

CIC Exam Bootcamp & CIC VCE Dumps & CIC Exam Simulation

CIC Exam Outline

Content Categories	Scored Questions
1. Identification and Infectious Disease Processes	22
2. Surveillance and Epidemiologic Investigation	22
3. Preventing/Controlling the Transmission of Infectious Agents	22
4. Employee/Occupational Health	11
5. Management and Communication	14
6. Education and Research	12
7. Environment of Care	14
8. Cleaning, Disinfection, and Sterilization of Medical Devices and Equipment	18

Time limit: 3 hours

Total questions: 150

Question format: Multiple-choice

Delivery format: Computer-based

Mometrix TEST PREPARATION

What's more, part of that Exams4Collection CIC dumps now are free: https://drive.google.com/open?id=19Zo-LG7UwnTqsUsSgWDsgx3KDkWzpd_d

The print option of this format allows you to carry a hard copy with you at your leisure. We update our CBIC Certified Infection Control Exam (CIC) pdf format regularly so keep calm because you will always get updated CBIC Certified Infection Control Exam (CIC) questions. Exams4Collection offers authentic and up-to-date CBIC Certified Infection Control Exam (CIC) study material that every candidate can rely on for good preparation. Our top priority is to help you pass the CBIC Certified Infection Control Exam (CIC) exam on the first try.

To effectively getting ready for CBIC CIC test, do you know what tools are worth using? Let me tell you. Exams4Collection CBIC CIC pdf dumps are the most credible. The exam dumps is rare certification training materials which are researched by IT elite. Exams4Collection CIC braindump has a high hit rate. 100% sail through your exam. This is because IT experts can master the question point well, so that all questions the candidates may come across in the actual test are included in Exams4Collection exam dumps. Is it amazing? But it is true. After you use our dumps, you will believe what I am saying.

>> CIC Study Group <<

CIC New Guide Files, Reliable CIC Test Vce

It is well known that certificates are not versatile, but without a CBIC CIC certification you are a little inferior to the same competitors in many ways. Compared with the people who have the same experience, you will have the different result and treatment if you have a CBIC Certified Infection Control Exam CIC Certification.

CBIC Certified Infection Control Exam Sample Questions (Q166-Q171):

NEW QUESTION # 166

What is the correct order of steps for reprocessing critical medical equipment?

- A. Disinfect, sterilize
- **B. Clean, sterilize**
- C. Disinfect, clean, sterilize
- D. Clean, sterilize, disinfect

Answer: B

Explanation:

The correct answer is D, "Clean, sterilize," as this represents the correct order of steps for reprocessing critical medical equipment. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, critical medical equipment-items that enter sterile tissues or the vascular system (e.g., surgical instruments, implants)-must undergo a rigorous reprocessing cycle to ensure they are free of all microorganisms, including spores. The process begins with cleaning to remove organic material, debris, and soil, which is essential to allow subsequent sterilization to be effective. Sterilization, the final step, uses methods such as steam, ethylene oxide, or hydrogen peroxide gas to achieve a sterility assurance level (SAL) of 10⁻⁶, eliminating all microbial life (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment). Disinfection, while important for semi-critical devices, is not a step in the reprocessing of critical items, as it does not achieve the sterility required; it is a separate process for non-critical or semi-critical equipment.

Option A (clean, sterilize, disinfect) is incorrect because disinfecting after sterilization is unnecessary and redundant, as sterilization already achieves a higher level of microbial kill. Option B (disinfect, clean, sterilize) reverses the logical sequence; cleaning must precede any disinfection or sterilization to remove bioburden, and disinfection is not appropriate for critical items. Option C (disinfect, sterilize) omits cleaning and incorrectly prioritizes disinfection, which is insufficient for critical equipment requiring full sterility.

The focus on cleaning followed by sterilization aligns with CBIC's emphasis on evidence-based reprocessing protocols to prevent healthcare-associated infections (HAIs), ensuring that critical equipment is safe for patient use (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.4 - Implement environmental cleaning and disinfection protocols). This sequence is supported by standards such as AAMI ST79, which outlines the mandatory cleaning step before sterilization to ensure efficacy and safety.

References: CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competencies 3.3 - Ensure safe reprocessing of medical equipment, 3.4 - Implement environmental cleaning and disinfection protocols. AAMI ST79:2017, Comprehensive guide to steam sterilization and sterility assurance in health care facilities.

