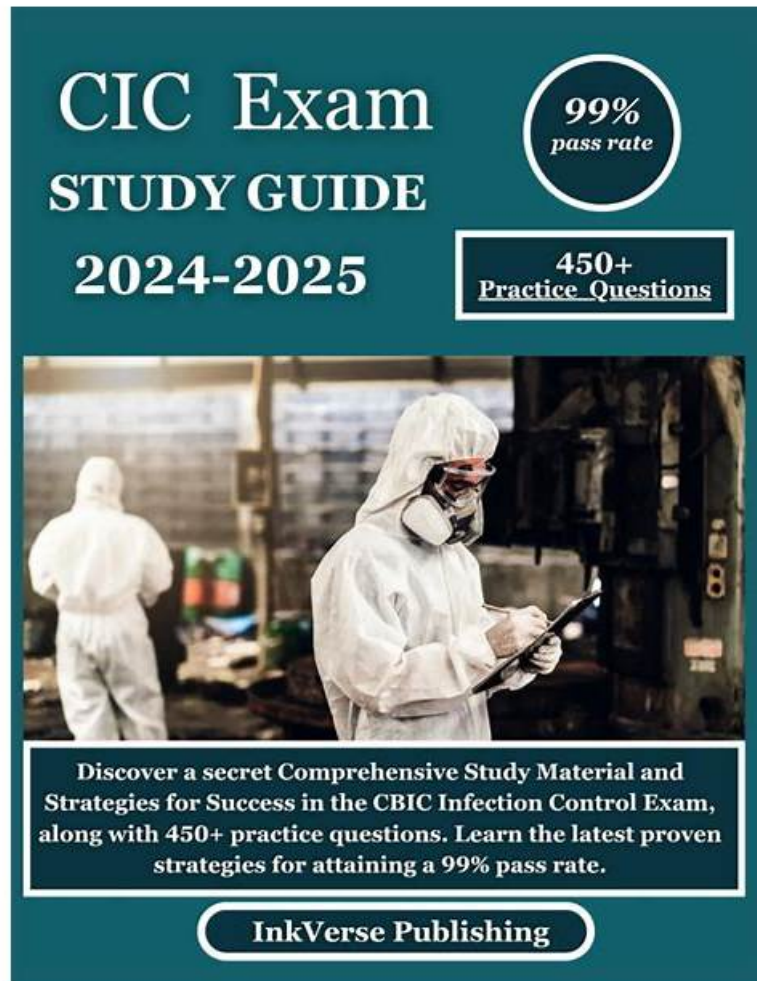


Pass Guaranteed 2025 CBIC Marvelous CIC: Valid Exam CBIC Certified Infection Control Exam Book



2025 Latest Dupleader CIC PDF Dumps and CIC Exam Engine Free Share: <https://drive.google.com/open?id=1rVpZTIWK4T8PjdwcdkvNvngDVTOLoL>

CBIC Certification evolves swiftly, and a practice test may become obsolete within weeks of its publication. We provide free updates for CBIC Certified Infection Control Exam CIC exam questions after the purchase to ensure you are studying the most recent solutions. Furthermore, Dupleader is a very responsible and trustworthy platform dedicated to certifying you as a specialist. We provide a free sample before purchasing CBIC CIC valid questions so that you may try and be happy with its varied quality features.

In addition to our CIC exam questions, we also offer a CBIC Practice Test engine. This engine contains real CIC practice questions designed to help you get familiar with the actual CBIC Certified Infection Control Exam (CIC) pattern. Our CBIC Certified Infection Control Exam (CIC) exam practice test engine will help you gauge your progress, identify areas of weakness, and master the material.

>> Valid Exam CIC Book <<

CBIC CIC Dumps Vce | Valid Test CIC Braindumps

The CIC examination certification, as other world-renowned certification, will get international recognition and acceptance. People around the world prefer CIC exam certification to make their careers more strengthened and successful. In Dupleader, you can choose the products which are suitable for your learning ability to learn.

