Skills in Clinical Nursing 9th edition Berman Test Bank

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***Skills in Clinical Nursing, 9e* (Berman/Snyder)**
Chapter 2 Infection Prevention

1) The nurse completes hand hygiene. Which mode of organism transmission is least affected by this action?
1. Vehicle-borne transmission
2. Vector-borne transmission
3. Indirect contact transmission
4. Direct contact transmission
Answer: 2
Explanation: 1. Vehicle-borne transmission pertains to any substance that transfers infectious agents to a susceptible host, such as the nurse's hands.
2. Vector-borne transmission of organisms pertains to an animal or insect that serves as an immediate means of transporting the infectious agent and could not be prevented by hand hygiene.
3. Vehicle-borne transmission is a form of indirect contact transmission.
4. Direct contact transmission is transmission of a microorganism through touching, kissing, or any form of direct contact, such as the nurse touching the client who is susceptible to infection.
Page Ref: 19-20
Cognitive Level: Applying
Client Need/Sub: Safe and Effective Care Environment; Safety and Infection Control
Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes | AACN Essential Competencies: III.1. Explain the interrelationships among theory, practice, and research | NLN Competencies: Knowledge and Science: Ethical Comportment: Value evidence-based approaches to yield best practices for nursing | Nursing/Integrated Concepts: Nursing Process: Planning
Learning Outcome: 1. Define the key terms used in infection control and prevention.

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2) The nurse uses a substance to destroy microorganisms other than spores. Which term will the nurse use to describe this substance?
1. Antiseptic
2. Disinfectant
3. Sterilizer
4. Aseptic
Answer: 2
Explanation: 1. An antiseptic destroys some microorganisms.
2. The substance that kills microorganisms except for spores is a disinfectant.
3. Sterilization is complete removal of all pathogens.
4. Aseptic means free from infection or infectious material.
Page Ref: 20
Cognitive Level: Applying
Client Need/Sub: Safe and Effective Care Environment; Safety and Infection Control
Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes | AACN Essential Competencies: III.1. Explain the interrelationships among theory, practice, and research | NLN Competencies: Knowledge and Science: Ethical Comportment: Value evidence-based approaches to yield best practices for nursing | Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 1. Define the key terms used in infection control and prevention.

3) The nurse is caring for a client with an infection. Which intervention will the nurse use to break the chain of infection by eliminating the reservoir?
1. Ensure the proper use of antibiotics.
2. Avoid coughing or sneezing without covering the mouth.
3. Use sterile technique for invasive procedures.
4. Change dressings and bandages when they are soiled or wet.
Answer: 4
Explanation: 1. Ensuring antibiotics are taken properly breaks the chain by reducing growth of new etiologic agents.
2. Covering the mouth when coughing or sneezing reduces the portal of exit.
3. Following sterile technique for invasive procedures reduces the portal of entry.
4. Moist dressings create ideal reservoirs for the growth of microorganisms.
Page Ref: 21
Cognitive Level: Applying
Client Need/Sub: Safe and Effective Care Environment; Safety and Infection Control
Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes | AACN Essential Competencies: III.1. Explain the interrelationships among theory, practice, and research | NLN Competencies: Knowledge and Science: Ethical Comportment: Value evidence-based approaches to yield best practices for nursing | Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 2. Describe six links in the chain of infection.

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4) The nurse performs hand hygiene properly. Which aspect in the chain of infection is the nurse breaking?
1. Portal of entry
2. Portal of exit
3. Method of transmission
4. Etiologic agent
Answer: 3
Explanation: 1. Portal of entry is the opening that allows pathogens to invade the body.
2. Portal of exit is the means of expelling pathogens from the body.
3. Hand hygiene breaks the method of transmission by reducing the pathogens on the hands when touching clients or objects that come in contact with clients.
4. Etiologic agent is the pathogen.
Page Ref: 21
Cognitive Level: Applying
Client Need/Sub: Safe and Effective Care Environment; Safety and Infection Control
Standards: QSEN Competencies: III.A.1. Demonstrate knowledge of basic scientific methods and processes | AACN Essential Competencies: III.1. Explain the interrelationships among theory, practice, and research | NLN Competencies: Knowledge and Science: Ethical Comportment: Value evidence-based approaches to yield best practices for nursing | Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 2. Describe six links in the chain of infection.

