COMPREHENSIVE NURSING INFECTION CONTROL, MOBILITY, SAFETY, AND COMMUNICATION STRATEGIES 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.

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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!

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Questions

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1. Which statement about repositioning and transfers is correct?

A. They should be performed without alerting the patient to reduce anxiety.

B. They require planning, proper technique, and sometimes assistive devices.

C. They always require four staff members.

D. They are optional if the patient seems capable.

2. Which of the following is an element of professional nursing communication?

A. Timekeeping, routine, paperwork, authority.

B. Speaking loudly, interrupting, withholding information.

C. Appearance, demeanor, use of names, autonomy, courtesy, trustworthiness, and assertiveness.

D. Physical touch, gift-giving, favoritism.

3. What is the role of the infection control professional?

A. To collect and analyze infection data and evaluate products and procedures

B. To administer vaccines to patients

C. To perform surgeries

D. To provide direct patient care

4. What is the correct order of the RACE sequence in fire response?

A. RACE — Alarm, Rescue, Contain, Extinguish

B. RACE — Rescue, Contain, Alarm, Extinguish

C. RACE — Rescue, Alarm, Contain, Extinguish

D. RACE — Rescue, Alarm, Contain, Extinguish

5. What is a key step in chemical spill response?

A. Evacuate the area immediately.

B. Call a coworker to watch the spill.

C. Try to neutralize the spill with your own materials.

D. Follow the facility's protocol for chemical spills.

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6. What is a common goal of care in infection control?

A. Eliminating all microorganisms
B. Preventing further exposure to infectious organisms
C. Isolating all patients
D. Providing antibiotic prophylaxis

7. What can social isolation in toddlers lead to?

A. Accelerated learning and socialization.
B. Increased independence.
C. Delayed social skills and emotional development.
D. Improved communication.

8. Which techniques promote therapeutic communication?

A. Using closed-ended questions exclusively.
B. Using open-ended questions, silence, and active listening.
C. Withholding information intentionally.
D. Relying solely on nonverbal cues.

9. What does SMART stand for in goal setting?

A. Simple, Manageable, Attainable, Realistic, Timely
B. Situation, Method, Action, Result, Timeline
C. Strategic, Measurable, Adaptable, Relevant, Timed
D. Specific, Measurable, Achievable, Relevant, Timed

10. The Braden scale is used to assess risk of what?

A. Risk of falls
B. Risk of infection
C. Risk of pressure ulcers
D. Risk of dehydration

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Answers

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

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Explanations

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1. Which statement about repositioning and transfers is correct?

A. They should be performed without alerting the patient to reduce anxiety.

B. They require planning, proper technique, and sometimes assistive devices.

C. They always require four staff members.

D. They are optional if the patient seems capable.

Repositioning and transfers must be planned and performed with proper technique, using assistive devices when needed to protect both patient and caregiver. Start with a quick assessment: the patient's mobility level, weight, any medical tubes or lines, pain level, and cognitive status. Choose the safest method and the right equipment—gait belts, slide sheets, transfer boards, or mechanical lifts—and gather help if required. Use correct body mechanics: keep the back straight, bend at the knees, stand with feet apart, and keep the patient's load close to your body. Ensure the environment is safe—brakes locked, path clear, furniture at an appropriate height—and communicate with the patient throughout so they know what to expect and can participate as able. Using assistive devices correctly reduces friction, shear, and the risk of injury, and helps protect staff from back and shoulder injuries. Alerting the patient about what you will do supports safety and dignity, rather than hiding the process. The number of staff needed varies with the patient and equipment, not a fixed rule. And repositioning/ transfers are not optional—even if a patient seems capable, following proper technique and using devices as needed remains essential.