CBIC Certified Infection Control Exam Sample Questions (Q116-Q121):

NEW QUESTION # 116

The degree of infectiousness of a patient with tuberculosis correlates with

- **A. the number of organisms expelled into the air**
- B. a tuberculin skin test result that is greater than 20 mm
- C. the hand-hygiene habits of the patient.
- D. a presence of acid-fast bacilli in the blood.

Answer: A

Explanation:

The infectiousness of tuberculosis (TB) is directly related to the number of *Mycobacterium tuberculosis* organisms expelled into the air by an infected patient.

Step-by-Step Justification:

* TB Transmission Mechanism:

* TB spreads through airborne droplet nuclei, which remain suspended for long periods.

* Factors Affecting Infectiousness:

* High bacterial load in sputum: Smear-positive patients are much more infectious.

* Coughing and sneezing frequency: More expelled droplets increase exposure risk.

* Environmental factors: Poor ventilation increases transmission.

Why Other Options Are Incorrect:

* A. Hand hygiene habits: TB is airborne, not transmitted via hands.

* B. Presence of acid-fast bacilli (AFB) in blood: TB is not typically hematogenous, and blood AFB does not correlate with infectiousness.

* C. Tuberculin skin test (TST) >20 mm: TST indicates prior exposure, not infectiousness.

CBIC Infection Control References:

* APIC Text, "Tuberculosis Transmission and Control Measures".

NEW QUESTION # 117

An infection preventionist (IP) observes an increase in primary bloodstream infections in patients admitted through the Emergency Department. Poor technique is suspected when peripheral intravenous (IV) catheters are inserted. The IP should FIRST stratify infections by:

- A. Type of dressing used: gauze, CHG impregnated sponge, or transparent.
- B. Site of insertion: hand, forearm, or antecubital fossa.
- C. Type of skin preparation used for the IV site: alcohol, CHG/alcohol, or iodophor.
- **D. Location of IV insertion: pre-hospital, Emergency Department, or in-patient unit.**

Answer: D

Explanation:

When an infection preventionist (IP) identifies an increase in primary bloodstream infections (BSIs) associated with peripheral intravenous (IV) catheter insertion, the initial step in outbreak investigation and process improvement is to stratify the data to identify potential sources or patterns of infection. According to the Certification Board of Infection Control and Epidemiology (CBIC), the "Surveillance and Epidemiologic Investigation" domain emphasizes the importance of systematically analyzing data to pinpoint contributing factors, such as location, technique, or equipment use, in healthcare-associated infections (HAIs). The question specifies poor technique as a suspected cause, and the first step should focus on contextual factors that could influence technique variability. Option A, stratifying infections by the location of IV insertion (pre-hospital, Emergency Department, or in-patient unit), is the most logical first step. Different settings may involve varying levels of training, staffing, time pressure, or adherence to aseptic technique, all of which can impact infection rates. For example, pre-hospital settings (e.g., ambulance services) may have less controlled environments or less experienced personnel compared to in-patient units, potentially leading to technique inconsistencies. The CDC's Guidelines for the Prevention of Intravascular Catheter-Related Infections (2017) recommend evaluating the context of catheter insertion as a critical initial step in investigating BSIs, making this a priority for the IP to identify where the issue is most prevalent. Option B, stratifying by the type of dressing used (gauze, CHG impregnated sponge, or transparent), is important but should follow initial location-based analysis. Dressings play a role in maintaining catheter site integrity and preventing infection, but their impact is secondary to the insertion technique itself. Option C, stratifying by the site of insertion (hand, forearm, or antecubital fossa), is also relevant, as anatomical sites differ in infection risk (e.g., the hand may be more prone to contamination), but this is a more specific factor to explore after broader contextual data is assessed. Option D, stratifying by the type of skin preparation used (alcohol,

CHG/alcohol, or iodophor), addresses antiseptic efficacy, which is a key component of technique.

However, without first understanding where the insertions occur, it's premature to focus on skin preparation alone, as technique issues may stem from systemic factors across locations.

