

01	☒ A	☐ B	☐ C	☐ D	☐ E
02	☐ A	☐ B	☐ C	☒ D	☐ E
03	☐ A	☒ B	☐ C	☐ D	☐ E
04	☒ A	☐ B	☐ C	☐ D	☐ E
05	☒ A	☐ B	☐ C	☐ D	☐ E
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31	☐ A	☐ B	☐ C	☐ D	☒ E
32	☒ A	☐ B	☐ C	☐ D	☐ E
33	☐ A	☒ B	☐ C	☐ D	☐ E
34	☐ A	☐ B	☐ C	☒ D	☐ E
35	☐ A	☐ B	☐ C	☐ D	☒ E
36	☐ A	☐ B	☐ C	☐ D	☒ E
37	☐ A	☐ B	☒ C	☐ D	☐ E
38	☐ A	☐ B	☐ C	☐ D	☒ E
39	☐ A	☐ B	☐ C	☒ D	☐ E

PRACTICE QUESTIONS

AHA

VFWGBBEE

Certified Healthcare Environmental Services Professional

EDITION

Demo

QUESTIONS

9

FORMAT

Limited Edition PDF

Before you begin

What this is

9 practice questions for AHA VFWGBBEE , each with its answer key and an explanation.
Answer a question before you read its key — the explanation is worth more once you have committed.

If something looks wrong

Send us three things and we will check it:

- the exam code, VFWGBBEE
- the question number
- the email address on your order

Write to **support@mometrix.net**. We reply within one business day.

QUESTION 1

MULTIPLE CHOICE

Which of the following are core responsibilities of the Healthcare Environmental Services (EVS) department? (Choose three.)

- ☒ **A** Cleaning and disinfecting patient rooms, public areas, and support departments
- ☐ **B** Performing sterile surgical procedures on patients
- ☒ **C** Managing waste streams including biohazardous, regulated medical, and solid waste
- ☒ **D** Conducting terminal cleaning of isolation rooms at patient discharge
- ☐ **E** Administering anesthesia in the operating room

ANSWER **A · C · D**

WHY The three core EVS responsibilities are cleaning/disinfecting the facility, managing waste streams (including regulated medical and biohazardous waste), and performing terminal cleaning of isolation rooms at discharge. Performing surgery and administering anesthesia are clinical responsibilities of the surgical and anesthesia teams, not EVS.

QUESTION 2

MULTIPLE CHOICE

According to CDC and HICPAC guidelines for environmental infection control, which of the following interventions have the strongest evidence for reducing pathogen transmission from contaminated surfaces? (Choose two.)

- ☒ **A** Adherence to evidence-based cleaning and disinfection protocols using EPA-registered hospital-grade disinfectants
- ☐ **B** Routine fogging of occupied patient rooms with quaternary ammonium compounds
- ☒ **C** Monitoring cleaning thoroughness using objective methods such as fluorescent markers or adenosine triphosphate (ATP) assays
- ☐ **D** Replacing all cleaning cloths with disposable paper towels once per shift
- ☐ **E** Discontinuing hand hygiene audits in favor of glove-only contact

ANSWER A - C

WHY CDC/HICPAC guidelines identify (1) compliance with evidence-based cleaning and disinfection protocols using EPA-registered hospital-grade disinfectants and (2) objective monitoring of cleaning thoroughness (fluorescent markers, ATP assays) as key evidence-based interventions. Routine fogging of occupied rooms is not recommended, daily cloth replacement is not evidence-based, and hand hygiene auditing remains essential.

QUESTION 3

TRUE FALSE

Under OSHA's Bloodborne Pathogens Standard (29 CFR 1910.1030), contaminated cleaning materials used to absorb a blood spill must be placed into a closeable, leak-proof container that is labeled or color-coded in accordance with the standard.

- ☒ **A** True
- ☐ **B** False

ANSWER A

WHY True. OSHA 29 CFR 1910.1030(d)(4)(iii)(B) requires that contaminated laundry (including absorbent cleaning materials saturated with blood or other potentially infectious materials) be handled as little as possible and placed in a closeable, leak-proof container that is labeled or color-coded. This is a core EVS compliance responsibility.

QUESTION 4

SINGLE CHOICE

A blood pressure cuff used on multiple patients on a general medical unit is classified under the Spaulding classification system as which of the following?

