

Passing CIC Score | Reliable CIC Test Objectives

CIC TEST

What is the primary mission of CIC? - answer Gather, Process, Display, Evaluate, Disseminate
(Good People Die Every Day)

What is gathering? - answer The collection of information from various sources.

What sources are used for gathering? - answer RADARS

Voice Radio
Radio Messages
EW Equipment
IFF
Sonar
Tactical data systems
Visual sources
Intelligence reports
Pubs (NWP, ATP, ACP)
Satellites
Charts and Navigational data
OPPLANS, OPORDERS

What is processing? - answer When information is received it is processed so nonessential info is eliminated. Info is sorted, inspected, appraised and correlating all information so it may be displayed and disseminated as necessary.

Describe display - answer Displays information using various devices

What is used to display information? - answer Summary plots

status boards
surface plots
strategic plots
geographic plots NTDS consoles
Maps and charts
Television
Logs and records
AEGIS Display system
Large screen displays

Describe evaluation - answer The process of considering and weighing all available factors and pieces of information to arrive at a sound operational decision, which may

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Reliable CIC Test Objectives - CIC Study Materials Review

Our CIC study practice guide boosts the function to stimulate the real exam. The clients can use our software to stimulate the real exam to be familiar with the speed, environment and pressure of the real CIC exam and get a well preparation for the real exam.

Under the virtual exam environment the clients can adjust their speeds to answer the CIC Questions, train their actual combat abilities and be adjusted to the pressure of the real test. They can also have an understanding of their mastery degree of our CIC study practice guide.

CBIC Certified Infection Control Exam Sample Questions (Q131-Q136):

NEW QUESTION # 131

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

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

Answer: D

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 # 132

At a facility with 10,000 employees. 5,000 are at risk for bloodborne pathogen exposure. Over the past five years, 100 of the 250 needlestick injuries involved exposure to bloodborne pathogens, and 2% of exposed employees seroconverted. How many employees became infected?

- **A. 0**
- B. 1
- C. 2
- D. 3

Answer: A

Explanation:

To determine the number of employees who seroconverted (became infected) after a needlestick exposure, we use the given data:

* Total Needlestick Injuries: 250

* Needlestick Injuries Involving Bloodborne Pathogens: 100

* Seroconversion Rate: 2%

Calculation:

A black text with black numbers AI-generated content may be incorrect.

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$$\text{Infected Employees} = 100 \times \frac{2}{100} = 2$$

Why Other Options Are Incorrect:

- * A. 1: Incorrect calculation; 2% of 100 is 2, not 1.
- * C. 5: Overestimates the actual number of infections.
- * D. 10: Exceeds the calculated value based on given data.

CBIC Infection Control References:

- * APIC Text, "Occupational Exposure and Seroconversion Risks".
- * APIC Text, "Bloodborne Pathogens and Needlestick Injury Prevention"

NEW QUESTION # 133

A microbiology laboratory plays a pivotal role in both endemic and epidemic epidemiology. Which of the following should be investigated FIRST?

- A. Two blood isolates of coagulase-negative staphylococci in the oncology unit.
- **B. Three respiratory isolates of multi-drug resistant *Klebsiella pneumoniae* in the medical ICU.**
- C. Two isolates of *Staphylococcus aureus* in postoperative surgical sites.
- D. One blood isolate of *Streptococcus agalactiae* in the nursery.

Answer: B

Explanation:

Multi-drug resistant (MDR) *Klebsiella pneumoniae* in a high-risk area like the ICU requires urgent investigation because:

- * It spreads rapidly via contaminated hands or equipment.
- * It poses a serious risk to immunocompromised patients.
- * An outbreak could lead to severe hospital-acquired infections (HAIs).

Why the Other Options Are Incorrect?

- * A. One blood isolate of *Streptococcus agalactiae* in the nursery - Single cases are not indicative of an outbreak.
- * B. Two isolates of *Staphylococcus aureus* in postoperative surgical sites - Common post-surgical pathogen; requires monitoring but not immediate outbreak investigation.
- * D. Two blood isolates of coagulase-negative staphylococci in the oncology unit - Common contaminants in blood cultures and not immediately alarming.

