

APIC TRAINING CERTIFICATION IN INFECTION PREVENTION AND CONTROL (CIC) PRACTICE TEST (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.

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!

Questions

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- 1. Which organism is most likely to be implicated in an outbreak associated with outpatient whirlpool wound therapy?**
 - A. *Pseudomonas aeruginosa*
 - B. *Staphylococcus aureus*
 - C. *Escherichia coli*
 - D. *Streptococcus pyogenes*

- 2. A patient with HIV and cavitory lesions on a chest x-ray is placed on airborne precautions. Which diagnosis is most likely?**
 - A. *M. tuberculosis* infection
 - B. *Pneumocystis jirovecii* pneumonia
 - C. Histoplasmosis
 - D. Varicella zoster virus infection

- 3. What procedure should be implemented to reduce the risk of ice machine–related outbreaks?**
 - A. Disinfect ice machine parts regularly with sodium hypochlorite.
 - B. Replace ice machines with bottled water.
 - C. Only clean the exterior of the ice machine.
 - D. Stop using ice machines during outbreaks.

- 4. Regarding epidemiological studies, which statement is correct?**
 - A. Prospective or cohort studies are less expensive because they take longer and generally require more study subjects.
 - B. Retrospective studies are subject to recall bias because they rely on the memory of subjects.
 - C. Retrospective studies have a stronger study design than prospective or cohort studies.
 - D. Retrospective studies use data already available and require large numbers of subjects relative to cohort studies.

- 5. Which statement about Type I errors in hypothesis testing is true?**
 - A. The null hypothesis is rejected when the alternative hypothesis is true.
 - B. The null hypothesis is not rejected when it is true.
 - C. The null hypothesis is rejected when it is true.
 - D. The null hypothesis is not rejected when the alternative hypothesis is true.

- 6. An IP is asked to lead a team to prevent catheter-associated bloodstream infections (CLABSIs) and to incorporate findings into practice. Which model should be used to ensure stakeholder buy-in?**
- A. The Four Es
 - B. Plan-Do-Check-Act
 - C. Kotter's Eight-Step Process
 - D. Root Cause Analysis
- 7. In the sterile processing area design, which airflow-related recommendation should the infection preventionist emphasize?**
- A. Area should have a positive airflow.
 - B. Humidity should be between 60 and 80 percent.
 - C. Return air registers should be near the ceiling.
 - D. Temperature should be above 80 degrees Fahrenheit.
- 8. Which item should be documented in a facility's emergency operations plan?**
- A. The outcome of historical disasters
 - B. Facility disaster response systems
 - C. Daily changes to the terrorist threat level
 - D. The day-to-day operations of the facility
- 9. After a recent tuberculosis exposure, a healthcare worker has a 15 mm positive TST but no symptoms. What is the significance and recommended follow-up?**
- A. Active TB disease; start treatment immediately.
 - B. Latent TB infection (LTBI); administer prophylaxis and obtain baseline chest X-ray.
 - C. No infection; retest in one year.
 - D. Need chest X-ray only; no treatment necessary.
- 10. A young man with a negative initial HIV ELISA test asks how long after exposure HIV antibodies would most likely be detected in the blood?**
- A. One to two weeks
 - B. One to three months
 - C. Six to twelve weeks
 - D. One year

Answers

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

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Explanations

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1. Which organism is most likely to be implicated in an outbreak associated with outpatient whirlpool wound therapy?

- A. *Pseudomonas aeruginosa***
- B. *Staphylococcus aureus*
- C. *Escherichia coli*
- D. *Streptococcus pyogenes*

Outpatient whirlpool wound therapy outbreaks are classically caused by organisms that thrive in moist environments and resist routine disinfection. Pseudomonas aeruginosa fits this scenario perfectly. It loves warm, damp settings like whirlpool devices and plumbing, and it readily forms biofilms on surfaces, which protect it from sanitizers and allow ongoing contamination of the water used on wounds. When contaminated water comes into contact with open or healing wounds, this organism can invade and establish infection, leading to outbreaks that are difficult to treat because Pseudomonas is often naturally resistant to multiple antibiotics. While Staphylococcus aureus is a common skin inhabitant and can cause wound infections, it is not as characteristically linked to water-logged medical equipment as Pseudomonas. Escherichia coli and Streptococcus pyogenes are typically associated with other routes of transmission, such as fecal contamination or non-waterborne wound infections, and are less likely to be the primary culprits in whirlpool-related outbreaks.