- ☐ A Critical
- ☐ B Semi-critical
- ☒ C Non-critical
- ☐ D Environmental surface

ANSWER C

WHY Under the Spaulding classification, items that contact intact skin (such as blood pressure cuffs, stethoscopes, and bed rails) are non-critical and require low-level disinfection at minimum. Critical items contact sterile tissue, semi-critical items contact mucous membranes, and environmental surfaces are not patient-care devices.

QUESTION 5

SINGLE CHOICE

An EVS technician has just applied an EPA-registered hospital-grade disinfectant to a patient room surface. What does the EPA-registered 'contact time' (also called dwell time) refer to?

- ☐ A The amount of time the product may remain on the shelf before expiration
- ☐ B The time required for the surface to dry completely
- ☒ C The time the surface must remain visibly wet with the product to achieve the claimed germicidal activity
- ☐ D The interval between scheduled routine cleanings

ANSWER C

WHY Contact time (or dwell time) is the duration the surface must remain visibly wet with the disinfectant to achieve the kill claims on the EPA-registered label. EVS staff must follow the manufacturer's labeled contact time and may need to reapply the product if it dries before that time has elapsed.

QUESTION 6

SINGLE CHOICE

Under OSHA's Hazard Communication Standard (29 CFR 1910.1200), where must Safety Data Sheets (SDSs) for hazardous chemicals used by EVS be readily accessible to employees?

- ☐ A In a locked cabinet in the administrator's office only
- ☐ B Sent to the EPA regional office quarterly
- ☒ C In each work area where the chemicals are used, accessible to all EVS staff on every shift
- ☐ D Filed only once per year with the safety committee

ANSWER C

WHY 29 CFR 1910.1200(g)(8) requires that employers ensure SDSs are readily accessible in each work area and during each shift where the chemicals are used. This means EVS departments must maintain SDS access on the unit/in the work area for every shift, not locked away in an office.

QUESTION 7

SINGLE CHOICE

When performing terminal cleaning on the room of a patient on Contact Precautions for MRSA, in what order should the EVS technician complete the steps?

- ☐ A Stock the room with clean supplies, then dust high-touch surfaces, then discard waste
- ☒ B Wear appropriate PPE, remove waste and linens, clean and disinfect high-touch surfaces and equipment (moving from clean to dirty and from top to bottom), remove PPE, perform hand hygiene
- ☐ C Perform hand hygiene first, enter the room, then put on PPE after beginning cleaning
- ☐ D Spray disinfectant on the floor first, then move upward to high-touch surfaces

ANSWER B

WHY The correct terminal cleaning sequence for an isolation room is: don appropriate PPE (gown and gloves at minimum), remove waste/linens, then clean and disinfect moving from clean to dirty areas and top to bottom (so contaminants are not transferred to already-cleaned areas), remove PPE before exiting, and perform hand hygiene immediately. Hand hygiene must be done before donning PPE, not after cleaning begins.

QUESTION 8

SINGLE CHOICE

Which waste item must be discarded into a sharps container rather than the regular red biohazard bag?

- ☐ A A saturated gauze pad used to dress a bleeding wound
- ☐ B A disposable underpad (chux) soiled with urine
- ☒ C A used suture needle from a minor procedure
- ☐ D An empty saline bottle

ANSWER C

WHY Used needles and other sharps (such as suture needles, scalpels, and lancets) must be placed immediately into a puncture-resistant, FDA-cleared sharps container, regardless of whether they were used on a patient. Saturated gauze can typically go into the red biohazard bag, soiled chux go into biohazard waste per facility policy, and empty saline bottles are generally disposed of as routine waste unless contaminated.

QUESTION 9

SINGLE CHOICE

Which of the following is the most appropriate primary purpose of conducting routine EVS quality audits using tools such as fluorescent marker checklists, ATP bioluminescence testing, or direct observational assessments?

- ☐ A To track the number of paid hours each EVS technician works
- ☒ B To objectively measure cleaning thoroughness and identify opportunities for retraining and process improvement
- ☐ C To satisfy a requirement that public restrooms be cleaned hourly
- ☐ D To replace the need for hand hygiene compliance monitoring

ANSWER B

WHY Quality monitoring tools such as fluorescent markers, ATP assays, and direct observation are evidence-based methods to objectively measure cleaning thoroughness, validate adherence to protocols, and identify specific gaps that can be addressed through coaching, retraining, or process redesign. They are quality-improvement tools, not timekeeping or replacement tools for hand hygiene programs.