CBIC Infection Control Reference

APIC guidelines prioritize investigating MDR pathogens in high-risk units, such as ICU, to prevent transmission.

NEW QUESTION # 134

Which of the following infectious diseases is associated with environmental fungi?

- A. *Campylobacter*
- B. Listeriosis
- C. Hantavirus
- **D. *Mucormycosis***

Answer: D

Explanation:

The correct answer is C, "*Mucormycosis*," as it is the infectious disease associated with environmental fungi.

According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, *mucormycosis* is caused by fungi belonging to the order Mucorales, which are commonly found in the environment, including soil, decaying organic matter, and contaminated water. These fungi can become opportunistic pathogens, particularly in immunocompromised individuals, leading to severe infections such as rhinocerebral, pulmonary, or cutaneous *mucormycosis* (CBIC Practice Analysis, 2022, Domain I: Identification of Infectious Disease Processes, Competency 1.1 - Identify infectious disease processes).

Environmental exposure, such as inhalation of fungal spores or contact with contaminated materials, is a primary mode of transmission, making it directly linked to environmental fungi.

Option A (*Listeriosis*) is caused by the bacterium *Listeria monocytogenes*, typically associated with contaminated food products (e.g., unpasteurized dairy or deli meats) rather than environmental fungi. Option B (Hantavirus) is a viral infection transmitted through contact with rodent excreta, not fungi, and is linked to environmental reservoirs like rodent-infested areas. Option D

(Campylobacter) is a bacterial infection caused by Campylobacter species, often associated with undercooked poultry or contaminated water, and is not related to fungi.

The association of mucormycosis with environmental fungi underscores the importance of infection prevention strategies, such as controlling environmental contamination and protecting vulnerable patients, which aligns with CBIC's focus on identifying and mitigating risks from infectious agents in healthcare settings (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.2 - Implement measures to prevent transmission of infectious agents). This knowledge is critical for infection preventionists to guide environmental cleaning and patient care protocols.

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.

NEW QUESTION # 135

Each item or package that is prepared for sterilization should be labeled with the

- A. sterilizer identification number or code.
- B. storage location.
- C. type of sterilization process.
- D. cleaning method (e.g., mechanical or manual).

Answer: A

Explanation:

The correct answer is C, "sterilizer identification number or code," as this is the essential information that each item or package prepared for sterilization should be labeled with. According to the Certification Board of Infection Control and Epidemiology (CBIC) guidelines, proper labeling of sterilized items is a critical component of infection prevention and control to ensure traceability and verify the sterilization process. The sterilizer identification number or code links the item to a specific sterilization cycle, allowing the infection preventionist (IP) and sterile processing staff to track the equipment used, confirm compliance with standards (e.g., AAMI ST79), and facilitate recall or investigation if issues arise (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.3 - Ensure safe reprocessing of medical equipment). This labeling ensures that the sterility of the item can be assured and documented, protecting patient safety by preventing the use of inadequately processed items.

Option A (storage location) is important for inventory management but is not directly related to the sterilization process itself and does not provide evidence of the sterilization event. Option B (type of sterilization process) indicates the method (e.g., steam, ethylene oxide), which is useful but less critical than the sterilizer identification, as the process type alone does not confirm the specific cycle or equipment used.

Option D (cleaning method, e.g., mechanical or manual) is a preliminary step in reprocessing, but it is not required on the sterilization label, as the focus shifts to sterilization verification once the item is prepared.

The requirement for a sterilizer identification number or code aligns with CBIC's emphasis on maintaining rigorous tracking and quality assurance in the reprocessing of medical devices, ensuring accountability and adherence to best practices (CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competency 3.5 - Evaluate the environment for infection risks). This practice is mandated by standards such as AAMI ST79 to support effective infection control in healthcare settings.

References: CBIC Practice Analysis, 2022, Domain III: Infection Prevention and Control, Competencies 3.3 - Ensure safe reprocessing of medical equipment, 3.5 - Evaluate the environment for infection risks. AAMI ST79:2017, Comprehensive guide to steam sterilization and sterility assurance in health care facilities.

NEW QUESTION # 136

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