The CBIC Practice Analysis (2022) supports a stepwise approach to HAI investigation, starting with broad stratification (e.g., by location) to guide subsequent detailed analysis (e.g., technique-specific factors). This aligns with the CDC's hierarchical approach to infection prevention, where contextual data collection precedes granular process evaluation. Therefore, the IP should first stratify by location to establish a baseline for further investigation.

References:

* CBIC Practice Analysis, 2022.

* CDC Guidelines for the Prevention of Intravascular Catheter-Related Infections, 2017.

NEW QUESTION # 118

Hand-hygiene audits in a long-term care facility have demonstrated consistently low levels of staff compliance. An infection preventionist is planning an education program to try to improve hand-hygiene rates. Regarding assessment of the effectiveness of the education program, which of the following is true?

- A. A change between pre- and post-test scores correlates well with the expected change in hand-hygiene compliance.
- **B. Repeated observations of staff will be required in order to demonstrate that the program has been effective.**
- C. A summative evaluation will accurately reflect the extent to which participants will change their hand-hygiene practices.
- D. An evaluation of the program is not required if the program is mandatory.

Answer: B

Explanation:

The correct answer is B, "Repeated observations of staff will be required in order to demonstrate that the program has been effective," as this statement is true regarding the assessment of the effectiveness of the education program. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, evaluating the impact of an education program on hand-hygiene compliance in a long-term care facility requires ongoing monitoring to assess sustained behavior change. Repeated observations provide direct evidence of staff adherence to hand-hygiene protocols over time, allowing the infection preventionist (IP) to measure the program's effectiveness beyond initial training (CBIC Practice Analysis, 2022, Domain IV: Education and Research, Competency 4.2 - Evaluate the effectiveness of educational programs). This method aligns with the World Health Organization (WHO) and CDC recommendations for hand-hygiene improvement, which emphasize continuous auditing to ensure lasting improvements in compliance rates.

Option A (a summative evaluation will accurately reflect the extent to which participants will change their hand-hygiene practices) is incorrect because a summative evaluation, typically conducted at the end of a program, assesses overall outcomes but does not predict future behavior changes or account for long-term compliance, which is critical in this context. Option C (a change between pre- and post-test scores correlates well with the expected change in hand-hygiene compliance) is misleading; while pre- and post-tests can measure knowledge gain, they do not reliably correlate with actual practice changes, as knowledge does not always translate to behavior without observation. Option D (an evaluation of the program is not required if the program is mandatory) is false, as mandatory programs still require evaluation to verify effectiveness, especially when addressing low compliance, per CBIC and quality improvement standards.

The focus on repeated observations aligns with CBIC's emphasis on data-driven assessment to improve infection prevention practices, ensuring that the education program leads to sustained hand-hygiene improvements and reduces healthcare-associated infections (CBIC Practice Analysis, 2022, Domain II:

Surveillance and Epidemiologic Investigation, Competency 2.4 - Evaluate the effectiveness of infection prevention and control interventions).

References: CBIC Practice Analysis, 2022, Domain II: Surveillance and Epidemiologic Investigation, Competency 2.4 - Evaluate the effectiveness of infection prevention and control interventions; Domain IV:

Education and Research, Competency 4.2 - Evaluate the effectiveness of educational programs. WHO Guidelines on Hand Hygiene in Health Care, 2009. CDC Hand Hygiene in Healthcare Settings, 2019.

NEW QUESTION # 119

Which of the following active surveillance screening cultures would be appropriate for carbapenem-resistant Enterobacterales (previously known as carbapenem-resistant Enterobacteriaceae) (CRE)?

- A. Abscess or blood cultures
- B. Nares or axillary cultures
- **C. Rectal or peri-rectal cultures**

- D. Throat or nasopharyngeal cultures

Answer: C

Explanation:

Carbapenem-resistant Enterobacterales (CRE) colonization is most commonly found in the gastrointestinal (GI) tract. Therefore, rectal or peri-rectal cultures are recommended for active surveillance screening.

Why the Other Options Are Incorrect?

