

ELI NURSING SAFETY 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. When is a fall risk assessment typically performed on patients?**
 - A. Only on the first day of admission
 - B. At the beginning of each medical shift
 - C. Both on admission and every shift thereafter
 - D. Only when a patient exhibits signs of falling
- 2. How often should hand hygiene be performed in a clinical setting?**
 - A. Only before and after patient contact
 - B. Before and after any patient interaction and contact with surfaces
 - C. Once at the start of the shift
 - D. Only when hands are visibly dirty
- 3. When is it appropriate to use a fire extinguisher during a fire emergency?**
 - A. When the fire alarms sound
 - B. When safe to do so
 - C. After notifying leadership
 - D. Only if trained
- 4. How can a nurse help prevent pressure ulcers?**
 - A. Encourage patients to stay in bed
 - B. Regularly reposition patients and maintain skin hygiene
 - C. Limit fluid intake to reduce urine output
 - D. Use special creams only when needed
- 5. In patient safety, what does "TJC" stand for?**
 - A. The Joint Commission
 - B. Technical Joint Council
 - C. Transitional Joint Care
 - D. Therapeutic Joint Committee
- 6. When should a nurse perform a safety assessment?**
 - A. Upon patient discharge and follow-up
 - B. Only during the first nurse-patient interaction
 - C. Upon patient admission, transfer, and at regular intervals throughout hospitalization
 - D. At the end of a patient's care plan

- 7. What protocol should be followed in case of a chemical spill?**
- A. Ignore it if it's contained
 - B. Alert emergency services and evacuate the area if necessary
 - C. Clean it up with paper towels immediately
 - D. Leave the area and notify a supervisor later
- 8. Which color is commonly used for biohazard waste containers?**
- A. Blue
 - B. Green
 - C. Yellow
 - D. Red
- 9. What are the signs of an infection that nurses need to monitor in postoperative patients?**
- A. Increased appetite and energy
 - B. Redness, swelling, increased pain, and fever
 - C. Weight loss and fatigue
 - D. Normal healing with no symptoms
- 10. Which of the following is classified as an intrinsic fall risk?**
- A. Confusion
 - B. Poor lighting
 - C. Clutter
 - D. Slippery floors

Answers

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

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Explanations

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1. When is a fall risk assessment typically performed on patients?

- A. Only on the first day of admission
- B. At the beginning of each medical shift
- C. Both on admission and every shift thereafter**
- D. Only when a patient exhibits signs of falling

A fall risk assessment is typically performed on admission and continues to be a regular part of patient care during each subsequent shift. This approach ensures that any changes in the patient's condition, environment, or treatment that could influence their risk for falls are systematically evaluated. Conducting assessments at both admission and every shift allows healthcare providers to promptly identify those patients who may require additional precautions or interventions to enhance their safety. This regular reassessment is crucial because a patient's risk for falling can vary due to fluctuating health conditions, medications, or changes in cognitive awareness. By using a consistent process for fall risk assessments, healthcare facilities aim to minimize the incidence of falls and improve patient outcomes.

2. How often should hand hygiene be performed in a clinical setting?

- A. Only before and after patient contact
- B. Before and after any patient interaction and contact with surfaces**
- C. Once at the start of the shift
- D. Only when hands are visibly dirty

Hand hygiene is a critical component of infection control in clinical settings. It should be performed before and after any patient interaction as well as after contact with surfaces within the patient's environment. This practice is essential to prevent the transmission of pathogens that could lead to healthcare-associated infections. Performing hand hygiene before patient interaction helps to protect the patient from any microorganisms that may be on the healthcare worker's hands. Similarly, cleansing hands after handling a patient or interacting within the clinical environment minimizes the risk of spreading infections to other patients or surfaces. This thorough approach to hand hygiene reinforces safety protocols and supports overall patient care. Limiting hand hygiene to specific instances, such as only before and after direct contact, or merely at the start of a shift, would significantly increase the risk of infection. Additionally, waiting until hands are visibly dirty does not adequately address the presence of pathogens that are not visible to the naked eye, which can still pose serious health risks. Therefore, comprehensive hand hygiene practices are vital for maintaining safety standards in healthcare settings.