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5) The nurse is planning care for a group of assigned clients. Which intervention could be safely delegated to the unlicensed assistive personnel (UAP)?
1. Setting up a sterile tray
2. Adding wrapped supplies to a sterile field
3. Tying the nurse's sterile gown in back
4. Observing the sterile field to prevent contamination when the nurse must leave the room
Answer: 4
Explanation: 1. The UAP could be allowed to observe the sterile field, making sure no one gets near it, while the nurse leaves the room. The nurse cannot safely delegate anything connected with setting up or adding to a sterile field or maintaining sterility of the gown while grabbing and tying the belt. Sterile technique is never delegated to the UAP.
2. The UAP could be allowed to observe the sterile field, making sure no one gets near it, while the nurse leaves the room. The nurse cannot safely delegate anything connected with setting up or adding to a sterile field or maintaining sterility of the gown while grabbing and tying the belt. Sterile technique is never delegated to the UAP.
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Page Ref: 24
Cognitive Level: Analyzing
Client Need/Sub: Safe and Effective Care Environment; Management of Care
Standards: QSEN Competencies: II.A.2. Describe scopes of practice and roles of health care team members | AACN Essential Competencies: IX.14. Demonstrate clinical judgment and accountability for client outcomes when delegating to, and supervising, other members of the health care team | NLN Competencies: Teamwork: Practice-Know-How: Function competently within one's own scope of practice as leader or member of the health care team and manage delegation effectively | Nursing/Integrated Concepts: Nursing Process: Planning
Learning Outcome: 3. Recognize when it is appropriate to delegate infection control and prevention skills to unlicensed assistive personnel.

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6) After setting up a sterile field, the nurse is informed that the procedure will be delayed for several hours. Which action should the nurse take?
1. Sit in the room talking with the client while observing the sterile field is not contaminated.
2. Discard the sterile tray and obtain a new one to set up when the health care provider arrives.
3. Cover the sterile field with a sterile drape and set the tray out of the way for use when the health care provider arrives.
4. Leave the tray where it is and return when the health care provider arrives.
Answer: 2
Explanation: 1. Although sitting in the room observing the sterile tray would be the ideal implementation, it would not be effective time management.
2. A sterile field should not be set up in advance for future use. Because the procedure is delayed for several hours, the sterility of the field will be in question. The tray should be discarded and a new field established immediately before the procedure.
3. Because the procedure is delayed for several hours, the sterility of the field will be in question and should not be used.
4. Because the procedure is delayed for several hours, the sterility of the field will be in question and should not be used.
Page Ref: 23
Cognitive Level: Applying
Client Need/Sub: Management of Care; Safety and Infection Control
Standards: QSEN Competencies: III.A.5. Explain the role of evidence in determining best clinical practice | AACN Essential Competencies: IX.8. Implement evidence-based nursing interventions as appropriate for managing the acute and chronic care of clients and promoting health across the life span | NLN Competencies: Quality and Safety: Knowledge: Current best practices | Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 4. Verbalize the steps used in:
a. Establishing and maintaining a sterile field.
b. Applying and removing sterile gloves.
c. Implementing transmission-based precautions including bagging articles and managing equipment used for clients who are in isolation.