2. A patient with HIV and cavitary lesions on a chest x-ray is placed on airborne precautions. Which diagnosis is most likely?

- A. *M. tuberculosis* infection**
- B. *Pneumocystis jirovecii* pneumonia
- C. Histoplasmosis
- D. Varicella zoster virus infection

Cavitary lesions in the lungs, especially in the upper lobes, point toward reactivation tuberculosis. In people with HIV, the weakened cell-mediated immunity makes TB reactivation more likely, and the disease often shows focal cavitation on imaging. Because TB is spread through airborne droplet nuclei, airborne precautions are essential to prevent transmission, even before confirmatory tests. Other HIV-associated pneumonias tend to present with different radiographic patterns—Pneumocystis jirovecii pneumonia usually shows diffuse interstitial or alveolar infiltrates rather than cavitation; histoplasmosis can mimic TB at times but cavitation is less classic; Varicella zoster virus pneumonia is not typically cavernous. So the most likely diagnosis given the cavitary pattern and the need for airborne precautions is tuberculosis.

3. What procedure should be implemented to reduce the risk of ice machine–related outbreaks?

- A. Disinfect ice machine parts regularly with sodium hypochlorite.**
- B. Replace ice machines with bottled water.
- C. Only clean the exterior of the ice machine.
- D. Stop using ice machines during outbreaks.

Ice machines can harbor microorganisms inside their water pathways and surfaces, where biofilms can form and protect pathogens. Regular disinfection with a chlorine-based sanitizer like sodium hypochlorite penetrates those biofilms and inactivates the organisms, significantly lowering the risk of ice-related outbreaks. The key is to use a proper cleaning-and-sanitizing routine: thoroughly disassemble and clean all accessible parts with detergent to remove residues, rinse, then apply a sanitizing solution of sodium hypochlorite at the recommended concentration and contact time for food-contact equipment, followed by a thorough rinse if required and air-drying before use. Using an approved sanitizer ensures safety for ice intended for consumption and helps maintain compliance with health guidelines. Replacing ice machines with bottled water doesn't address contamination inside the equipment itself, and cleaning only the exterior leaves internal surfaces and ice pathways contaminated. Stopping use during outbreaks is not a practical long-term control and doesn't fix the ongoing risk if ice is needed. Regular, proper disinfection of the ice machine is the effective way to prevent outbreaks.

4. Regarding epidemiological studies, which statement is correct?

- A. Prospective or cohort studies are less expensive because they take longer and generally require more study subjects.
- B. Retrospective studies are subject to recall bias because they rely on the memory of subjects.**
- C. Retrospective studies have a stronger study design than prospective or cohort studies.
- D. Retrospective studies use data already available and require large numbers of subjects relative to cohort studies.

In studies that look back at exposures after outcomes have occurred, information about what happened in the past often comes from memory or from existing records. This reliance on participants' memory can lead to recall bias, where cases and controls remember past exposures differently. That differential recall can distort associations between exposure and outcome, making the relationship look stronger or weaker than it really is. This is a central limitation of retrospective designs, which is why they're more vulnerable to bias than prospective approaches where exposure data are collected before outcomes arise. While retrospective data collection can be quicker and cheaper in some situations, it doesn't make the design inherently stronger. In fact, because of the potential for recall and other biases, retrospective studies are typically more susceptible to biased results compared with prospective or cohort studies. The idea that retrospective studies automatically use large numbers of subjects relative to cohort studies isn't a reliable rule; sample size varies and isn't dictated by the retrospective nature alone.

5. Which statement about Type I errors in hypothesis testing is true?

- A. The null hypothesis is rejected when the alternative hypothesis is true.
- B. The null hypothesis is not rejected when it is true.
- C. The null hypothesis is rejected when it is true.**
- D. The null hypothesis is not rejected when the alternative hypothesis is true.

Type I error is the false-positive mistake in hypothesis testing: you conclude there is an effect when none exists. This happens when the null hypothesis is rejected even though it is true. That's why this statement is the best description. We control how often this occurs with the significance level (alpha), such as 0.05. So, rejecting a true null is the classic Type I error. In contrast, not rejecting a true null is the correct decision, and not rejecting the null when the alternative is true is a Type II error.

6. An IP is asked to lead a team to prevent catheter-associated bloodstream infections (CLABSIs) and to incorporate findings into practice. Which model should be used to ensure stakeholder buy-in?