3. When is it appropriate to use a fire extinguisher during a fire emergency?

- A. When the fire alarms sound
- B. When safe to do so**
- C. After notifying leadership
- D. Only if trained

Using a fire extinguisher during a fire emergency is appropriate when it is safe to do so. This means that the individual must assess the situation and ensure that they are not putting themselves in danger. Factors to consider include the size and intensity of the fire, the availability of a clear escape route, and ensuring that the fire is manageable with an extinguisher. If the fire is too large, has spread beyond control, or if smoke and flames are obstructing the escape route, attempting to extinguish it could put one at significant risk. The focus on safety ensures that your efforts to put out the fire do not compromise your own safety or the safety of others in the vicinity. The other choices emphasize steps such as waiting for alarms to sound, notifying leadership, or only using an extinguisher if trained, which can be important in certain contexts but do not capture the crucial aspect of immediate situational assessment under dynamic emergency conditions.

4. How can a nurse help prevent pressure ulcers?

- A. Encourage patients to stay in bed
- B. Regularly reposition patients and maintain skin hygiene**
- C. Limit fluid intake to reduce urine output
- D. Use special creams only when needed

Regularly repositioning patients and maintaining skin hygiene are key strategies in preventing pressure ulcers. Pressure ulcers, also known as bedsores or decubitus ulcers, develop from prolonged pressure on the skin, particularly over bony areas, which can restrict blood flow and lead to tissue damage. By repositioning patients, nurses can alleviate pressure on susceptible areas, promoting better circulation and reducing the risk of skin breakdown. This is especially important for individuals who are immobile or spend a significant amount of time in bed or in a wheelchair. Additionally, maintaining skin hygiene helps to keep the skin clean and dry, which further reduces the risk for development of ulcers, as moisture from sweat or incontinence can contribute to skin integrity issues. Using a proactive approach of both repositioning and proper skin care is integral to enhancing patient safety and comfort, making this method the correct answer for preventing pressure ulcers.

5. In patient safety, what does "TJC" stand for?

- A. The Joint Commission**
- B. Technical Joint Council
- C. Transitional Joint Care
- D. Therapeutic Joint Committee

In the context of patient safety, "TJC" stands for The Joint Commission. This organization is critical in the healthcare industry as it provides accreditation and certification to health care organizations and programs in the United States. The Joint Commission focuses on improving the quality and safety of care provided to the public, ensuring that healthcare facilities meet specific performance standards that facilitate safe, effective patient care. The relevance of The Joint Commission extends to their development of national patient safety goals and standards, which are essential for fostering reliable and effective healthcare practices. Their guidelines and surveys help healthcare organizations identify areas for improvement, thereby ultimately enhancing patient safety outcomes. Understanding the role and mission of The Joint Commission is vital for healthcare professionals and institutions aiming to provide high-quality care.

6. When should a nurse perform a safety assessment?

- A. Upon patient discharge and follow-up
- B. Only during the first nurse-patient interaction
- C. Upon patient admission, transfer, and at regular intervals throughout hospitalization**
- D. At the end of a patient's care plan

A safety assessment is essential in nursing practice to ensure patient well-being and to identify any potential risks that may impact patient safety. The most appropriate time to conduct a safety assessment is upon patient admission, during transfers, and at regular intervals throughout hospitalization. This approach allows the nurse to continuously monitor the patient's condition, evaluate any changes, and implement necessary interventions to mitigate risks. Conducting assessments at these critical points ensures that the health care provider is aware of the patient's current state and any new risks that may arise due to changes in their health status, medications, or environment. Regular assessments can also help detect any evolving issues early, promote timely interventions, and ultimately improve patient outcomes. Other options may not provide the comprehensive ongoing assessment needed for ensuring safety. For instance, performing a safety assessment only during the first nurse-patient interaction does not account for changes that may occur later in the hospitalization. Similarly, waiting until discharge or at the end of a care plan limits the opportunity for proactive management of safety concerns, which is vital in the dynamic environment of patient care.

