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Success in the CBIC Certified Infection Control Exam (CIC) certification exam helps people update their skills. Many aspirants don't find updated CBIC CIC practice test questions and fail the final test. This failure in the CBIC CIC Exam leads to a loss of money and time. If you are also planning to attempt the CBIC Certified Infection Control Exam (CIC) exam and are confused about where to prepare yourself for it then you are at the right place.

CBIC Certified Infection Control Exam Sample Questions (Q108-Q113):

NEW QUESTION # 108

Which of the following intravenous solutions will MOST likely promote the growth of microorganisms?

- A. 10% lipid emulsions
- B. Synthetic amino acids
- C. 50% hypertonic glucose
- D. 5% dextrose

Answer: A

Explanation:

10% lipid emulsions are the most likely to promote microbial growth because they provide an ideal environment for bacterial and fungal proliferation, especially *Staphylococcus aureus*, *Pseudomonas aeruginosa*, and *Candida* species. Lipids support rapid bacterial multiplication due to their high nutrient content.

Why the Other Options Are Incorrect?

- * A. 50% hypertonic glucose - High glucose concentrations inhibit bacterial growth due to osmotic pressure effects.
- * B. 5% dextrose - While it can support some bacterial growth, it is less favorable than lipid emulsions.
- * C. Synthetic amino acids - These solutions do not support microbial growth as well as lipid emulsions.

CBIC Infection Control Reference

APIC guidelines confirm that lipid-based solutions support rapid microbial growth and should be handled with strict aseptic technique.

NEW QUESTION # 109

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

Answer: B

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: $(2 + 2 + 3 + 4 + 9) \div 5 = 20 \div 5 = 4$. 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 $34 \div 5$

$= 6.8$, and the standard deviation is $\sqrt{6.8} \approx 2.61$ (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 $\sqrt{34} \approx 5.83$, 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 # 110

Therapeutic antimicrobial agents should be used when

- A. the patient's illness warrants treatment prior to culture results
- B. the patient symptoms suggest likely pathogens.
- C. the infecting agent is unknown
- **D. Following identification of the pathogen and sensitivities.**

Answer: D

Explanation:

Therapeutic antimicrobial agents should ideally be pathogen-directed to minimize resistance, side effects, and treatment failure. Once the causative pathogen and its antimicrobial susceptibilities are known, the most narrow-spectrum, effective agent should be used.

Why the Other Options Are Incorrect?

* A. The infecting agent is unknown - Empiric therapy may be necessary initially, but definitive therapy should be based on pathogen identification.

* B. The patient's illness warrants treatment prior to culture results - This applies to empiric therapy, but not to definitive antimicrobial selection.

* C. The patient's symptoms suggest likely pathogens - Clinical presentation guides empiric treatment, but definitive therapy should follow culture and susceptibility testing.

CBIC Infection Control Reference

APIC emphasizes the importance of selecting antimicrobials based on pathogen identification and susceptibility testing to prevent antimicrobial resistance.

NEW QUESTION # 111

A patient with a non-crusted rash has been diagnosed with *Sarcoptes scabiei*. The patient is treated with 5% permethrin and precautions are started. The precautions can be stopped

- **A. 24 hours after effective treatment**
- B. when the bed linen is changed
- C. when the treatment cream is applied
- D. 24 hours after the second treatment

Answer: A

Explanation:

For *Sarcoptes scabiei* (scabies), Contact Precautions should remain in place until 24 hours after effective treatment has been completed. The first-line treatment is 5% permethrin cream, which is applied to the entire body and left on for 8-14 hours before being washed off.

Why the Other Options Are Incorrect?

* A. When the treatment cream is applied - The mite is still present and infectious until treatment has fully taken effect.

* B. When the bed linen is changed - While changing linens is necessary, it does not indicate that the infestation has cleared.

* D. 24 hours after the second treatment - Most cases require only one treatment with permethrin, though severe cases may need a second dose after a week.

CBIC Infection Control Reference

According to APIC guidelines, Contact Precautions can be discontinued 24 hours after effective treatment has been administered.

NEW QUESTION # 112

A patient with meningococcal meningitis experiences cardiac arrest. A nurse administers mouth-to-mouth breathing during CPR. Which of the following actions should the nurse take immediately?

- A. Use oral chlorhexidine rinse
- B. Monitor self and seek care if symptoms develop
- C. Quarantine from others for 5 days
- **D. Begin chemoprophylaxis within 24 hours**

Answer: D

Explanation:

The CBIC Certified Infection Control Exam Study Guide (6th edition) identifies *Neisseria meningitidis* as a highly transmissible organism spread through respiratory droplets and direct contact with oral secretions.

Healthcare personnel who have unprotected, close exposure—such as mouth-to-mouth resuscitation—to a patient with meningococcal meningitis are considered high-risk contacts.

In this scenario, the nurse had direct exposure to respiratory secretions during CPR, which constitutes a significant risk for transmission. The Study Guide emphasizes that postexposure chemoprophylaxis is indicated as soon as possible, ideally within 24 hours of exposure, to prevent invasive meningococcal disease.

Recommended prophylactic agents include rifampin, ciprofloxacin, or ceftriaxone, depending on contraindications and institutional protocols.

Option A is incorrect because chlorhexidine oral rinse does not eliminate systemic infection risk. Option B is inappropriate because quarantine is not required for exposed healthcare workers who receive appropriate prophylaxis. Option D is insufficient, as monitoring alone does not adequately reduce the risk of developing disease following high-risk exposure.

Rapid initiation of chemoprophylaxis is a critical infection prevention intervention and a high-yield CIC exam concept. Early action protects the exposed healthcare worker and prevents secondary transmission within the healthcare setting.

NEW QUESTION # 113

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