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7) The nurse is preparing to complete a sterile procedure. In which way should the nurse apply sterile gloves?
1. Straighten the cuff of the first glove with the ungloved hand.
2. When donning the gloves, put the first glove on the dominant hand.
3. Pick up the second glove by sliding the gloved fingers under the fold of the glove and sliding the hand into the opening.
4. If the sterile glove is punctured, pull a new sterile glove on top of the old glove.
Answer: 3
Explanation: 1. The glove is first put on the nondominant hand, and then a gloved finger is slid under the cuff of the second glove, taking care to keep the sterile gloved hand as far away from the ungloved hand as possible to avoid contamination. Only after both gloves are on is the cuff of the first glove straightened by sliding the gloved dominant hand under the cuff, using care not to touch the contaminated underside of the glove. If the sterile glove is punctured, both gloves must be removed, hand hygiene should be performed, and then regloving occurs.
2. The glove is first put on the nondominant hand, and then a gloved finger is slid under the cuff of the second glove, taking care to keep the sterile gloved hand as far away from the ungloved hand as possible to avoid contamination. Only after both gloves are on is the cuff of the first glove straightened by sliding the gloved dominant hand under the cuff, using care not to touch the contaminated underside of the glove. If the sterile glove is punctured, both gloves must be removed, hand hygiene should be performed, and then regloving occurs.
3. The glove is first put on the nondominant hand, and then a gloved finger is slid under the cuff of the second glove, taking care to keep the sterile gloved hand as far away from the ungloved hand as possible to avoid contamination. Only after both gloves are on is the cuff of the first glove straightened by sliding the gloved dominant hand under the cuff, using care not to touch the contaminated underside of the glove. If the sterile glove is punctured, both gloves must be removed, hand hygiene should be performed, and then regloving occurs.
4. The glove is first put on the nondominant hand, and then a gloved finger is slid under the cuff of the second glove, taking care to keep the sterile gloved hand as far away from the ungloved hand as possible to avoid contamination. Only after both gloves are on is the cuff of the first glove straightened by sliding the gloved dominant hand under the cuff, using care not to touch the contaminated underside of the glove. If the sterile glove is punctured, both gloves must be removed, hand hygiene should be performed, and then regloving occurs.
Page Ref: pp. 28-29
Cognitive Level: Applying
Client Need/Sub: Safe and Effective Care Environment; Safety and Infection Control
Standards: QSEN Competencies: III.A.5. Explain the role of evidence in determining best clinical practice | AACN Essential Competencies: IX.8. Implement evidence-based nursing interventions as appropriate for managing the acute and chronic care of clients and promoting health across the life span | NLN Competencies: Quality and Safety: Knowledge: Current best practices | Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 4. Verbalize the steps used in:
a. Establishing and maintaining a sterile field.
b. Applying and removing sterile gloves.
c. Implementing transmission-based precautions including bagging articles and managing equipment used for clients who are in isolation.

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8) The nurse is discharging a client who required contact-based transmission precautions during the hospital stay. Which action by the nurse is the most appropriate for the nondisposable items left in the client's room?
1. Telling the cleaning staff to double-bag the equipment
2. Sterilizing the equipment before removing it from the room
3. Placing contaminated items in an impermeable bag and sending to be decontaminated
4. Placing contaminated items in a paper bag and taking to the dirty utility room
Answer: 3
Explanation: 1. The equipment should be placed in an impermeable bag that will not allow pathogens to leak and sent to the proper area for decontamination. This should not be delegated to the cleaning staff in most facilities, because they are not trained in transmission prevention. It would not be possible to sterilize equipment before removing it from the room, because rooms are not equipped with all the specialized machines required to sterilize all equipment. Placing contaminated items in a paper bag would not prevent leakage of pathogens from the bag.
2. The equipment should be placed in an impermeable bag that will not allow pathogens to leak and sent to the proper area for decontamination. This should not be delegated to the cleaning staff in most facilities, because they are not trained in transmission prevention. It would not be possible to sterilize equipment before removing it from the room, because rooms are not equipped with all the specialized machines required to sterilize all equipment. Placing contaminated items in a paper bag would not prevent leakage of pathogens from the bag.
3. The equipment should be placed in an impermeable bag that will not allow pathogens to leak and sent to the proper area for decontamination. This should not be delegated to the cleaning staff in most facilities, because they are not trained in transmission prevention. It would not be possible to sterilize equipment before removing it from the room, because rooms are not equipped with all the specialized machines required to sterilize all equipment. Placing contaminated items in a paper bag would not prevent leakage of pathogens from the bag.
4. The equipment should be placed in an impermeable bag that will not allow pathogens to leak and sent to the proper area for decontamination. This should not be delegated to the cleaning staff in most facilities, because they are not trained in transmission prevention. It would not be possible to sterilize equipment before removing it from the room, because rooms are not equipped with all the specialized machines required to sterilize all equipment. Placing contaminated items in a paper bag would not prevent leakage of pathogens from the bag.
Page Ref: 31
Cognitive Level: Applying
Client Need/Sub: Safe and Effective Care Environment; Safety and Infection Control
Standards: QSEN Competencies: III.A.5. Explain the role of evidence in determining best clinical practice | AACN Essential Competencies: IX.8. Implement evidence-based nursing interventions as appropriate for managing the acute and chronic care of clients and promoting health across the life span | NLN Competencies: Quality and Safety: Knowledge: Current best practices | Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 4. Verbalize the steps used in:
a. Establishing and maintaining a sterile field.
b. Applying and removing sterile gloves.
c. Implementing transmission-based precautions including bagging articles and managing equipment used for clients who are in isolation.