- A. The Four Es**
- B. Plan-Do-Check-Act
- C. Kotter's Eight-Step Process
- D. Root Cause Analysis

The key idea is to guide how to translate findings into practice by actively securing the involvement of those who will implement the changes. The Four Es—Engage, Educate, Execute, Evaluate—provides a practical sequence for achieving stakeholder buy-in while moving evidence into daily care. Start by engaging stakeholders: bring together nurses, physicians, and leaders early, invite their input, understand workflow barriers, identify champions, and align on the purpose and urgency of reducing CLABSIs. Then educate: clearly present the data and the rationale for the proposed changes, address concerns, and illustrate how the new practices fit into current workflows and patient safety goals. Next, execute: implement the changes with reliable resources, hands-on support, and real-time troubleshooting so staff can adopt the new practices smoothly. Finally, evaluate: monitor infection rates and process metrics, share feedback with the team, and refine the approach based on what's working and what isn't. This emphasis on involving stakeholders at each stage helps garner commitment and sustain practice changes more effectively than models that focus mainly on analysis or isolated steps without structured engagement.

7. In the sterile processing area design, which airflow-related recommendation should the infection preventionist emphasize?

- A. Area should have a positive airflow.**
- B. Humidity should be between 60 and 80 percent.
- C. Return air registers should be near the ceiling.
- D. Temperature should be above 80 degrees Fahrenheit.

Maintaining proper air pressure in sterile processing areas is essential to protect the cleanliness of the environment. Having a positive airflow means the clean area is kept at a higher pressure than surrounding spaces, so air tends to flow from the clean zone to less clean areas. This outward flow helps prevent contaminants from entering the sterile processing area, helping to keep processed items uncontaminated as they are decontaminated, packaged, and stored. Humidity set too high—like 60–80 percent—can promote microbial growth and condensation, which is undesirable in sterile areas. Temperature above 80°F is uncomfortable for staff and can affect materials and procedures, but it doesn't address contamination control. The detail about return air registers near the ceiling is more about airflow design than about maintaining a clean-to-contaminated pressure relationship, which is the key infection prevention principle here.

8. Which item should be documented in a facility's emergency operations plan?

- A. The outcome of historical disasters
- B. Facility disaster response systems**
- C. Daily changes to the terrorist threat level
- D. The day-to-day operations of the facility

Emergency operations plans focus on how a facility will respond to emergencies, so the plan should document the disaster response systems that guide that response. This includes how activation happens, who leads (the incident command structure), how staff communicate, how resources are mobilized, and how the facility coordinates with external agencies to maintain operations. Having these systems clearly described in the plan ensures a coordinated, efficient, and scalable response when an incident occurs. The outcome of historical disasters belongs in after-action reports and improvement processes rather than the current EOP content. Daily changes to the terrorist threat level are external indicators; the plan may reference triggers for action, but not track day-to-day fluctuations as part of its content. Day-to-day operations are routine activities outside the scope of emergency planning.

9. After a recent tuberculosis exposure, a healthcare worker has a 15 mm positive TST but no symptoms. What is the significance and recommended follow-up?

- A. Active TB disease; start treatment immediately.
- B. Latent TB infection (LTBI); administer prophylaxis and obtain baseline chest X-ray.**
- C. No infection; retest in one year.
- D. Need chest X-ray only; no treatment necessary.

A recent TB exposure with a positive tuberculin skin test in a person with no symptoms indicates infection with TB bacteria, but not active disease. The appropriate action is to treat latent TB infection to prevent progression to active TB, while also ruling out active disease with a baseline chest X-ray. Starting LTBI treatment reduces the risk that the infection becomes active later, which is especially important for healthcare workers who could spread TB to others. The baseline chest X-ray helps ensure there is no existing active TB before beginning preventive therapy. If there were symptoms such as persistent cough, fever, night sweats, or weight loss, or if the chest X-ray showed concerning findings, the approach would shift toward evaluating for and treating possible active TB.

10. A young man with a negative initial HIV ELISA test asks how long after exposure HIV antibodies would most likely be detected in the blood?

- A. One to two weeks
- B. One to three months**
- C. Six to twelve weeks
- D. One year

After exposure to HIV, it takes time for the immune system to produce detectable antibodies. Tests that detect antibodies, like ELISA, are negative early because seroconversion hasn't occurred yet. In most people, HIV antibodies become detectable within about 1 to 3 months after exposure, with many seroconverting by around 6 to 12 weeks. Because of this window period, a negative result soon after exposure doesn't rule out infection, and repeat testing is advised at later intervals. Therefore, the timeframe of one to three months best describes when antibodies would most likely be detected.

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://apictrainingcic.examzify.com>

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

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