for infection preventionists to recommend its appropriate use.

Option D, "Persistent activity with a broad spectrum effect," is the true statement. Chlorhexidine exhibits a broad spectrum of activity, meaning it is effective against a wide range of microorganisms, including gram-positive and gram-negative bacteria, some fungi, and certain viruses. Its persistent activity is a key feature, as it binds to the skin and provides a residual antimicrobial effect that continues to inhibit microbial growth for several hours after application. This residual effect is due to chlorhexidine's ability to adhere to the skin's outer layers, releasing slowly over time, which enhances its efficacy in preventing healthcare-associated infections (HAIs). The CDC's "Guideline for Hand Hygiene in Healthcare Settings" (2002) and WHO's "Guidelines on Hand Hygiene in Health Care" (2009) highlight chlorhexidine's prolonged action as a significant advantage over other agents like alcohol.

Option A, "As fast as alcohol," is incorrect. Alcohol (e.g., 60-70% isopropyl or ethyl alcohol) acts rapidly by denaturing proteins and disrupting microbial cell membranes, providing immediate kill rates within seconds.

Chlorhexidine, while effective, has a slower onset of action, requiring contact times of 15-30 seconds or more to achieve optimal microbial reduction. Its strength lies in persistence rather than speed. Option B, "Can be used with any hand lotion," is false.

Chlorhexidine's activity can be diminished or inactivated by certain hand lotions or creams containing anionic compounds (e.g., soaps or moisturizers with high pH), which neutralize its cationic properties. The CDC advises against combining chlorhexidine with incompatible products to maintain its efficacy. Option C, "Poor against gram positive bacteria," is incorrect. Chlorhexidine is highly effective against gram-positive bacteria (e.g., *Staphylococcus aureus*) and is often more potent against them than against gram-negative bacteria due to differences in cell wall structure, though it still has broad-spectrum activity.

The CBIC Practice Analysis (2022) supports the use of evidence-based antiseptics like chlorhexidine, and its persistent, broad-spectrum activity is well-documented in clinical studies (e.g., Larson, 1988, *Journal of Hospital Infection*). This makes Option D the most accurate statement regarding chlorhexidine soap's microbial activity.

References:

- * CBIC Practice Analysis, 2022.
- * CDC Guideline for Hand Hygiene in Healthcare Settings, 2002.
- * WHO Guidelines on Hand Hygiene in Health Care, 2009.
- * Larson, E. (1988). Guideline for Use of Topical Antimicrobial Agents. *Journal of Hospital Infection*.

100. Frage

Surgical site infection (SSI) data for the previous quarter reveal the following numbers. The surgeon with the highest infection rate is Doctor

Surgeon	# of cases	# of infections
Brown	62	5
Jones	56	4
Smith	75	5
White	44	4

- A. Smith
- B. Brown
- C. Jones.
- **D. White**

Antwort: D

Begründung:

To determine which surgeon has the highest surgical site infection (SSI) rate, use the following formula:

A screenshot of a report AI-generated content may be incorrect.

 $\left(\frac{\text{Number of infections}}{\text{Total number of cases}} \right) \times 100$

From the provided data:

Surgeon	# of Cases	# of Infections	SSI Rate (%)
Brown	62	5	$(5/62) \times 100 = 8.1\%$
Jones	56	4	$(4/56) \times 100 = 7.1\%$
Smith	75	5	$(5/75) \times 100 = 6.7\%$
White	44	4	$(4/44) \times 100 = 9.1\%$

Since Dr. White has the highest SSI rate at 9.1%, the correct answer is D. White.

CBIC Infection Control Reference

SSI rates are calculated using infection count per total procedures and reported as percentage values.

101. Frage

An infection preventionist (IP) encounters a surgeon at the nurse's station who loudly disagrees with the IP's surgical site infection findings. The IP's BEST response is to:

- A. Ask the surgeon to speak in a more private setting to review their concerns.
- B. Report the surgeon to the chief of staff.
- C. Calmly explain that the findings are credible.
- D. Ask the surgeon to change their tone and leave the nurses' station if they refuse.

Antwort: A

Begründung:

The scenario involves a conflict between an infection preventionist (IP) and a surgeon regarding surgical site infection (SSI) findings, occurring in a public setting (the nurse's station). The IP's response must align with professional communication standards, infection control priorities, and the principles of collaboration and conflict resolution as emphasized by the Certification Board of Infection Control and Epidemiology (CBIC).

The "best" response should de-escalate the situation, maintain professionalism, and facilitate a constructive dialogue. Let's evaluate each option:

* A. Report the surgeon to the chief of staff: Reporting the surgeon to the chief of staff might be considered if the behavior escalates or violates policy (e.g., harassment or disruption), but it is an escalation that should be a last resort. This action does not address the immediate disagreement about the SSI findings or attempt to resolve the issue collaboratively. It could also strain professional relationships and is not the best initial response, as it bypasses direct communication.

* B. Calmly explain that the findings are credible: Explaining the credibility of the findings is important and demonstrates the IP's confidence in their work, which is based on evidence-based infection control practices. However, doing so in a public setting like the nurse's station, especially with a loud disagreement, may not be effective. The surgeon may feel challenged or defensive, potentially worsening the situation. While this response has merit, it lacks consideration of the setting and the need for privacy to discuss sensitive data.

* C. Ask the surgeon to speak in a more private setting to review their concerns: This response is the most appropriate as it addresses the immediate need to de-escalate the public confrontation and move the discussion to a private setting. It shows respect for the surgeon's concerns, maintains professionalism, and allows the IP to review the SSI findings (e.g., data collection methods, definitions, or surveillance techniques) in a controlled environment. This aligns with CBIC's emphasis on effective communication and collaboration with healthcare teams, as well as the need to protect patient confidentiality and maintain a professional atmosphere. It also provides an opportunity to educate the surgeon on the evidence behind the findings, which is a key IP role.

