

HAZARDOUS DRUG MANAGEMENT PRACTICE TEST (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

<https://hazardousdrugmgmt.examzify.com>



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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 device must be used when administering antineoplastic hazardous drugs?**
 - A. CSTDs
 - B. Goggles
 - C. Gloves
 - D. Face shields
- 2. Which organization provides criteria to identify hazardous drugs?**
 - A. NIOSH
 - B. OSHA
 - C. EPA
 - D. FDA
- 3. What is the main purpose of having dedicated equipment and storage for HD areas?**
 - A. To simplify inventory tracking
 - B. To reduce PPE usage
 - C. To enable shared use with non-HD areas
 - D. To prevent cross-contamination by ensuring HD materials stay contained and separate
- 4. Chemo gowns changed every?**
 - A. 2-3 hours
 - B. 6-8 hours
 - C. Daily
 - D. Weekly
- 5. Chemo gowns are made of which material?**
 - A. Cotton
 - B. Non-woven polyester
 - C. Polyethylene coated polypropylene
 - D. Polyurethane

- 6. RCRA defines four characteristics of hazardous waste. Which set lists all four?**
- A. Ignitability, corrosivity, toxicity, reactivity
 - B. Flammability, toxicity, corrosivity, radioactivity
 - C. Ignitability, corrosivity, stability, volatility
 - D. Corrosivity, reactivity, solubility, odor
- 7. Which statement about P-List and U-List hazard designations is true?**
- A. P-List indicates nonhazardous waste
 - B. U-List indicates acutely toxic waste
 - C. Acute toxicity hazard is indicated by P-List
 - D. P-List indicates low hazard
- 8. In HD cleaning practices, chemical decontamination is used.**
- A. True
 - B. False
 - C. Not specified
 - D. Only for non-HD areas
- 9. PPE that is not visibly soiled or used to compound hazardous drugs does not need to be disposed of as hazardous waste. True or False?**
- A. True
 - B. False
 - C. Not specified
 - D. It depends
- 10. Which statement about ACPH requirements applies to both anteroom and buffer room?**
- A. Both require at least 30 ACPH
 - B. Only anteroom requires 30 ACPH
 - C. Only buffer-room requires 30 ACPH
 - D. Neither requires ACPH

Answers

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

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Explanations

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1. Which device must be used when administering antineoplastic hazardous drugs?

A. CSTDs

B. Goggles

C. Gloves

D. Face shields

Maintaining a closed system during administration of antineoplastic hazardous drugs is essential to protect staff from exposure. A closed-system transfer device is specifically designed to keep the drug contained as it's drawn from a vial and transferred into an IV line or syringe, preventing leakage or aerosolization if connections shift or fail. This containment is what minimizes occupational exposure. PPE like goggles, gloves, and face shields protect against splashes and direct contact, but they do not create or preserve a closed pathway for the drug. They alone cannot prevent environmental contamination or drug aerosols from escaping during transfer and administration. Therefore, the device that must be used is the closed-system transfer device.

2. Which organization provides criteria to identify hazardous drugs?

A. NIOSH

B. OSHA

C. EPA

D. FDA

Understanding hazardous drugs starts with the criteria set by NIOSH. NIOSH defines which drugs pose an occupational health risk and provides guidelines and a Hazardous Drugs List to identify them. The criteria cover properties like carcinogenicity, teratogenicity or reproductive toxicity, organ toxicity at low doses, genotoxicity, or other similar hazards. When a drug meets these criteria, healthcare facilities implement containment measures, engineering controls, and appropriate PPE to protect workers. Other agencies have different roles. OSHA enforces workplace safety standards and may reference NIOSH guidance, but it does not establish the drug-specific criteria itself. FDA handles drug approval, safety, and labeling, not the criteria for handling hazardous drugs. EPA governs environmental hazards and pesticides, not occupational handling of medicines. So the organization that provides the criteria to identify hazardous drugs is NIOSH.

3. What is the main purpose of having dedicated equipment and storage for HD areas?

A. To simplify inventory tracking

B. To reduce PPE usage

C. To enable shared use with non-HD areas

D. To prevent cross-contamination by ensuring HD materials stay contained and separate

The main idea is to prevent cross-contamination by keeping hazardous drug (HD) materials contained and physically separated from other areas. When equipment and storage are dedicated to HD work, residues, spills, and emissions are less likely to move into non-HD spaces, surfaces, or products. This containment protects staff from exposure, helps maintain a clean, controlled handling environment, and supports regulatory requirements for safe HD handling. While organized inventory management can be a helpful side effect, it isn't the primary reason for dedicated HD equipment and storage. Reducing PPE usage isn't the main goal either, since PPE is part of protecting the worker regardless of containment systems. Allowing shared use with non-HD areas would undermine containment and safety standards, which is why it's not compatible with the purpose of dedicated HD areas.

4. Chemo gowns changed every?

A. 2-3 hours

B. 6-8 hours

C. Daily

D. Weekly

Handling chemotherapy drugs creates a real risk of skin exposure and environmental contamination. The gown serves as the outer barrier, but its protective effectiveness diminishes over time as drugs can permeate and the fabric becomes contaminated with repeated handling. Changing the gown every 2 to 3 hours maintains that barrier integrity and helps keep exposure risk low. If a spill occurs or the gown becomes visibly contaminated, change it immediately. Longer intervals like 6–8 hours, daily, or weekly allow contaminants to accumulate and increase the chance of skin contact or cross-contamination. In busy work settings, 2–3 hours is the standard minimum to balance safety with practicality.