7. What protocol should be followed in case of a chemical spill?

- A. Ignore it if it's contained
- B. Alert emergency services and evacuate the area if necessary**
- C. Clean it up with paper towels immediately
- D. Leave the area and notify a supervisor later

The most appropriate course of action in the event of a chemical spill is to alert emergency services and evacuate the area if necessary. This response is critical for ensuring the safety of all individuals in the vicinity, as some chemicals can pose serious health risks. Timely notification to emergency services allows trained professionals to assess the situation and manage it safely. Furthermore, if the spill poses a significant risk, promptly evacuating the area helps prevent exposure to hazardous substances and protects both first responders and bystanders. This approach is aligned with best practices in environmental health and safety, where the priority is to minimize harm to people and the environment. Other responses, such as attempting to clean it up immediately with paper towels without assessing the nature of the chemical, could lead to exposure or worsen the situation. Ignoring the spill or delaying notification could also lead to dangerous consequences, making immediate action essential. Thus, responding swiftly and appropriately to a spill ensures that both immediate threats are handled and proper procedures are followed to maintain safety.

8. Which color is commonly used for biohazard waste containers?

- A. Blue
- B. Green
- C. Yellow
- D. Red**

The color commonly used for biohazard waste containers is red. This color choice serves a crucial purpose in healthcare settings, as it is highly visible and easily identifiable, ensuring that personnel can quickly recognize hazardous waste and handle it with the appropriate precautions. The use of red aligns with universally accepted color coding standards for biohazardous materials, which helps to minimize risks of exposure and contamination. Red containers are intentionally designed to signify the presence of potentially infectious or dangerous materials, providing a clear and immediate understanding of the necessary safety protocols that must be followed when handling such waste. This visual cue is essential for maintaining safety and compliance within healthcare environments.

9. What are the signs of an infection that nurses need to monitor in postoperative patients?

- A. Increased appetite and energy
- B. Redness, swelling, increased pain, and fever**
- C. Weight loss and fatigue
- D. Normal healing with no symptoms

In monitoring postoperative patients, recognizing the signs of infection is crucial for timely intervention and effective management. The signs of infection typically include redness, swelling, increased pain, and fever. Redness and swelling at the surgical site are indicative of inflammation, which often occurs in response to infection. Increased pain can signify complications in the healing process or the presence of an abscess. Fever, a systemic response, is a significant indicator of infection and suggests that the body is fighting off pathogens. Together, these symptoms create a clear picture that may warrant further assessment, diagnostic tests, or interventions to prevent more serious complications. The other options highlight symptoms or conditions that do not typically correlate with infection. Increased appetite and energy might suggest recovery rather than indicate an infection, while weight loss and fatigue can be general signs of illness but are not specific to infection. Normal healing with no symptoms is the ideal postoperative outcome, suggesting that the area is healing properly without signs of complications or infection.

10. Which of the following is classified as an intrinsic fall risk?

- A. Confusion**
- B. Poor lighting
- C. Clutter
- D. Slippery floors

Intrinsic fall risks are factors that originate within a person, influencing their likelihood of falling. These risks are often related to an individual's physical or cognitive state. Confusion fits this definition well because it can impair a person's ability to assess their surroundings and make safe decisions, potentially leading to falls. For instance, a person experiencing confusion may have difficulty understanding where they are or how to navigate a space safely, increasing the risk of tripping or losing balance. In contrast, the other options mentioned, such as poor lighting, clutter, and slippery floors, are classified as extrinsic fall risks. These are environmental factors that can contribute to a fall but are not related to the individual's personal attributes or conditions.

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://elinursingsafety.examzify.com>

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

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