* D. Ask the surgeon to change their tone and leave the nurses' station if they refuse: Requesting a change in tone is reasonable given the loud disagreement, but demanding the surgeon leave if they refuse is confrontational and risks escalating the conflict. This approach could damage the working relationship and does not address the underlying disagreement about the SSI findings. While maintaining a respectful environment is important, this response prioritizes control over collaboration and is less constructive than seeking a private discussion.

The best response is C, as it promotes a professional, collaborative approach by moving the conversation to a private setting. This allows the IP to address the surgeon's concerns, explain the SSI surveillance methodology (e.g., NHSN definitions or CBIC guidelines), and maintain a positive working relationship, which is critical for effective infection prevention programs. This strategy reflects CBIC's focus on leadership, communication, and teamwork in healthcare settings.

References:

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

Management and Communication, which stresses effective interpersonal communication and conflict resolution.

* CBIC Examination Content Outline, Domain V: Leadership and Program Management, which includes collaborating with healthcare personnel and addressing disagreements professionally.

* CDC Guidelines for SSI Surveillance (2023), which emphasize the importance of clear communication of findings to healthcare teams.

102. Frage

There has been an outbreak of foodborne illness in the community believed to be associated with attendance at a church festival. Which of the following is the MOST appropriate denominator for calculation of the attack rate?

- A. People admitted to hospitals with gastrointestinal symptoms
- B. Admission tickets sold to the festival
- C. Dinners served at the festival
- **D. Residents in the county who attended the festival**

Antwort: D

Begründung:

The attack rate, a key epidemiological measure in outbreak investigations, is defined as the proportion of individuals who become ill after exposure to a suspected source, calculated as the number of cases divided by the population at risk. The Certification Board of Infection Control and Epidemiology (CBIC) emphasizes accurate outbreak analysis in the "Surveillance and Epidemiologic Investigation" domain, aligning with the Centers for Disease Control and Prevention (CDC) "Principles of Epidemiology in Public Health Practice" (3rd Edition, 2012). The question involves a foodborne illness outbreak linked to a church festival, requiring the selection of the most appropriate denominator to reflect the population at risk.

Option D, "Residents in the county who attended the festival," is the most appropriate denominator. The attack rate should be based on the total number of people exposed to the potential source of the outbreak (i.e., the festival), as this represents the population at risk for developing the foodborne illness. The CDC guidelines for foodborne outbreak investigations recommend using the number of attendees or participants as the denominator when the exposure is tied to a specific event, such as a festival. This approach accounts for all individuals who had the opportunity to consume the implicated food, providing a comprehensive measure of risk. Obtaining an accurate count of attendees may involve festival records, surveys, or estimates, but it directly reflects the exposed population.

Option A, "People admitted to hospitals with gastrointestinal symptoms," is incorrect as a denominator. This represents the number of cases (the numerator), not the total population at risk. Using cases as the denominator would invalidate the attack rate calculation, which requires a distinct population base. Option B,

"Admission tickets sold to the festival," could serve as a proxy for attendees if all ticket holders attended, but it may overestimate the at-risk population if some ticket holders did not participate or underestimate it if additional guests attended without tickets. The CDC advises using actual attendance data when available, making this less precise than Option D. Option C, "Dinners served at the festival," is a potential exposure-specific denominator if the illness is linked to a particular meal. However, without confirmation that all cases are tied to a single dinner event (e.g., a specific food item), this is too narrow and may exclude attendees who ate other foods or did not eat but were exposed (e.g., via cross-contamination), making it less appropriate than the broader attendee count. The CBIC Practice Analysis (2022) and CDC guidelines stress the importance of defining the exposed population accurately for attack rate calculations in foodborne outbreaks. Option D best captures the population at risk associated with festival attendance, making it the most appropriate denominator.

References:

* CBIC Practice Analysis, 2022.

* CDC Principles of Epidemiology in Public Health Practice, 3rd Edition, 2012.

* CDC Guidelines for Foodborne Disease Outbreak Response, 2017.

103. Frage

Which of the following options describes a correct use of personal protective equipment?

- A. Gloves should be worn when handling or touching a cardiac monitor that has been disinfected.
- B. Eye protection should be worn when providing patient care at risk of spreading respiratory disease after unprotected exposure.
- C. Personal eyeglasses should be worn during suctioning.
- **D. Surgical masks should be worn during lumbar puncture procedures.**

Antwort: D

Begründung:

According to CDC and APIC guidelines, a surgical mask is required when performing lumbar punctures to prevent bacterial contamination (e.g., meningitis caused by droplet transmission of oral flora).

Why the Other Options Are Incorrect?

- * A. Personal eyeglasses should be worn during suctioning- Incorrect because eye glasses do not provide adequate eye protection. Goggles or face shields should be used.
 - * C. Gloves should be worn when handling or touching a cardiac monitor that has been disinfected- Not necessary unless recontamination is suspected.
 - * D. Eye protection should be worn when providing patient care after unprotected exposure- Eye protection should be used before exposure, not just after.
- CBIC Infection Control Reference
APIC states that surgical masks must be worn for procedures such as lumbar puncture to reduce infection risk.

104. Frage

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Um die Anforderungen von die meisten Leute, die Vorzugsbehandlung beim Kauf genießen, zu erfüllen, bieten wir gebührenfrei die Erneuerung der Dateien von Prüfungstraining, wenn sie unsere CIC Praxisprüfungsfragen gekauft haben.

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