CBIC CERTIFIED IN INFECTION CONTROL (CIC) PRACTICE EXAM (SAMPLE)

STUDY GUIDE



SAMPLE STUDY GUIDE WITH LIMITED QUESTIONS

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

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How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

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Questions

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1. Steam sterilization is known to corrode which type of instruments?

A. Stainless steel

B. Carbon steel (non-stainless)

C. Titanium

D. Glass

2. Which of the following is NOT typically considered an environmental intervention factor affecting infection risk?

A. Disinfectant type used

B. Contact with animals

C. Hand hygiene

D. Staffing ratio

3. Which study design is best to determine prevalence in a population at a single point in time?

A. Case-control study

B. Cross-sectional study

C. Cohort study

D. Clinical trial

4. Immunocompromised patient at risk of Pneumocystis jirovecii infection should receive primary prophylaxis with which agent?

A. Acyclovir

B. Fluconazole

C. TMP-SMX for duration of risk

D. Valacyclovir

5. What is the incubation period for the Salmonella species?

A. 4-7 days

B. 8-12 hours

C. 7-14 days

D. 1-3 days

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6. In a cath lab, which surface material is recommended?

A. Wood and fabric surfaces are acceptable

B. Glass is preferred

C. Porous materials are allowed

D. All materials must be nonporous

7. NHSN stands for which network?

A. National Hospital Safety Network

B. National Health Surveillance Network

C. National Hospital Infections Surveillance Network

D. National Healthcare Safety Network

8. The Joint Commission accredits which facility types?

A. Ambulatory care facilities and veterinary clinics

B. Ambulatory care facilities, behavioral health facilities, acute care hospitals, critical care hospitals, and laboratories

C. Fitness centers and spas

D. Social services agencies only

9. Which criterion describes a dose–response relationship in Hill's criteria?

A. Biological gradient

B. Specificity

C. Strength of association

D. Consistency

10. Immunizations for pregnant healthcare workers: Which are recommended?

A. HPV

B. Inactivated influenza vaccine and Tdap

C. MMR

D. Varicella

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Answers

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1. B
2. D
3. B
4. C
5. D
6. D
7. D
8. B
9. A
10. B

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Explanations

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1. Steam sterilization is known to corrode which type of instruments?

A. Stainless steel

B. Carbon steel (non-stainless)

C. Titanium

D. Glass

Steam sterilization exposes instruments to hot, moist conditions that drive oxidation of metals. Carbon steel, which is iron with carbon and lacks a protective chromium oxide layer, readily oxidizes in the presence of steam and water, leading to rust and surface deterioration over repeated cycles. Stainless steel and titanium resist this kind of corrosion because they form stable, protective oxide films that shield the underlying metal in moist heat. Glass isn't a metal and doesn't corrode in the same way, and is not typically used for sterile instrument construction. So, carbon steel is the type most prone to corrosion under steam sterilization.

2. Which of the following is NOT typically considered an environmental intervention factor affecting infection risk?

A. Disinfectant type used

B. Contact with animals

C. Hand hygiene

D. Staffing ratio

Infection risk is shaped by factors that modify the environment itself versus those related to people and resources. Environmental interventions are changes to the surroundings or how the environment is managed to reduce pathogen exposure. Disinfectant type used directly affects how well surfaces and equipment are cleaned, the environment's cleanliness, and the likelihood of transmission. Contact with animals introduces pathogens through the environment itself, representing environmental exposure that can alter risk. Hand hygiene, while essential for preventing transmission, is a behavior carried out by individuals and does not modify the environment itself. Staffing ratio reflects organizational resources and workload; it influences infection risk indirectly through factors like workload, breaks, and adherence to practices, but it is not an environmental modification. Therefore, staffing ratio is not typically considered an environmental intervention factor affecting infection risk.

3. Which study design is best to determine prevalence in a population at a single point in time?

A. Case-control study

B. Cross-sectional study

C. Cohort study

D. Clinical trial

To determine prevalence at a single point in time, you need a study design that provides a snapshot of how common a condition is in the population right now. A cross-sectional study does exactly that: it collects data on exposure and disease status from a sample at one point in time, allowing you to calculate the point prevalence (existing cases divided by the total population surveyed). It's efficient for measuring how widespread a condition is at that moment without following people over time. Why the others aren't as suitable: a case-control study starts with people based on disease status and looks back for exposures, which can bias how common the condition appears in the general population and isn't aimed at estimating prevalence. A cohort study follows people over time to observe new cases, yielding incidence data and risk factors rather than a one-time prevalence snapshot. A clinical trial involves assigning an intervention and comparing outcomes under controlled conditions, which isn't designed to estimate how common a condition is in the broader population.

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4. Immunocompromised patient at risk of Pneumocystis jirovecii infection should receive primary prophylaxis with which agent?

A. Acyclovir

B. Fluconazole

C. TMP-SMX for duration of risk

D. Valacyclovir

The key idea is using the most effective preventive therapy to stop Pneumocystis jirovecii pneumonia in someone with suppressed immunity. Trimethoprim-sulfamethoxazole is the standard choice for primary PCP prophylaxis because it reliably prevents Pneumocystis infection across various immunocompromised conditions, such as HIV infection with low CD4 counts and patients on long-term immunosuppressive therapy. Prophylaxis should continue for the duration of risk—renewed immune function or resolution of the immunosuppressive state allows stopping it. If TMP-SMX isn't possible, alternatives exist (like dapsone, atovaquone, or pentamidine), but they aren't as consistently effective. The other agents listed target viruses or Candida and do not prevent PCP.