2. Which of the following is an element of professional nursing communication?

A. Timekeeping, routine, paperwork, authority.

B. Speaking loudly, interrupting, withholding information.

C. Appearance, demeanor, use of names, autonomy, courtesy, trustworthiness, and assertiveness.

D. Physical touch, gift-giving, favoritism.

Professional nursing communication rests on how you present yourself and interact with patients in a way that builds trust and understanding. The best answer includes appearance and demeanor, using the patient's preferred name, supporting autonomy by involving patients in decisions, showing courtesy, being trustworthy, and communicating with assertiveness. Appearance and demeanor convey professionalism and respect; using names personalizes the interaction and fosters rapport; autonomy honors the patient's rights and enhances clarity and agreement about care; courtesy keeps interactions polite and patient-centered; trustworthiness—honesty, consistency, and reliability—creates safety and openness; and assertiveness allows you to express needs and concerns clearly and respectfully, facilitating effective problem-solving. Collectively, these elements promote patient satisfaction, safety, and adherence to care plans. Behaviors like speaking loudly, interrupting, or withholding information impede understanding and erode trust; focusing only on administrative tasks or authority misses the interpersonal skills essential to nursing communication; and actions such as inappropriate physical touch, gift-giving, or favoritism undermine professionalism and fairness.

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3. What is the role of the infection control professional?

A. To collect and analyze infection data and evaluate products and procedures

B. To administer vaccines to patients

C. To perform surgeries

D. To provide direct patient care

Focusing on surveillance and data-driven prevention, the infection control professional systematically collects infection data, analyzes trends, and uses those findings to evaluate products and procedures to reduce infection rates. This data-driven approach guides policy changes, practice improvements, and targeted interventions to prevent healthcare-associated infections. Administering vaccines, performing surgeries, and providing direct patient care are clinical tasks carried out by nurses, physicians, and surgeons, not by infection control professionals, which is why those options do not fit.

4. What is the correct order of the RACE sequence in fire response?

A. RACE — Alarm, Rescue, Contain, Extinguish

B. RACE — Rescue, Contain, Alarm, Extinguish

C. RACE — Rescue, Alarm, Contain, Extinguish

D. RACE — Rescue, Alarm, Contain, Extinguish

Understanding the steps in a fire situation starts with prioritizing people over property. The action order is rescue first: immediately move anyone in danger to safety if you can do so without risking your own safety. Next comes alarm: after you've secured those in danger, activate the fire alarm to summon help and alert others quickly. Then containment: close doors behind you and aim to limit the spread of flames and smoke to protect the evacuees and give responders a safer environment to work in. Finally, extinguish: only attempt this if the fire is small, you are trained, you know there is a safe path to exit, and your action won't delay evacuation. If any of these conditions aren't met, prioritize leaving the area and calling for help over trying to fight the fire. In short, rescue, alarm, contain, extinguish.

5. What is a key step in chemical spill response?

A. Evacuate the area immediately.

B. Call a coworker to watch the spill.

C. Try to neutralize the spill with your own materials.

D. Follow the facility's protocol for chemical spills.

Following established protocols for chemical spills is essential because it provides a predefined, safe sequence of actions that ensure containment, proper notification, and cleanup. This approach prevents improvisation that could worsen exposure or spread contamination and makes sure you use the correct personal protective equipment, barriers, and spill-kit materials in the right order. The protocol usually covers who to alert (supervisor or safety officer), whether to evacuate or isolate the area, how to label and secure the zone, and how cleanup and disposal should be handled by trained personnel. Trying to neutralize a spill with untrained materials can trigger dangerous reactions or release additional hazards, so it's only appropriate if the protocol specifically directs you to do so and you're trained for it. Calling a coworker to watch the spill doesn't address containment or reporting, and evacuating or handling the spill yourself without following the protocol can put you and others at risk.

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6. What is a common goal of care in infection control?

A. Eliminating all microorganisms

B. Preventing further exposure to infectious organisms

C. Isolating all patients

D. Providing antibiotic prophylaxis

Preventing the spread of infection by stopping exposure to infectious organisms is the practical, everyday aim in infection control. In real settings we can't eliminate every microbe—many are harmless or essential to normal bodily functions—so the focus is on interrupting transmission and protecting people. This means practices like strict hand hygiene before and after patient contact, using appropriate personal protective equipment, maintaining sterile technique during procedures, thorough cleaning and disinfection of surfaces, proper waste handling, and isolating patients when needed. These steps collectively reduce how far infectious agents can move from one person to another and from environment to person. Other options aren't the general goal because they're not feasible or safe as universal goals: trying to eliminate all microorganisms isn't possible and would disrupt normal flora; isolating every patient isn't practical and could hinder care; and antibiotic prophylaxis is used selectively, not as a blanket infection-control strategy, since overuse can lead to resistance and other problems. So, the best answer centers on preventing further exposure to infectious organisms.