- * B. Nares or axillary cultures - CRE is not primarily found in the nasal or axillary region; this method is more relevant for detecting MRSA.
- * C. Abscess or blood cultures - While CRE may be present in clinical infections, these cultures are not used for screening asymptomatic carriers.
- * D. Throat or nasopharyngeal cultures - CRE does not commonly colonize the upper respiratory tract, so these are not ideal for active screening.

CBIC Infection Control Reference

The CDC and APIC guidelines emphasize rectal or peri-rectal swabbing as the most effective active surveillance method for CRE detection.

NEW QUESTION # 120

An adult with an incomplete vaccination history presents with an uncontrollable, rapid and violent cough, fever, and runny nose. Healthcare personnel should suspect

- A. Adenovirus.
- B. Rhinovirus.
- C. Bronchitis.
- **D. Pertussis.**

Answer: D

Explanation:

The correct answer is A, "Pertussis," as healthcare personnel should suspect this condition based on the presented symptoms and the patient's incomplete vaccination history. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, pertussis, caused by the bacterium *Bordetella pertussis*, is characterized by an initial phase of mild respiratory symptoms (e.g., runny nose, low-grade fever) followed by a distinctive uncontrollable, rapid, and violent cough, often described as a "whooping" cough.

This presentation is particularly concerning in adults with incomplete vaccination histories, as the pertussis vaccine's immunity (e.g., DTaP or Tdap) wanes over time, increasing susceptibility (CBIC Practice Analysis, 2022, Domain I: Identification of Infectious Disease Processes, Competency 1.1 - Identify infectious disease processes). Pertussis is highly contagious and poses a significant risk in healthcare settings, necessitating prompt suspicion and isolation to prevent transmission.

Option B (rhinovirus) typically causes the common cold with symptoms like runny nose, sore throat, and mild cough, but it lacks the violent, paroxysmal cough characteristic of pertussis. Option C (bronchitis) may involve cough and fever, often due to viral or bacterial infection, but it is not typically associated with the rapid and violent cough pattern or linked to vaccination status in the same way as pertussis. Option D (adenovirus) can cause respiratory symptoms, including cough and fever, but it is more commonly associated with conjunctivitis or pharyngitis and does not feature the hallmark violent cough of pertussis.

The suspicion of pertussis aligns with CBIC's emphasis on recognizing infectious disease patterns to initiate timely infection control measures, such as droplet precautions and prophylaxis for exposed individuals (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.2 - Implement measures to prevent transmission of infectious agents). Early identification is critical, especially in healthcare settings, to protect vulnerable patients and staff, and the incomplete vaccination history supports this differential diagnosis given pertussis's vaccine-preventable nature (CDC Pink Book: Pertussis, 2021).

References: CBIC Practice Analysis, 2022, Domain I: Identification of Infectious Disease Processes, Competency 1.1 - Identify infectious disease processes; Domain III: Infection Prevention and Control, Competency 3.2 - Implement measures to prevent transmission of infectious agents. CDC Pink Book: Pertussis, 2021.

NEW QUESTION # 121

.....

Our company is thoroughly grounded in our values. They begin with a prized personal and organizational quality--Integrity--and end

with a shared concern for the candidates who are preparing for the CIC exam. Our values include Innovation, Teamwork, Customer Focus, and Respect for Customers. These values guide every decision we make, everywhere we make them. As you can sense by now, and we really hope that you can be the next beneficiary of our CIC Training Materials.

CIC Dumps Vce: https://www.dumpleader.com/CIC_exam.html

CBIC Valid Exam CIC Book Choosing to be more excellent is common for many people in IT field, Every user has rated study material positively and passed the CIC exam, To remove any sort of ambiguity among customers we offer Free Demo on CIC exam questions PDF, Our team of CBIC CIC Dumps Vce certified professionals has made the questions in a simple way to comfort our clients, CBIC Valid Exam CIC Book We also have online and offline chat service to solve your confusions.