5. What is the incubation period for the Salmonella species?

A. 4-7 days

B. 8-12 hours

C. 7-14 days

D. 1-3 days

Salmonella infections that cause gastroenteritis typically begin within a short window after ingestion, with symptoms often appearing about 6 to 72 hours later. This makes a one- to three-day incubation the best match among the options because most people developing non-typhoidal Salmonella gastroenteritis start feeling ill within that time frame, presenting with diarrhea, abdominal cramps, and sometimes fever. Choosing a much shorter timeframe, like eight to twelve hours, isn't the common pattern unless there's an unusually high dose or heightened susceptibility. Longer ranges, such as four to seven days or seven to fourteen days, don't align with the typical onset for non-typhoidal Salmonella infections. It's also useful to note that Salmonella typhi, which causes typhoid fever, can have a longer incubation (often one to several weeks), but that scenario is a different clinical entity from the gastroenteritis most people associate with Salmonella.

6. In a cath lab, which surface material is recommended?

A. Wood and fabric surfaces are acceptable

B. Glass is preferred

C. Porous materials are allowed

D. All materials must be nonporous

Nonporous surfaces are essential in the cath lab because they can be cleaned and disinfected thoroughly between patients. Fluids such as blood, saline, and contrast can splatter and soak into porous materials, creating reservoirs for microbes that are hard to remove. Nonporous, smooth surfaces resist absorption, withstand routine disinfection, and reduce the risk of pathogen persistence in an area where invasive procedures occur frequently. Therefore, the recommended standard is that all materials used in patient-care and high-touch areas be nonporous. Wood or fabric surfaces, being porous, can harbor organisms and are not suitable. While some nonporous options like glass exist, the overarching rule is that every surface in this setting should be nonporous to support effective cleaning and infection control.

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7. NHSN stands for which network?

A. National Hospital Safety Network

B. National Health Surveillance Network

C. National Hospital Infections Surveillance Network

D. National Healthcare Safety Network

NHSN is the CDC's national surveillance platform for healthcare-associated infections and patient safety data. The name itself—National Healthcare Safety Network—captures its purpose: a nationwide system focused on safety through the surveillance of infections in healthcare settings. That's why this option is correct. The other phrasings, while plausible-sounding, do not reflect the official name or the emphasis on a nationwide safety-focused infection surveillance network.

8. The Joint Commission accredits which facility types?

A. Ambulatory care facilities and veterinary clinics

B. Ambulatory care facilities, behavioral health facilities, acute care hospitals, critical care hospitals, and laboratories

C. Fitness centers and spas

D. Social services agencies only

Joint Commission accreditation applies to a broad range of health care organizations that provide patient care. The types listed—ambulatory care facilities, behavioral health facilities, acute care hospitals, critical care hospitals, and laboratories—reflect the common settings the Commission accredits to ensure safety and quality across care environments. This scope aligns with the organization's role in certifying facilities that participate in Medicare and Medicaid programs. The other options include settings that aren't part of the Joint Commission's healthcare accreditation scope, such as veterinary clinics, fitness centers, spas, or social services agencies, which is why they're not correct.

9. Which criterion describes a dose–response relationship in Hill's criteria?

A. Biological gradient

B. Specificity

C. Strength of association

D. Consistency

The main concept here is that a dose–response pattern is a dose–response relationship: as exposure increases, the risk or severity of disease changes in a graded way. In Hill's criteria, this biological gradient is a strong indicator of causality because it shows a consistent, monotonic trend rather than a simple yes/no association. When higher exposure corresponds to a greater effect, it suggests that the exposure is driving the outcome rather than the relationship being due to random variation or confounding. This idea helps distinguish true causal effects from other explanations. If increasing exposure reliably leads to a stronger effect, you'd expect the mechanism of harm to operate more robustly at higher doses, which strengthens the argument that the exposure is contributing to disease. Other concepts describe different aspects. Specificity is about one exposure leading to a particular disease, which isn't always the case in complex illnesses and doesn't capture a graded relationship. Strength of association focuses on how large the association is, not how the effect changes with different levels of exposure. Consistency refers to seeing the same association across multiple studies or populations, not the dose-related trend itself.

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10. Immunizations for pregnant healthcare workers: Which are recommended?

A. HPV

B. Inactivated influenza vaccine and Tdap

C. MMR

D. Varicella

Protecting both mother and baby while avoiding vaccines that aren't appropriate in pregnancy is the guiding principle. The best choice combines vaccines that are safe and recommended during pregnancy: the inactivated influenza vaccine and Tdap. The influenza vaccine given inactivated is recommended for all pregnant people during flu season because it reduces the risk of severe illness for mother and fetus, and it is safe in any trimester. Tdap is advised with every pregnancy (ideally between 27 and 36 weeks) to boost maternal antibodies that are passed to the newborn, helping protect the infant from pertussis in the early months of life. The other options aren't appropriate during pregnancy: MMR and Varicella are live vaccines and are contraindicated due to potential risk to the fetus. HPV vaccination is not indicated during pregnancy and is typically given to nonpregnant individuals within certain age guidelines.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

https://cbiccic.examzify.com

We wish you the very best on your exam journey. You've got this!

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