1. Which of the following components does not belong in a safe patient handling and mobility policy? Choose the one correct answer

   A. Procedures for developing a return of investment for the program
   B. Goals for reducing injuries and improving quality of patient care
   C. Statement of purpose
   D. Roles and responsibilities of stakeholders and affected staff

2. The U.S. Department of Labor's Occupational Safety and Health Administration (OSHA) announced a National Emphasis Program (NEP) for Nursing Homes and Residential Care Facilities in 2012 as these industries experienced one of the highest rates of lost workdays due to injuries and illnesses. For this NEP, what is the rate called that OSHA is using to target facilities that exceed that rate? Choose the one correct answer

   A. Days Away Restricted & Transferred (DART) Rate
   B. Work-related Musculoskeletal Disease (WMSD) Rate
   C. Days Away From Work due to Injury & Illness (DAFWII) Rate
   D. Recordable Case Rate (RCR)

3. Evaluation helps sustain the effort to reduce injuries and illnesses, track whether or not ergonomic solutions are working, identify new problems, and _______________. Choose the one correct answer

   A. encourage family members to get involved
   B. reduce communication errors between staff
   C. determine areas where further improvement is needed
   D. establish better lifting algorithms

4. Which of the following best illustrates the difference between capital and operating expenses? Choose the one correct answer

   A. Operating expenses have a payback period of less than 18 months. Capital expenses have a longer payback period.
   B. All purchases less than $25,000 are operating expenses and all larger expense items are Capital budget.
   C. Operating expenses are for items that only cost money but don't generate revenue. Capital expenses are those items that are used to directly generate income.
   D. Capital expenses are equipment purchases subject to depreciation over time. Operating expenses are assigned to the year the money was spent.
5. Brainstorming in a unit safety huddle is least guided by which question below? Choose the one correct answer

A. What is the follow-up plan?
B. Who were the responsible parties?
C. What was supposed to have happened?
D. How could the same outcome be avoided in the future?

6. Developing a written SPHM program includes which of the following components: Choose the one correct answer

A. Financial ROI model, injury loss run report, reporting hierarchy
B. Reporting hierarchy, short and long term objectives, OSHA 300 logs
C. Short and long term objectives, realistic plan, mechanism to monitor compliance
D. OSHA 300 logs, financial ROI model, reporting hierarchy

7. According to the SPHM: A Guide for Nurses and Other Health Care Providers, which of the following is considered a myth? Choose the one correct answer

A. The use of SPHM practices provides dignity to patients.
B. The use of SPHM practices can provide therapeutic patient outcomes, as well as provide reduction of rehab caregiver handling injuries.
C. The cost of SPHM equipment is too expensive
D. The proper use of body mechanics, in conjunction with policy and procedures, is ineffective against sustaining a MSD.

8. Which of the following best describes some of the essential components of an After-Action Review (AAR) in the area of safe patient handling and mobility? Choose the one correct answer

A. Includes only those directly involved to protect privacy, emphasizes policy to make sure non-compliance is well documented, treats everyone with respect
B. Is timely, conclusive, systemic
C. Includes only those directly involved to protect privacy, facilitated by a manager so corrective action can be initiated, does not assign blame
D. Emphasizes policy to make sure expectations are clear, facilitated by a respected peer, communicates findings with others

9. According to Charney and Schirmer "Connecting the Dots", which of the following directly relates to nursing injury rates? Choose the one correct answer

A. Higher patient acuity; longer shift hours; national nursing shortage; yields positive patient outcomes
B. National nursing shortage; reduced bedside hours; nurses exiting the profession; yields negative patient outcomes.
C. Positive patient outcomes; lack of SPHM equipment; reduced bedside hours; longer
shifts.
D. Yields negative patient outcomes; nurses exiting the profession; poor education to body mechanics; longer shifts.

10. You have a multi-trauma patient entering your organization through the emergency service area. While achieving optimal organizational through-put and work flow of SPHM practices throughout the continuum of care (emergent medical stabilization, initial diagnostic assessment, interventional phase, to the arrival into the trauma intensive care unit), which safe patient handling and mobility equipment would best serve the patient and caregiver’s safety needs? Choose the one correct answer

A. Seated sling with the use of a ceiling lift on a straight rail configuration
B. Slide board
C. Mobile powered sit to stand device
D. Air-assisted lateral transfer device

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Answer Key

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