7. What can social isolation in toddlers lead to?

A. Accelerated learning and socialization.

B. Increased independence.

C. Delayed social skills and emotional development.

D. Improved communication.

Social interaction with caregivers and peers is essential for toddlers to learn how to read emotions, take turns, and use language to express needs. When a toddler experiences social isolation, they miss regular opportunities to practice these skills in a safe, responsive environment. This can lead to slower development of social skills and emotion regulation because the child hasn't had enough chances to experience comforting, guidance, and opportunities to navigate frustrations with others. Over time, delays in recognizing and responding to others' cues, initiating play, and managing emotions are more likely than not. The other possibilities don't fit because they imply improvements or no impact that come from social experience. Accelerated learning and socialization, increased independence, or improved communication rely on active, ongoing social engagement to practice and refine those abilities.

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8. Which techniques promote therapeutic communication?

A. Using closed-ended questions exclusively.

B. Using open-ended questions, silence, and active listening.

C. Withholding information intentionally.

D. Relying solely on nonverbal cues.

Therapeutic communication thrives when you invite the patient to share their thoughts and feelings and respond in a way that builds trust and understanding. Open-ended questions encourage more than a yes-or-no reply, helping you gather richer information and explore concerns deeply. A thoughtful pause or silence gives the patient time to think and articulate what matters to them. Active listening—demonstrated through attentive body language, appropriate eye contact, reflecting or paraphrasing what the patient says, and acknowledging emotions—confirms you are truly hearing them and supports accurate understanding. When used together, these techniques create a safe, collaborative space that promotes openness and effective problem-solving. Using open-ended questions, silence, and active listening is the best approach because it fosters genuine dialogue rather than narrowing the conversation, prevents the patient from feeling interrogated, and ensures you capture both what the patient says and what they feel. In contrast, relying exclusively on closed-ended questions limits depth and insight, withholding information erodes trust and autonomy, and depending only on nonverbal cues can lead to misinterpretation because the patient's words aren't being heard or clarified.

9. What does SMART stand for in goal setting?

A. Simple, Manageable, Attainable, Realistic, Timely

B. Situation, Method, Action, Result, Timeline

C. Strategic, Measurable, Adaptable, Relevant, Timed

D. Specific, Measurable, Achievable, Relevant, Timed

SMART goals provide a clear, actionable framework for planning and evaluating progress. The idea is to set goals that are Specific, Measurable, Achievable, Relevant, and Timed. Specific means spell out exactly what will be done, who will do it, where, and why it matters in the context of patient care or safety. Measurable means there is a concrete criterion to determine when the goal is reached—usually a number, percentage, or observable outcome. Achievable ensures the target is realistic given available resources, skills, and time. Relevant ties the goal to meaningful outcomes and priorities, such as improving patient safety or infection control. Timed adds a deadline to prompt action and allow progress checks. For example, in an infection control effort, a specific goal might be to increase hand hygiene compliance among all staff in a unit to a defined target percentage, measured through regular audits, with a realistic plan and a completion date. A goal like that is clear, trackable, feasible, aligned with patient safety, and time-bound, which is why the SMART framework is preferred. Other wordings that replace standard terms or describe a process rather than a goal—such as using nonstandard descriptors or focusing on a process rather than a stated target—don't provide the same precise, testable structure.

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10. The Braden scale is used to assess risk of what?

A. Risk of falls

B. Risk of infection

C. Risk of pressure ulcers

D. Risk of dehydration

The main idea tested is recognizing what the Braden scale predicts. It specifically screens for risk of developing pressure ulcers by evaluating factors that contribute to skin breakdown when someone has prolonged pressure. It looks at six areas: sensory perception, moisture, activity, mobility, nutrition, and friction or shear. Each area reflects how easily skin can be damaged: reduced sensation, dampness from incontinence or perspiration, limited movement or activity, poor nutrition, and the mechanical forces that push or rub skin. A lower overall score means a higher risk, guiding nurses to implement preventive steps like turning schedules, pressure-relieving surfaces, diligent skin care, moisture management, and nutrition optimization. This focus on skin integrity is why it's not used for falls, dehydration, or infection risk, which are measured by other tools.

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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://compnursinfectioncontmobilitysafetycommstrats.examzify.com

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

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