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9) The nurse is asked to explain the difference between standard precautions and transmission-based precautions. Which information should the nurse include in the response?
1. Standard precautions protect the nurse, whereas transmission-based precautions protect the client.
2. Standard precautions require the use of clean gloves, whereas transmission-based precautions require the use of sterile gloves.
3. Standard precautions are used in addition to transmission-based precautions when standard precautions would not completely block the chain of infection.
4. Transmission-based precautions block the chain of infection, whereas standard precautions protect the nurse but do not block the chain of infection.
Answer: 3
Explanation: 1. Standard precautions are used in addition to, not in place of, transmission-based precautions. Both standard and transmission-based precautions are used to protect the nurse, the client, and all others who are on the unit. Sterile gloves are not required for either form of precaution and would be used for invasive procedures no matter what other types of precautions are in place. Both forms of precaution block the chain of infection, but some diagnoses or conditions require additional protection in the form of transmission-based precautions.
2. Standard precautions are used in addition to, not in place of, transmission-based precautions. Both standard and transmission-based precautions are used to protect the nurse, the client, and all others who are on the unit. Sterile gloves are not required for either form of precaution and would be used for invasive procedures no matter what other types of precautions are in place. Both forms of precaution block the chain of infection, but some diagnoses or conditions require additional protection in the form of transmission-based precautions.
3. Standard precautions are used in addition to, not in place of, transmission-based precautions. Both standard and transmission-based precautions are used to protect the nurse, the client, and all others who are on the unit. Sterile gloves are not required for either form of precaution and would be used for invasive procedures no matter what other types of precautions are in place. Both forms of precaution block the chain of infection, but some diagnoses or conditions require additional protection in the form of transmission-based precautions.
4. Standard precautions are used in addition to, not in place of, transmission-based precautions. Both standard and transmission-based precautions are used to protect the nurse, the client, and all others who are on the unit. Sterile gloves are not required for either form of precaution and would be used for invasive procedures no matter what other types of precautions are in place. Both forms of precaution block the chain of infection, but some diagnoses or conditions require additional protection in the form of transmission-based precautions.
Page Ref: 30
Cognitive Level: Applying
Client Need/Sub: Safe and Effective Care Environment; Safety and Infection Control
Standards: QSEN Competencies: III.A.5. Explain the role of evidence in determining best clinical practice | AACN Essential Competencies: IX.8. Implement evidence-based nursing interventions as appropriate for managing the acute and chronic care of clients and promoting health across the life span | NLN Competencies: Quality and Safety: Knowledge: Current best practices | Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 5. Compare and contrast standard precautions and transmission-based isolation precaution systems.

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10) The nurse is documenting in the medical record of a client requiring protective precautions. Which should the nurse include in the documentation for this client?
1. Type of protective precautions taken
2. Use of clean gloves when changing wound dressing
3. Use of a mask when client requires droplet precautions
4. Performance of hand hygiene
Answer: 1
Explanation: 1. There is no need to document use of personal protective equipment such as gloves or mask, as this is routine care when a client is in specific forms of protective isolation. However, the nurse should document what form of protective precautions is being observed.
2. There is no need to document use of personal protective equipment such as gloves or mask, as this is routine care when a client is in specific forms of protective isolation. However, the nurse should document what form of protective precautions is being observed.
3. There is no need to document use of personal protective equipment such as gloves or mask, as this is routine care when a client is in specific forms of protective isolation. However, the nurse should document what form of protective precautions is being observed.
4. There is no need to document use of personal protective equipment such as gloves or mask, as this is routine care when a client is in specific forms of protective isolation. However, the nurse should document what form of protective precautions is being observed.
Page Ref: 32
Cognitive Level: Applying
Client Need/Sub: Safe and Effective Care Environment; Safety and Infection Control
Standards: QSEN Competencies: VI.B.4. Document and plan client care in an electronic health record | AACN Essential Competencies: IV.5. Use standardized terminology in a care environment that reflects nursing's unique contribution to client outcomes | NLN Competencies: Quality and Safety: Practice-Know-How: Carefully maintain and use electronic and/or written health records | Nursing/Integrated Concepts: Nursing Process: Implementation/Communication and Documentation
Learning Outcome: 6. Demonstrate appropriate documentation and reporting of infection control and prevention skills.

