Safety and Infection Prevention and Control

National Council Licensure Examination for Registered Nurses (NCLEX-RN)

10 to 16% of the exam · 17 activity statements · 2026 NCLEX-RN Test Plan

Safety and Infection Prevention and Control covers how the nurse protects clients, visitors and staff from injury, infection, errors and hazards: precautions, client identification, safe orders and equipment, restraints, emergencies and a safe workplace. NCLEX items ask you to pick the safest action, the correct precaution or PPE, the right sequence (rescue before extinguishing, assess before moving a client who fell) and the correct response to an error or unsafe practice.

You should be able to: After this guide you should be able to choose the correct precaution and PPE sequence, keep clients safe from falls, errors, hazards and unsafe practice, and act in the right order in emergencies.

Every activity statement: the key point and the trap

1. Use infection control measures such as hand hygiene, isolation and sterile technique

Standard precautions apply to every client; add transmission-based precautions for the organism: contact (gown and gloves, e.g., MRSA, C. difficile, scabies), droplet (surgical mask within close contact, e.g., influenza, pertussis, mumps, meningococcal meningitis) and airborne (fit-tested N95 or higher respirator in an airborne infection isolation room with negative pressure and the door closed, e.g., tuberculosis, measles, varicella).

Trap: Choosing alcohol hand rub after C. difficile care, or a surgical mask instead of a fit-tested N95 respirator for tuberculosis, measles or varicella.

2. Keep the client from getting hurt

Assess fall risk on admission, after any change in condition, after a transfer and after a fall, using the agency's validated tool.

Trap: Raising all four side rails to prevent falls, which can act as a restraint and raises the risk of serious injury when a confused client climbs over them.

3. Check that a treatment order is correct and suitable

A complete prescription includes the client's name, date and time, the medication, dose, route, frequency and the prescriber's signature; an order for treatment states what, how and when.

Trap: Giving a prescribed dose that does not fit the client's current findings because the order is valid on paper, instead of holding it and clarifying.

4. Handle hazardous and biohazardous materials by the set procedures

Discard sharps immediately into a puncture-resistant sharps container at the point of use; never recap a used needle (use the safety device), and replace the container when it reaches the fill line.

Trap: Recapping a used needle with two hands, or picking up a dislodged radioactive source by hand.

5. Follow the facility's security procedures, for example for infant safety or violence

Newborn security: the parent and newborn wear matching identification bands, checked every time the infant is brought to the parent; staff wear visible photo identification, and the parent is taught to hand the infant only to staff with that identification.

Trap: Handing an infant to someone because they wear scrubs, without checking the unit's photo identification.

6. Apply good body mechanics and ergonomics while giving care

Use a wide base of support, bend at the hips and knees rather than the waist, keep the load close to the body and tighten the abdominal muscles.

Trap: Relying on good body mechanics to lift a totally dependent client manually instead of using a mechanical lift.

7. Admit to and record errors and near misses in practice

After an error, the first priority is the client: assess the client, take steps to limit harm and notify the primary health care provider.

Trap: Writing 'incident report completed' in the client's record, or filing the report before assessing the client.

8. Confirm the client's identity correctly before giving care

Use at least two client identifiers, such as full name and date of birth or medical record number, before giving medications or blood, collecting specimens or doing procedures; a room or bed number is never an identifier.

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

9. Make sure equipment is used correctly and safely

Inspect equipment before use: intact cords, three-prong grounded plugs and a current safety inspection tag; do not use equipment that sparks, smokes or is damaged.

Trap: Silencing or adjusting an alarm before assessing the client.

10. Teach the client about risks to their safety

Fall prevention at home: remove throw rugs and clutter, add night lights and good lighting, install grab bars and handrails, and wear well-fitting nonskid footwear.

Trap: Accepting 'yes, I understand' as proof of learning instead of using teach-back or return demonstration.

11. Take part in planning for and responding to emergencies

Fire: RACE, in order: Rescue clients in immediate danger, Alarm (activate it), Contain the fire by closing doors and windows, then Extinguish if the fire is small or Evacuate.

Trap: Fighting the fire or pulling the alarm before rescuing a client in immediate danger, or tagging a client unlikely to survive as red in a mass casualty.

12. Meet the rules that govern restraint use

Try the least restrictive alternatives first (reorientation, a sitter, bed or chair alarms, diversion, treating pain or need to void) and use a restraint only when the client is a danger to self or others and alternatives have failed.

Trap: Tying a restraint to the side rail or accepting a PRN restraint order.

13. Teach clients and staff how to prevent infection

Teach hand hygiene: soap and water for at least 20 seconds when hands are visibly dirty, alcohol-based rub otherwise, before eating and after using the toilet.

Trap: Teaching a client to stop antibiotics once they feel better, or that antibiotics will treat a cold.

14. Check the client for allergies and act on what you find

Ask about allergies to medications, foods, latex and contrast before giving any medication, blood or contrast, and ask what reaction happened, to tell a true allergy from a side effect or intolerance.

Trap: Giving an antihistamine first in anaphylaxis instead of epinephrine.

15. Report or escalate unsafe staff practice, such as impairment or poor care

The nurse's duty is to the client: intervene at once if a colleague's action puts a client in immediate danger, then report it.

Trap: Confronting the colleague privately or waiting for more proof instead of reporting through the chain of command.

16. Check the client's surroundings for safety

At the start of the shift, look at the room: clear floors and pathways, spills wiped up, adequate lighting, call light in reach and bed low and locked.

Trap: Assuming the room is safe after handoff instead of checking the environment and emergency equipment personally.

17. Support the safety of staff and the workplace

Workplace violence is never part of the job: use de-escalation, keep an exit path, know the panic button and code, call security early and report every incident.

Trap: Staying alone with an escalating or threatening person to finish care instead of leaving and calling for help.

Key terms

Standard precautions: Infection prevention practices used for every client, treating all blood, body fluids, nonintact skin and mucous membranes as potentially infectious.

Contact precautions: Gown and gloves for any contact with the client or environment, used for organisms spread by touch such as MRSA and C. difficile.

Droplet precautions: A surgical mask within close contact for organisms spread in large respiratory droplets, such as influenza and pertussis.

Airborne precautions: A fit-tested N95 or higher respirator and an airborne infection isolation room with negative pressure, for tuberculosis, measles and varicella.

Enhanced barrier precautions: Gown and gloves during high-contact care of nursing home residents with an MDRO, a chronic wound or an indwelling device.

Near miss: An error caught before it reached the client; reported so the system can be fixed.

Safety event report: A confidential quality improvement report of an error or hazard, kept out of the client's record (also called an incident or occurrence report).

Two identifiers: Two client-specific details, such as name and date of birth, checked before care; never a room number.

Time-out: A pause by the whole team before a procedure to confirm the right client, procedure and site.

RACE: The fire response: Rescue, Alarm, Contain, Extinguish or Evacuate.

PASS: Using an extinguisher: Pull, Aim at the base, Squeeze, Sweep.

Restraint: Any physical or chemical means that limits a client's freedom of movement; needs an order, alternatives first and close monitoring.

Mass casualty triage: Sorting many victims so the greatest number survive: red immediate, yellow delayed, green minor, black expectant.

Chain of command: The order of authority used to escalate a concern: charge nurse, then supervisor or manager, and upward.

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