

FUNDAMENTALS SAFETY/HYGIENE EAQ PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

**VISIT US ONLINE FOR
THE FULL VERSION STUDY GUIDE**

<https://fundamentalsafetyhygieneeaq.examzify.com>



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Table of Contents

Copyright	1
Table of Contents	2
Introduction	3
How to Use This Guide	4
Questions	5
Answers	8
Explanations	10
Next Steps	16

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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 instruction should the nurse give to the NAP to ensure safety while performing perineal care?**
 - A. Wear sterile gloves
 - B. Wear clean gloves
 - C. Wear an isolation gown
 - D. Use hot water
- 2. What are the responsibilities of employers regarding workplace safety?**
 - A. To allow employees to choose their own safety gear
 - B. To provide a safe environment, training, and necessary safety equipment for employees
 - C. To ensure employees work without any breaks
 - D. To only provide safety training on request
- 3. How can healthcare institutions effectively promote safety culture?**
 - A. By enforcing strict rules
 - B. By encouraging open communication and reporting safety concerns
 - C. By limiting staff meetings
 - D. By conducting safety audits only
- 4. When assisting a patient with a nasogastric tube and intravenous infusion line onto a bedpan, what should the nurse do first?**
 - A. Close the bedside curtain
 - B. Raise the side rail on the side opposite that on which the nurse is working
 - C. Raise the bed to a comfortable working height
 - D. Obtain help to place the patient on the bedpan
- 5. What is an essential practice when performing perineal care on a patient with a catheter?**
 - A. Use antiseptic wipes for cleaning
 - B. Wear a face mask during the procedure
 - C. Ensure the catheter remains secured throughout the cleaning process
 - D. Clean the area with cold water for comfort

- 6. When are sterile nonlatex gloves recommended for a sterile procedure?**
- A. When there is a possible sensitivity issue
 - B. When the staff member prefers them
 - C. When latex gloves are not conveniently available
 - D. When the patient prefers them
- 7. How can a nurse best support a patient who is feeling anxious about a gown change?**
- A. Reassure the patient that gown changes are routine
 - B. Provide a detailed explanation of the process
 - C. Minimize interaction during the change
 - D. Focus on the next activity planned
- 8. After positioning a patient safely in the tub, what is the nurse's best response when the patient says, "I'll call you when I'm done"?**
- A. "All right. Just holler when you're ready, and I'll come help you get out of the tub."
 - B. "Well, I'll check back with you in about 5 minutes to see if you need anything."
 - C. "That's not safe. I'll wait right outside the door for you to finish."
 - D. "I'll be back in 15 minutes. That should be enough time for you to finish up."
- 9. How should the nurse protect a patient's dentures that have been removed and placed on the bedside stand?**
- A. Wrap the dentures in a paper towel
 - B. Store the dentures in the patient's bedside stand, and notify other staff of where they have been placed
 - C. Obtain a denture cup, label it with the patient's name, and store the dentures in a safe place
 - D. Wrap the dentures in a damp washcloth, and place them in a denture cup
- 10. When preparing to help a male patient shave, why does the nurse first review the patient's medical history?**
- A. To determine the patient's risk of bleeding
 - B. To see how often he prefers the shave
 - C. To learn which is his dominant hand
 - D. To determine whether he can perform the task himself

Answers

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

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Explanations

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1. Which instruction should the nurse give to the NAP to ensure safety while performing perineal care?

- A. Wear sterile gloves
- B. Wear clean gloves**
- C. Wear an isolation gown
- D. Use hot water

Wearing clean gloves during perineal care is essential for maintaining safety and preventing infections. In this context, clean gloves provide a barrier between the caregiver's skin and the patient's bodily fluids, which minimizes the risk of contamination and transmission of pathogens. Perineal care involves cleaning areas that can be exposed to bacteria and other potential sources of infections. Therefore, the use of clean gloves is a standard precaution that promotes proper hygiene practices in a healthcare setting. Other options, such as wearing sterile gloves or using an isolation gown, are not necessary for routine perineal care unless specific medical conditions warrant such precautions. Wearing sterile gloves is reserved for invasive procedures where maintaining a sterile field is critical. An isolation gown is typically required when there is a risk of contact with body fluids that may transmit infections, but it is not routinely needed for perineal care. Additionally, using hot water is not advisable, as it could cause burns or discomfort to the patient. Using warm, comfortable water is the appropriate practice to ensure patient safety and comfort during perineal care.