NEW QUESTION # 167

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

Answer: D

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 # 168

A patient with shortness of breath and a history of a tuberculin skin test (TST) of 15 mm induration was admitted to a semi-private room. The infection preventionist's FIRST action should be to

- A. report the findings to the Employee Health Department to initiate exposure follow-up of hospital staff.
- **B. review the patient's medical record to determine the likelihood of pulmonary tuberculosis (TB).**
- C. transfer the patient to an airborne infection isolation room and initiate appropriate isolation for tuberculosis (TB).
- D. contact the roommate's physician to initiate TST.

Answer: B

Explanation:

Before initiating airborne precautions, the infection preventionist must first confirm the clinical suspicion of active TB.

Step-by-Step Justification:

* Confirming Active TB:

* A positive tuberculin skin test (TST) alone does not indicate active disease.

* A review of chest X-ray, symptoms, and risk factors is needed.

* Medical Record Review:

* Past TB history, imaging, and sputum testing are key to diagnosis.

* Not all TST-positive patients require isolation.

Why Other Options Are Incorrect:

* A. Contact the roommate's physician to initiate TST: Premature, as no confirmation of active TB exists yet.

* C. Report findings to Employee Health for staff follow-up: Should occur only after TB confirmation.

* D. Transfer to airborne isolation immediately: Airborne isolation is necessary only if active TB is suspected based on clinical findings.

CBIC Infection Control References:

NEW QUESTION # 169

Catheter associated urinary tract infection (CAUTI) improvement team is working to decrease CAUTIs in the hospital. Which of the following would be a process measure that would help to reduce CAUTI?

- **A. Staff compliance to proper insertion technique**
- B. Standardized Infection Ratio per unit
- C. Rate of bloodstream infections secondary to CAUTI
- D. CAUTI rate per 1000 catheter days

Answer: A

Explanation:

A process measure assesses how well healthcare personnel follow specific procedures known to prevent infection. In the case of CAUTI (Catheter-Associated Urinary Tract Infection), monitoring staff compliance with proper insertion technique is a direct process measure.

* According to the APIC/JCR Workbook, effective CAUTI prevention involves evaluating compliance with proper catheter insertion and maintenance practices. Monitoring this behavior is a process measure that directly affects outcomes like infection rate reduction.

* The CBIC Study Guide also emphasizes using compliance with evidence-based insertion techniques as a strategy to measure and improve CAUTI prevention efforts.

* APIC Text notes that "a process measure focuses on a process or the steps in a process that leads to a specific outcome." This includes monitoring healthcare staff performance related to proper catheter insertion and care.

* Incorrect answer rationale:

* A. CAUTI rate per 1000 catheter days- This is an outcome measure, not a process measure.

* B. Standardized Infection Ratio per unit- Also an outcome/benchmarking metric.

* C. Rate of bloodstream infections secondary to CAUTI- This is an outcome, not a process.

References:

APIC/JCR Infection Prevention and Control Workbook, 4th Edition, Chapter 12 - CAUTI Assessment APIC Text, 4th Edition, Chapter 17 - Performance Measures CBIC Study Guide, 6th Edition, Core Competency: Surveillance and Epidemiologic Investigation

NEW QUESTION # 170

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

Answer: C

Explanation:

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.

:

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.

NEW QUESTION # 171

.....

Exams4Collection's training materials can test your knowledge in preparing for the exam, and can evaluate your performance within a fixed time. The instructions given to you for your weak link, so that you can prepare for the exam better. The Exams4Collection's CBIC CIC Exam Training materials introduce you many themes that have different logic. So that you can learn the various technologies and subjects. We guarantee that our training materials has tested through the practice. Exams4Collection have done enough to prepare for your exam. Our material is comprehensive, and the price is reasonable.

CIC New Guide Files: <https://www.exams4collection.com/CIC-latest-braindumps.html>

There's another icon there, if AirPlay is running CIC nearby, and you click on that icon, and it says Do you want to connect to this laptop, With higher and higher pass rate, an increasing number of people choose our CBIC CIC Exam study material to get through the test.

Remarkable products, Just send your score report to our support when you CIC New Guide Files failed, we will refund after confirmation, Updates with development, As the most professional group to compile the content according to the newest information, our CIC practice questions contain them all, and in order to generate a concrete transaction between us we take pleasure in making you a detailed introduction of our CIC exam materials.

[illegible]

P.S. Free & New CIC dumps are available on Google Drive shared by Exams4Collection: https://drive.google.com/open?id=19Zo-LG7UwnTqsUsSgWDsgx3KDkWzpd_d