Safety and Infection Prevention and Control

National Council Licensure Examination for Practical Nurses (NCLEX-PN)

10 to 16% of the exam · 14 activity statements · 2026 NCLEX-PN Test Plan

Safety and Infection Prevention and Control covers how the practical nurse protects clients, staff and visitors from injury and infection: identifying clients, checking orders and allergies, moving clients safely, using restraints only as a last resort, responding to fires, disasters and security alerts, reporting errors and applying standard and transmission-based precautions. Items test what to do first to prevent harm and which precaution or device fits the situation.

You should be able to: You can identify clients correctly, catch unsafe orders and allergies, move clients safely, choose alternatives before restraints, respond to fires, disasters and security alerts, report errors properly and choose the right infection precautions.

Every activity statement: the key point and the trap

1. Make sure care equipment is on hand and working safely

Check equipment before use: electrical cords intact, safety inspection current, alarms on and audible, batteries charged, suction and oxygen working at the bedside.

Trap: Using equipment that is damaged or overdue for inspection because no replacement is handy, or silencing an alarm without checking the client.

2. Check that a prescriber's order suits the client

Before carrying out an order, check that it suits this client: the dose for age and weight, allergies, current vital signs, laboratory results and other medications.

Trap: Giving a medication as ordered without checking the data that make it unsafe for this client.

3. Confirm who the client is before giving care

Use at least two identifiers, such as full name and date of birth, before medications, blood products, specimen collection, treatments and procedures.

Trap: Identifying a client by room number or by asking a yes-or-no question about the name.

4. Move and handle clients safely, using good body mechanics

Keep a wide base of support, bend at the hips and knees, keep the load close to your body and avoid twisting; turn with your feet.

Trap: Choosing to lift a dependent client manually, alone, rather than getting help and the right device.

5. Find out the client's allergies and act on them

Ask about allergies to medications, foods, latex and environmental agents, and the type of reaction, at every admission and before new medications.

Trap: Leaving the client to look up the reaction or call the provider before calling for help and treating the airway.

6. Get ready for and help respond to disasters inside or outside the facility, such as fires or severe weather

For a fire, use RACE: Rescue clients in immediate danger, Alarm (pull the alarm, call the code), Contain (close doors and windows), Extinguish or Evacuate.

Trap: Fighting the fire before rescuing the client, or taking an elevator during a fire evacuation.

7. Spot unsafe conditions in care settings and homes and deal with them

Fall prevention: bed low and locked, call light and items within reach, nonskid footwear, adequate lighting, clear paths, scheduled toileting.

Trap: Noting a hazard and leaving it for someone else when you can make it safe now.

8. Use the least restrictive form of restraint or seclusion

Restraints and seclusion are a last resort, used only when less restrictive measures have failed and the client is a danger to self or others.

Trap: Choosing a restraint first, tying it to the side rail, or treating a PRN restraint order as acceptable.

9. Carry out scheduled client checks, such as safety rounds, by protocol

Some clients need checks at set intervals by policy or order: every 15 minutes for suicide risk, more often or one-to-one for high risk, set intervals for restraints or seclusion.

Trap: Documenting checks that were not done, or doing them in advance.

10. Help teach the client how to stay safe, or reinforce that teaching

Reinforce the teaching the RN or provider began: call-light use, asking for help before getting up, using assistive devices, and medication safety.

Trap: Accepting "I understand" without teach-back, or the PN starting new teaching on a new diagnosis.

11. Raise and respond to security alerts, such as a missing infant or a client at risk of leaving

Know your facility's codes and what to do for each: infant or child abduction, a missing client, an armed intruder, a bomb threat.

Trap: Searching quietly or waiting to confirm before raising the alert.

12. Own up to and record mistakes and near misses, for example in an incident report

Report every error and near miss promptly per policy, whether or not harm occurred.

Trap: Completing the incident report before checking the client, or mentioning the incident report in the client's record.

13. Use devices that help move clients, such as gait belts, slide boards and lifts

A gait or transfer belt goes around the client's waist over clothing, snug enough to slip fingers under, to steady the client during transfers and walking.

Trap: Lifting a dependent client manually instead of using the lift, or trying to hold up a falling client instead of easing them down.

14. Prevent infection with protective equipment, standard precautions, isolation and aseptic technique

Standard precautions for every client: hand hygiene before and after contact, gloves for body fluids, and gown, mask and eye protection when splashing is likely; alcohol rub is not enough after caring for a client with Clostridioides difficile, so wash with soap and water.

Trap: Choosing a surgical mask for airborne illness, using alcohol rub after C. difficile care, or removing the mask before the gloves.

Key terms

Two identifiers: Two pieces of client-specific information, such as full name and date of birth, checked before care; never the room number.

RACE: Rescue, Alarm, Contain, Extinguish or Evacuate: the order of response to a fire.

PASS: Pull, Aim, Squeeze, Sweep: how to use a fire extinguisher.

Least restrictive measure: The option that keeps the client safe while limiting freedom the least; restraint is the last resort.

Near miss: An error caught before it reached the client; reported like any other event.

Incident report: A confidential quality document describing an error or unusual event; not part of the client's record.

Standard precautions: Infection control practices used for every client, treating all blood and body fluids as potentially infectious.

Transmission-based precautions: Contact, droplet or airborne precautions added to standard precautions for known or suspected infections.

Enhanced barrier precautions: Gown and glove use during high-contact care of nursing home residents with wounds, devices or certain resistant organisms.

Surgical asepsis: Sterile technique that keeps an area free of all microorganisms.

Gait belt: A belt worn around the client's waist that gives the nurse a secure hold during transfers and walking.

Triage: Sorting clients by urgency so care and resources go where they do the most good.

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