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11) The nurse is instructing the unlicensed assistive personnel (UAP) on transmission-based precautions. Which statement made by the UAP would indicate the need for more information regarding transmission-based precautions?
1. "It is important to cover my mouth and nose when I sneeze or cough as a part of transmission-based precautions."
2. "The client admitted with the diagnosis of varicella required airborne precautions."
3. "If a client is placed on transmission-based precautions, I still need to use standard precautions as well."
4. "I will notify the nurse manager when a client requires transmission-based precautions."
Answer: 4
Explanation: 1. Respiratory hygiene/cough etiquette is now considered a part of standard precautions.
2. The client who is admitted with a diagnosis of varicella would require airborne precautions. This statement indicates appropriate understanding of transmission-based precautions.
3. All clients require the use of standard precautions. Standard precautions are included in transmission-based precautions. This statement indicates appropriate understanding of transmission-based precautions.
4. Notification for transmission-based precautions would be made by the nurse to other health care providers and not by the UAP. This statement indicates the need for more education.
Page Ref: 30
Cognitive Level: Analyzing
Client Need/Sub: Safe and Effective Care Environment; Safety and Infection Control
Standards: QSEN Competencies: III.A.5. Explain the role of evidence in determining best clinical practice | AACN Essential Competencies: IX.8. Implement evidence-based nursing interventions as appropriate for managing the acute and chronic care of clients and promoting health across the life span | NLN Competencies: Quality and Safety: Knowledge: Current best practices | Nursing/Integrated Concepts: Nursing Process: Evaluation/Teaching and Learning
Learning Outcome: 5. Compare and contrast standard precautions and transmission-based isolation precaution systems.

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12) The nurse is caring for a client with transmission-based precautions. For which type of precaution should the nurse wear a mask when closer than 3 feet to the client?
1. Airborne
2. Standard
3. Droplet
4. Contact
Answer: 3
Explanation: 1. Airborne precautions often require the use of a specialized mask.
2. Standard precautions are used for all clients.
3. The mask provides a better barrier when within 3 feet of a client who has droplet precautions.
4. Contact precautions are specific to a certain body system or area of the body.
Page Ref: 31
Cognitive Level: Applying
Client Need/Sub: Safe and Effective Care Environment; Safety and Infection Control
Standards: QSEN Competencies: III.A.5. Explain the role of evidence in determining best clinical practice | AACN Essential Competencies: IX.8. Implement evidence-based nursing interventions as appropriate for managing the acute and chronic care of clients and promoting health across the life span | NLN Competencies: Quality and Safety: Knowledge: Current best practices | Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 5. Compare and contrast standard precautions and transmission-based isolation precaution systems.

13) The nurse is coming out of an isolation room. Which item is removed first to prevent any exposure of infectious materials?
1. Gloves
2. Mask
3. Gown
4. Goggles
Answer: 1
Explanation: 1. The first item removed when coming out of an isolation room to prevent any exposure of the infectious materials is the gloves.
2. The mask is removed after the gloves, goggles, and gown.
3. The gown is removed after the gloves and goggles.
4. The goggles are removed after taking off the gloves.
Page Ref: 31
Cognitive Level: Applying
Client Need/Sub: Safe and Effective Care Environment; Safety and Infection Control
Standards: QSEN Competencies: III.A.5. Explain the role of evidence in determining best clinical practice | AACN Essential Competencies: IX.8. Implement evidence-based nursing interventions as appropriate for managing the acute and chronic care of clients and promoting health across the life span | NLN Competencies: Quality and Safety: Knowledge: Current best practices | Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 4. Verbalize the steps used in:
a. Establishing and maintaining a sterile field.
b. Applying and removing sterile gloves.
c. Implementing transmission-based precautions including bagging articles and managing equipment used for clients who are in isolation.

