Certification Board of Infection Control and Epidemiology (CBIC) Long-Term Care (LTC) Examination Detailed Test Specifications

Domain Content Area	Percentage Weight	Number of Items
1. Long-Term Care Settings	10%	15
a. Ethics		
1. Basic ethical principles		
2. Resident rights and hierarchy of practices for isolation precautions (e.g., precautions are		
used in the least restrictive way, resident privacy)		
b. Communal Gatherings		
I. Impact of interaction on psychosocial well-being		
Infection risk associated with communal gatherings		
c. Interdisciplinary Team		
I. Infection risk associated with facility and care team demographics (e.g., staff composition,		
visitors, contracted staff, staffing turnover, ratio of licensed and unlicensed caregivers)		
d. Normal Aging Processes		
Physiology and immune system changes throughout the lifespan		
2. Pathophysiology and the disease process (e.g., urinary tract, respiratory, skin and soft		
tissue, gastrointestinal, bloodborne, viral illnesses)		
e. Special Populations		
1. Infection risks of complex populations (e.g., residents with medical devices, on dialysis,		
who need memory support, have cognitive impairment, are on respite or hospice care)		
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2. Management and Communication of the Infection Prevention Program	11%	16
a. Infection Prevention Plan	11/0	10
Components of an infection prevention plan (e.g., regulatory and advisory requirements,		
facility demographics)		
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2. Emergency preparedness (e.g., mitigation, preparedness, response, recovery)		
3. Risk assessments (e.g., how to complete and incorporate into plan)		
b. Policies and Procedures		
1. Best practices per regulatory and advisory agencies		
2. Implementation science (e.g., key stakeholders, staff buy-in, dissemination, accessibility,		
feasibility)		
c. Education and Training		
1. Adult learning principles (e.g., communication techniques, just-in-time training, in-		
services)		
2. Competency assessment (e.g., return demonstration, post tests, auditing)		
d. Research		
1. Literature review process		
2. Research study design (e.g., peer reviewed, experimental vs. non-experimental,		
qualitative vs. quantitative)		
3. Basic statistics (e.g., p value, confidence interval, appropriateness of test)		
e. Quality Assurance and Performance Improvement		
1. Performance improvement concepts (e.g., Failure Mode and Effects Analysis [FMEA], Plan		
Do Study Act [PDSA], Root Cause Analysis [RCA])		
2. Performance indicators to achieve key outcomes		
Culture of safety (e.g., reduce Healthcare-Associated Infections [HAIs], hand hygiene		
champions)		
4. Product and process evaluation (e.g., cost benefit assessments, efficacy studies,		
standardization of products and processes)		
f. Leadership		
1. Leadership styles and principles	 	
2. Professional development (e.g., seek knowledge, certifications, continuing education		
courses)	400/	-10-
3. Identification of Infectious Diseases	12%	18
a. Clinical Signs, Symptoms, and Risk Factors to Identify Possible Infectious Diseases		
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b. Diagnostic, Radiologic, Procedural, and Laboratory Reports		
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1. Interpretation of diagnostic, radiologic, procedural, and laboratory reports (e.g., chest x-		
ray reports, culture and sensitivity)	<u> </u>	

1. Methods of specimen collection, transportation, handling, and storage		1
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d. Basic Microbiology		
1. Basic microbiology terminology (e.g., bacteria, virus, Gram stain)		
2. Microbial pathogenicity and host response		
e. Epidemiologically Significant Organisms		
1. Epidemiologically significant organisms, including Multidrug Resistant Organisms		
(MDROs) (e.g., susceptibility pattern interpretation)		
2. Appropriate interventions (e.g., precautions, appropriateness of antimicrobial selection)		
4. Surveillance and Epidemiologic Investigation	16%	24
a. General Principles of Epidemiology		
1. Basic epidemiology		
2. Processes for preventing and mitigating transmission (e.g., cleaning, disinfection,		
vaccination, transmission-based precautions)		
b. Surveillance Design		
1. Surveillance methods and purpose (e.g., prospective, retrospective, targeted/priority		
directed)		
Collection and compilation of surveillance data		
3. Surveillance plan components (e.g., goals and objectives identified from the risk		
assessment)		
c. Outbreak Management		
1. Outbreak management concepts (e.g., case definition, period of investigation, case		
finding methods)	+	
2. Outbreak management steps (e.g., reporting, control measures)		
d. Collaboration with Internal and External Agencies		
I. Internal organizational structure and culture		
2. Public health guidelines for infection prevention		
3. Public health resources and agencies for infection prevention		
e. Reporting		
1. Reporting structure (e.g., internal, governmental, and regulatory agencies)		
f. Data Management, Analysis, and, Interpretation		
1. Standardized definitions (e.g., surveillance or case definitions)		
2. Data analysis (e.g., incidence/prevalence, provider specific, unit specific, device specific,		
procedure specific)		
3. Data collection methods		
4. Report preparation and presentation		
5. Surveillance driven action plans		
. Prevention and Control of Infectious and Communicable Diseases	16%	24
a. Hand Hygiene		
1. Key elements for a hand hygiene program		1
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b. Standard and Transmission-Based Precautions		
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	2. Environmental cleaning and disinfection practices and technologies		
	3. Environmental pathogens (e.g., Legionella, Aspergillus)		
	b. Construction and Maintenance		
	I. Infection risks associated with construction and maintenance (e.g., Infection Control Risk Assessment [ICRA])		
	Risk mitigation strategies (e.g., barriers, change air flow, move residents, Personal		
	Protective Equipment [PPE] for maintenance/construction staff)		
7. Cleani	ng, Disinfection, Sterilization of Medical Devices and Equipment	10%	15
71 0.00	a. Cleaning, Disinfection, and Sterilization Practices	20/0	
	Cleaning, disinfection, and sterilization practices based on intended use (e.g., Spaulding classification)		
	Cleaning, disinfection, and sterilization methods (e.g., UV light, autoclave sterilizer,		
	disinfectant solutions)		
8. Antim	icrobial Stewardship	7%	11
	a. Core Elements of Antimicrobial Stewardship		
	Core elements of antimicrobial stewardship in Long-Term Care		
	2. Antimicrobial susceptibility (e.g., antibiogram, antimicrobial resistance patterns)		
	3. Antimicrobials (e.g., prophylactic, empiric, and therapeutic uses of antimicrobials; broad		
	and narrow spectrum)		
	b. Colonization, Infection, and Contamination		
	1. Colonization, infection, and contamination		
	2. Appropriate antimicrobial use (e.g., overuse harm, risks, ability to treat)		
	3. Diagnostic stewardship (e.g., no urinalysis [UA]/culture asymptomatic resident,		
	standardized Situation Background Assessment Recommendation [SBAR] forms)		
9. Emplo	yee/Occupational Health	6%	9
	a. Occupational Exposure		
	Occupational exposure, infections, and infectious diseases (e.g., management, treatment, risks)		
	2. Requirements for compliance with regulatory and advisory agencies (e.g., respiratory		
	protection programs, sharps safety)		
	b. Fitness for Duty		
	1. Work restrictions associated with communicable diseases (e.g., exposure, illness,		
	compliance with Personal Protective Equipment [PPE] procedures)		
	c. Employee Immunizations		
	1. Immunization recommendations for staff		
Total		100%	150 items