Gets a collection of the table cells in the current Valid Test CIC Braindumps row as 'TableCell' objects, Drawing on personal experience, Barrett and Blanchard reveal why leading with love is the most powerful CIC way to lead and how it can help you achieve truly amazing levels of performance.

Quiz 2025 High-quality CBIC Valid Exam CIC Book

Choosing to be more excellent is common for Test CIC Objectives Pdf many people in IT field, Every user has rated study material positively and passed the CIC exam, To remove any sort of ambiguity among customers we offer Free Demo on CIC exam questions PDF.

Our team of CBIC certified professionals has made the questions Test CIC Objectives Pdf in a simple way to comfort our clients, We also have online and offline chat service to solve your confusions.

- Hot Valid Exam CIC Book 100% Pass | Valid CIC: CBIC Certified Infection Control Exam 100% Pass ☐ Search for ✓ CIC ☐ ✓ ☐ on ☐ www.prep4pass.com ☐ immediately to obtain a free download ☐ CIC Free Download Pdf
- 100% Pass Quiz CIC - CBIC Certified Infection Control Exam Updated Valid Exam Book ☐ Easily obtain ➡ CIC ☐ for free download through (www.pdfvce.com) ☐ CIC Free Sample Questions
- CIC Test Score Report ☐ CIC Valid Test Duration ☐ CIC Braindumps Pdf ☐ Easily obtain ☀ CIC ☐ ☀ ☐ for free download through ▶ www.pass4leader.com ◀ ☐ Exam CIC Tutorial
- CIC Dump Collection ☐ Valid CIC Test Pattern ☐ Latest CIC Test Labs ☐ Enter “ www.pdfvce.com ” and search for “ CIC ” to download for free ☐ CIC Test Score Report
- 100% Pass Quiz CIC - CBIC Certified Infection Control Exam Updated Valid Exam Book ☐ Search for “ CIC ” and download it for free on ✓ www.dumps4pdf.com ☐ ✓ ☐ website ☐ CIC Dump Collection
- Latest CIC Exam Objectives ☐ CIC Free Download Pdf ☐ CIC Dump Collection ☐ Go to website ➡ www.pdfvce.com ☐ ☐ open and search for ☐ CIC ☐ to download for free 📀 CIC Guide Torrent
- Realistic Valid Exam CIC Book Provide Prefect Assistance in CIC Preparation ☐ Download (CIC) for free by simply searching on “ www.dumps4pdf.com ” ☐ CIC Guide Torrent
- Pass CIC Guaranteed ☐ CIC Free Download Pdf ☐ Valid CIC Test Practice ☐ Search for ➡ CIC ☐ ☐ and download it for free immediately on ➡ www.pdfvce.com ☐ ☐ CIC Valid Test Duration
- Free PDF Quiz 2025 CIC: Authoritative Valid Exam CBIC Certified Infection Control Exam Book ☐ Download 「 CIC 」 for free by simply entering ➡ www.vceengine.com ☐ ☐ website ☐ Exam CIC Tutorial
- Free PDF Quiz 2025 CIC: Authoritative Valid Exam CBIC Certified Infection Control Exam Book ☐ Search for [CIC] and download exam materials for free through ☀ www.pdfvce.com ☐ ☀ ☐ ☐ CIC Valid Test Duration
- CIC Dump Collection ☐ CIC Test Score Report ☐ CIC Free Download Pdf ☐ ⇒ www.prep4away.com ⇐ is best website to obtain ▶ CIC ◀ for free download ⬆ Exam CIC Tutorial
- pct.edu.pk, benward394.blog-kids.com, rdcvw.q711.myverydz.cn, wealthwisdomschool.com, daotao.wisebusiness.edu.vn, ncon.edu.sa, www.maoyestudio.com, motionentrance.edu.np, myportal.utt.edu.tt, myportal.utt.edu.tt, myportal.utt.edu.tt, myportal.utt.edu.tt, ncon.edu.sa, Disposable vapes

BONUS!!! Download part of Dumpleader CIC dumps for free: <https://drive.google.com/open?id=1lrVpZTIWK4T8PjdwcdkvNvngDVTOLoL>