5. Chemo gowns are made of which material?

A. Cotton

B. Non-woven polyester

C. Polyethylene coated polypropylene

D. Polyurethane

Gowns used when handling hazardous drugs must provide a true liquid barrier to prevent permeation of cytotoxic agents. Polyethylene-coated polypropylene delivers that barrier: the sturdy polypropylene fabric is laminated with a thin polyethylene film, creating a surface that resists penetration by liquids and drug solutions while remaining disposable and relatively comfortable for use during preparation and administration. Cotton would absorb spills and can harbor contamination, increasing exposure risk. Non-woven polyester by itself does not guarantee a reliable liquid barrier unless it's coated or laminated with a barrier film. While polyurethane can provide impermeability, chemotherapy gowns are typically made from polyethylene-coated polypropylene because it offers strong liquid barrier protection, durability, and cost-effective disposability.

6. RCRA defines four characteristics of hazardous waste. Which set lists all four?

A. Ignitability, corrosivity, toxicity, reactivity

B. Flammability, toxicity, corrosivity, radioactivity

C. Ignitability, corrosivity, stability, volatility

D. Corrosivity, reactivity, solubility, odor

The key idea is understanding the four characteristics RCRA uses to identify hazardous waste: ignitability, corrosivity, reactivity, and toxicity. Ignitability covers wastes that can easily catch fire during storage or handling, such as flammable liquids or solids that can ignite under normal conditions. Corrosivity refers to wastes that are highly acidic or basic (extreme pH) or that can corrode metal containers, making them hazardous through destructive contact. Reactivity involves wastes that are unstable or can undergo violent reactions, including those that release toxic gases, explode, or generate heat when mixed with water or other substances. Toxicity is about contaminants that can leach out of the waste and cause toxic effects to humans or the environment, typically shown through regulatory leachate tests. This combination lists all four recognized characteristics, so it correctly identifies hazardous waste under RCRA. Other properties like radioactivity, volatility, stability, solubility, or odor aren't the official RCRA criteria used to classify hazardous waste, even though they may be relevant in other contexts.

7. Which statement about P-List and U-List hazard designations is true?

- A. P-List indicates nonhazardous waste
- B. U-List indicates acutely toxic waste
- C. Acute toxicity hazard is indicated by P-List**
- D. P-List indicates low hazard

Understanding how P-list and U-list designations relate to hazard levels helps you handle waste correctly. P-list wastes are acutely hazardous, meaning they're highly toxic in very small amounts and require stringent handling and disposal controls. U-list wastes are toxic in general and can pose health risks, but not primarily through acute toxicity—often involving chronic or systemic effects. So the statement that acute toxicity hazard is indicated by P-list is true. The other ideas don't fit because P-list is not nonhazardous or low hazard, and U-list isn't defined by acute toxicity in the same way.

8. In HD cleaning practices, chemical decontamination is used.

- A. True**
- B. False
- C. Not specified
- D. Only for non-HD areas

Chemical decontamination is used in hazardous-drug cleaning to neutralize drug residues that may remain after routine cleaning. Wiping with detergent and water removes most soil, but some hazardous-drug residues can adhere to surfaces or be left in microscopic crevices. Applying a chemical decontaminant—chosen for compatibility with the surface and the drug—breaks down or inactivates these residues, reducing the risk of exposure to staff during future cleaning, handling, or patient care. This step is a standard part of cleaning protocols, including after spills, and is not limited to non-HD areas. Always follow the facility's policies and the product's directions for contact time, surface compatibility, and safety precautions.

9. PPE that is not visibly soiled or used to compound hazardous drugs does not need to be disposed of as hazardous waste. True or False?

- A. True
- B. False**
- C. Not specified
- D. It depends

Residues from hazardous drugs can remain on PPE even when it looks clean, so the risk isn't eliminated by appearance alone. Because of that, PPE used in handling hazardous drugs is treated as contaminated and should be disposed of as hazardous waste. This protects workers from exposure and helps prevent environmental contamination. Gloves, gowns, face shields, and other disposable coverings used in compounding or administering hazardous drugs are typically discarded through the hazardous waste stream, rather than being tossed in regular trash, unless the facility has a specific decontamination and reuse protocol that meets regulatory standards. So the statement is false: lack of visible soil does not guarantee that PPE can bypass hazardous waste disposal.

10. Which statement about ACPH requirements applies to both anteroom and buffer room?

A. Both require at least 30 ACPH

B. Only anteroom requires 30 ACPH

C. Only buffer-room requires 30 ACPH

D. Neither requires ACPH

Air changes per hour measure how often room air is replaced each hour, which helps dilute and remove any hazardous drug aerosols during handling. For hazardous drug containment, both the anteroom and the buffer room are required to have at least 30 ACPH. The anteroom acts as a transition space to limit dispersion when doors are opened, and the buffer room is the actual HD compounding space; giving both areas the same minimum of air changes ensures consistent containment as staff move materials between spaces and perform work. If only one area had 30 ACPH or neither did, the potential for aerosol contamination escaping to surrounding areas would be greater. Thus, the statement that both require at least 30 ACPH is the correct one.

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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://hazardousdrugmgmt.examzify.com>

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

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