2. What are the responsibilities of employers regarding workplace safety?

- A. To allow employees to choose their own safety gear
- B. To provide a safe environment, training, and necessary safety equipment for employees**
- C. To ensure employees work without any breaks
- D. To only provide safety training on request

Employers have a crucial responsibility to ensure workplace safety, which includes providing a safe working environment, offering training on safety protocols, and supplying necessary safety equipment for employees. This obligation stems from various regulations and standards set forth by organizations such as the Occupational Safety and Health Administration (OSHA). A safe environment reduces the likelihood of workplace accidents and injuries, while thorough training equips employees with the knowledge to recognize hazards and respond appropriately. Furthermore, providing the appropriate safety equipment is essential to protect employees from potential risks specific to their jobs. The focus on these duties underscores an employer's role not just as a provider of work but as a protector of employee well-being and safety, fostering a culture of safety that benefits both the workforce and the organization as a whole.

3. How can healthcare institutions effectively promote safety culture?

- A. By enforcing strict rules
- B. By encouraging open communication and reporting safety concerns**
- C. By limiting staff meetings
- D. By conducting safety audits only

Promoting a safety culture within healthcare institutions is fundamentally about creating an environment where all employees feel empowered to engage in discussions about safety and to report any safety concerns without fear of retribution. Encouraging open communication allows for the sharing of ideas, experiences, and potential issues related to safety. This dialogue helps foster a collaborative atmosphere where staff members can voice their concerns or observations without hesitation, leading to a proactive approach in identifying and mitigating risks. Open communication can also enhance teamwork and trust among employees, making them more likely to support each other in safety initiatives. When concerns are reported and addressed promptly, it creates a cycle of continuous improvement, ensuring that safety remains a core value and priority within the organization. In contrast, enforcing strict rules may create a culture of fear, where employees might hesitate to report problems or bring up suggestions for improvement, ultimately undermining safety efforts. Similarly, limiting staff meetings could stifle discussions that are crucial for safety awareness and team cohesion. Conducting safety audits is indeed important, but if done only periodically and without promoting a culture of openness and feedback, it might not result in a sustained commitment to safety improvements. Therefore, promoting open communication and actively encouraging the reporting of safety concerns is key to establishing and maintaining a robust safety culture within

4. When assisting a patient with a nasogastric tube and intravenous infusion line onto a bedpan, what should the nurse do first?

- A. Close the bedside curtain
- B. Raise the side rail on the side opposite that on which the nurse is working
- C. Raise the bed to a comfortable working height
- D. Obtain help to place the patient on the bedpan**

When assisting a patient with a nasogastric tube and intravenous infusion line onto a bedpan, the most important first step is to ensure patient safety and comfort, which often requires additional assistance. The presence of medical devices like a nasogastric tube and an intravenous line complicates the process of repositioning the patient, and the nurse must be cautious to prevent dislodgment or undue stress on these lines. By obtaining help to place the patient on the bedpan, the nurse can ensure that the patient is maneuvered safely and correctly, minimizing the risk of injury and ensuring the patient's dignity is maintained throughout the procedure. This approach is essential for patients who may have limited mobility or who may not be able to assist fully due to their medical condition. Additionally, while closing the bedside curtain, raising the side rail, or adjusting the bed height are all important actions to consider for privacy, safety, and ergonomics, these steps do not address the immediate need for assistance in safely positioning the patient with the existing medical devices.

5. What is an essential practice when performing perineal care on a patient with a catheter?

- A. Use antiseptic wipes for cleaning
- B. Wear a face mask during the procedure
- C. Ensure the catheter remains secured throughout the cleaning process**
- D. Clean the area with cold water for comfort

An essential practice when performing perineal care on a patient with a catheter is to ensure that the catheter remains secured throughout the cleaning process. This is crucial because maintaining the stability of the catheter helps prevent any unnecessary trauma or pulling on the catheter, which could lead to complications such as irritation, displacement, or urinary tract infections. Securing the catheter allows for safe handling of the area around it while minimizing discomfort for the patient. Utilizing antiseptic wipes or specific cleaning solutions can be part of perineal hygiene, but they might not be necessary for every patient and practice varies according to institutional protocols. Wearing a face mask is generally not required unless there are specific infection control concerns, as the risk of droplet transmission in this context is minimal. Cleaning the area with cold water might not be the most effective or comfortable method for all patients, as it can lead to discomfort rather than comfort. Thus, keeping the catheter secure is the most critical aspect to ensure safety and effectiveness during perineal care.

6. When are sterile nonlatex gloves recommended for a sterile procedure?

- A. When there is a possible sensitivity issue**
- B. When the staff member prefers them
- C. When latex gloves are not conveniently available
- D. When the patient prefers them

Sterile nonlatex gloves are recommended for a sterile procedure primarily when there is a possible sensitivity issue. This is particularly important for patients who have a known allergy or sensitivity to latex, which can cause allergic reactions ranging from mild irritation to severe anaphylaxis. By using nonlatex gloves, healthcare professionals ensure patient safety and comfort while maintaining the integrity of the sterile field required for the procedure. Using nonlatex gloves due to personal preference or convenience does not prioritize patient safety. Additionally, the patient's preferences should be considered, but they are not the primary reason for choosing nonlatex gloves in sterile procedures. The critical factor remains ensuring that the gloves do not trigger an allergic reaction in the patient, validating the recommendation for sterile nonlatex gloves in such scenarios.