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14) The nurse is instructing the unlicensed assistive personnel (UAP) on standard precautions. Which statement made by the UAP would indicate appropriate understanding of standard precautions?
1. "Standard precautions apply to all clients, and gloves should be worn as necessary."
2. "I need to wear a mask and gown."
3. "I need to wear a mask, gown, goggles, and gloves."
4. "I don't have to use any protective equipment."
Answer: 1
Explanation: 1. Standard precautions apply to all clients and gloves should be worn as necessary.
2. A mask and gown are only needed if the client has an infection that can get onto the UAP and are not required for all clients on standard precautions. This statement indicates a need for further education.
3. Mask, gown, goggles, and gloves are required for certain types of isolation procedures but are not required for all clients on standard precautions. This statement indicates a need for further education.
4. Certain protective equipment, such as gloves, should be worn when taking care of all clients. This statement indicates the need for further education regarding standard precautions.
Page Ref: 30
Cognitive Level: Analyzing
Client Need/Sub: Safe and Effective Care Environment; Safety and Infection Control
Standards: QSEN Competencies: III.A.5. Explain the role of evidence in determining best clinical practice | AACN Essential Competencies: IX.8. Implement evidence-based nursing interventions as appropriate for managing the acute and chronic care of clients and promoting health across the life span | NLN Competencies: Quality and Safety: Knowledge: Current best practices | Nursing/Integrated Concepts: Nursing Process: Evaluation/Teaching and Learning
Learning Outcome: 5. Compare and contrast standard precautions and transmission-based isolation precaution systems.

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15) The nurse is caring for a client with an undiagnosed respiratory health problem. Which information should the nurse provide when instructing unlicensed assistive personal about airborne precautions? Select all that apply.
1. Assign to an airborne infection isolation room.
2. Keep the door of the room closed.
3. Wear an N95 respirator mask when entering the room.
4. Apply a sterile gown and gloves before entering the room.
5. Perform hand hygiene with an alcohol-based cleansing agent before leaving the room.
Answer: 2, 3
Explanation: 1. A client on airborne precautions would be assigned to an airborne infection isolation room by the nurse.
2. The room door of an airborne infection isolation room should be kept closed.
3. An N95 respirator should be applied before entering the room.
4. Sterile gown and gloves are not required when caring for a client on airborne precautions.
5. Hand hygiene can be performed with an alcohol based cleanser at any time and not just before leaving the room.
Page Ref: 31-32
Cognitive Level: Applying
Client Need/Sub: Safe and Effective Care Environment; Safety and Infection Control
Standards: QSEN Competencies: VI.B.4. Document and plan client care in an electronic health record | AACN Essential Competencies: IV.5. Use standardized terminology in a care environment that reflects nursing's unique contribution to client outcomes | NLN Competencies: Quality and Safety: Knowledge: Current best practices | Nursing/Integrated Concepts: Nursing Process: Implementation/Teaching and Learning
Learning Outcome: 6. Demonstrate appropriate documentation and reporting of infection control and prevention skills.

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16) Unlicensed assistive personnel (UAP) assist the nurse with the insertion of an indwelling urinary catheter. Which should be done if the nurse's gloves become contaminated during the procedure?
1. Stop the procedure and begin again
2. Wipe the gloves with antiseptic solution
3. Instruct the UAP on the insertion of the catheter
4. Have UAP hold the catheter while the gloves are changed
Answer: 1
Explanation: 1. Should the sterile field or any piece of equipment or gloves become contaminated during the insertion of a urinary catheter, the procedure should be stopped and begun again with sterile supplies.
2. The gloves are contaminated and need to be changed. Anything that touched the contaminated glove is also contaminated.
3. It is beyond the UAP scope of practice to conduct a sterile procedure.
4. It is beyond the UAP scope of practice to conduct a sterile procedure.
Page Ref: 24, 28
Cognitive Level: Applying
Client Need/Sub: Safe and Effective Care Environment; Management of Care
Standards: QSEN Competencies: II.A.2. Describe scopes of practice and roles of health care team members | AACN Essential Competencies: IX.14. Demonstrate clinical judgment and accountability for client outcomes when delegating to, and supervising, other members of the health care team | NLN Competencies: Teamwork: Practice-Know-How: Function competently within one's own scope of practice as leader or member of the health care team and manage delegation effectively | Nursing/Integrated Concepts: Nursing Process: Implementation
Learning Outcome: 3. Recognize when it is appropriate to delegate infection control and prevention skills to unlicensed assistive personnel.

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