7. How can a nurse best support a patient who is feeling anxious about a gown change?

- A. Reassure the patient that gown changes are routine
- B. Provide a detailed explanation of the process**
- C. Minimize interaction during the change
- D. Focus on the next activity planned

Providing a detailed explanation of the process is the best way to support a patient who is feeling anxious about a gown change because it helps to alleviate uncertainty and fear. When patients know exactly what to expect, it can significantly reduce their anxiety. Explaining the steps involved in changing the gown can make the process feel more controlled and approachable for the patient. Communication is a powerful tool in nursing, as it builds trust and allows for an empathetic connection. By giving clear and detailed information, the nurse empowers the patient and addresses potential misconceptions about the situation. This approach fosters a sense of security and comfort, making the patient feel more involved and less like a passive participant in their own care. The other choices do not effectively address the emotional needs of the patient dealing with anxiety about a gown change. While reassurance about routine changes can help, it may not provide the detailed understanding that the patient is seeking. Minimizing interaction could leave the patient feeling isolated and more anxious. Focusing solely on the next activity can divert attention from the immediate concern, which is the patient's current anxiety regarding the gown change. Therefore, providing a detailed explanation is indeed the most comprehensive support option.

8. After positioning a patient safely in the tub, what is the nurse's best response when the patient says, "I'll call you when I'm done"?

- A. "All right. Just holler when you're ready, and I'll come help you get out of the tub."
- B. "Well, I'll check back with you in about 5 minutes to see if you need anything."**
- C. "That's not safe. I'll wait right outside the door for you to finish."
- D. "I'll be back in 15 minutes. That should be enough time for you to finish up."

The chosen response, which involves checking back with the patient in about 5 minutes, is a proactive approach that balances the patient's independence with safety considerations. This strategy shows that the nurse respects the patient's need for privacy and autonomy while also maintaining a watchful eye on their well-being. By regularly checking in, the nurse creates an opportunity for the patient to ask for assistance if needed, thereby reducing the risk of accidents or emergencies during tub use. This response is particularly advantageous as it also softens any potential feelings of isolation that might accompany being left alone in the tub. This option supports the patient's comfort while ensuring that prompt help is available should any issues arise, illustrating an understanding that patients may require assistance but also want to maintain control over their own care process. In contrast, other responses may either undermine the patient's autonomy or create unnecessary time delays in responding to potential needs.

9. How should the nurse protect a patient's dentures that have been removed and placed on the bedside stand?

- A. Wrap the dentures in a paper towel
- B. Store the dentures in the patient's bedside stand, and notify other staff of where they have been placed
- C. Obtain a denture cup, label it with the patient's name, and store the dentures in a safe place**
- D. Wrap the dentures in a damp washcloth, and place them in a denture cup

The proper way to protect a patient's dentures that have been removed is to obtain a denture cup, label it with the patient's name, and store the dentures in a safe place. This approach ensures that the dentures are not only protected from damage but also easily identifiable, which is vital in a healthcare setting where multiple patients may be receiving care. Labeling the denture cup with the patient's name minimizes the risk of mix-ups and promotes proper infection control measures. Storing the dentures in a denture cup also helps keep them clean and safe from potential contaminants, which can occur if they are left exposed on a bedside stand or wrapped in materials that may not be sterile. This method is aligned with best practices in maintaining oral hygiene and respecting the patient's personal items. Using a denture cup designed specifically for this purpose is also essential because it typically includes features that protect the dentures better than other methods. Overall, this choice reflects the appropriate standard of care for handling removable dental appliances in a clinical environment.

10. When preparing to help a male patient shave, why does the nurse first review the patient's medical history?

- A. To determine the patient's risk of bleeding**
- B. To see how often he prefers the shave
- C. To learn which is his dominant hand
- D. To determine whether he can perform the task himself

Reviewing the patient's medical history before assisting with shaving is crucial primarily to determine the patient's risk of bleeding. Shaving involves the use of sharp blades, and for patients with certain conditions, such as those on anticoagulant therapy or with bleeding disorders, there may be a heightened risk of cuts and excessive bleeding. By understanding the patient's medical history, including any medications that affect clotting or conditions that compromise blood vessels or skin integrity, the nurse can take appropriate precautions. This might involve using safer shaving methods, applying pressure to minor cuts, or ensuring that a safer electric razor is used instead of a traditional blade. Understanding the patient's shaving preferences, dominant hand, or ability to perform the task independently, while important in terms of patient care, do not take precedence over ensuring patient safety regarding potential bleeding issues. Thus, determining the risk of bleeding is the most critical reason for reviewing the medical history prior to aiding with shaving.

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://fundamentalsafetyhygieneeq.examzify.com>

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

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