CNA Exam Florida Practice Test

CNA TestBank · Prepared Nov 29, 2026 · Ref 1KAPLNXR

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1. A Florida CNA is removing a residents bedpan. After removing gloves, what should the CNA do?

A. Apply hand sanitizer and leave the room immediately

B. Wash hands with soap and water for at least 20 seconds

C. Wipe hands on a clean towel

D. Put on new gloves before washing hands

Answer: B. Wash hands with soap and water for at least 20 seconds

After removing gloves, the CNA should wash hands with soap and water for at least 20 seconds.

Gloves protect the hands but they do not make them clean. When gloves are removed, the hands can still pick up germs from the glove surface or from tiny breaks in the gloves. Washing with soap and water for at least 20 seconds removes these germs through friction and rinsing. This step protects the resident, the CNA, and others in the facility. Handwashing is a core part of standard precautions and should be done after contact with body fluids, bedpans, or any contaminated item.

A) Apply hand sanitizer and leave the room immediately

Hand sanitizer can reduce germs, but it does not remove visible soil or the physical debris that may be present after handling a bedpan. Leaving the room right away skips the needed hand hygiene step and can spread germs to doorknobs and other surfaces. This choice may seem quick and convenient, but it does not meet the standard for this situation.

C) Wipe hands on a clean towel

A towel only moves germs around and does not kill or remove them. Even a clean towel is not a substitute for soap and water. This option may seem tidy, but it leaves the hands contaminated.

D) Put on new gloves before washing hands

Putting on new gloves before washing hands traps germs under the gloves and defeats the purpose of hand hygiene. Gloves are not a replacement for washing hands. This choice may seem protective, but it adds a barrier instead of cleaning the skin.

Conclusion

Remember that gloves do not replace handwashing. After removing gloves, always wash hands with soap and water for at least 20 seconds to remove germs and protect everyone in the care setting.

2. In Florida, a CNA is asked by the nurse to perform a task the CNA has not been trained for. What should the CNA do?

A. Attempt the task and ask for help if needed

B. Refuse to perform the task and explain that they have not been trained

C. Ask another CNA to demonstrate quickly and then perform it

D. Perform the task only if the resident agrees

Answer: B. Refuse to perform the task and explain that they have not been trained

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The CNA should refuse the task and clearly explain that they have not been trained to perform it.

A CNA is only allowed to perform duties that fall within their training and the scope of practice defined by state law. Accepting a task you were never trained for puts the resident at risk of harm and exposes you to liability, even when a nurse asks you to do it. The safe and professional response is to politely decline, explain that you lack the training, and let the nurse know so the task can be assigned to a qualified staff member. Declining is not insubordination; it is protecting the resident and following the rules that govern your role.

A) Attempt the task and ask for help if needed

Trying an unfamiliar task with the hope that help will arrive can lead to mistakes, injury, or infection risk before anyone steps in. It may feel like the cooperative, can-do choice, but willingness does not replace training and authorization.

C) Ask another CNA to demonstrate quickly and then perform it

A quick demonstration from a coworker does not count as formal training or competency validation, and the other CNA may not be authorized to teach or delegate the task. This shortcut can give a false sense of readiness while still leaving the resident exposed to risk.

D) Perform the task only if the resident agrees

Resident consent matters for care decisions, but it cannot expand a CNA's legal scope of practice or substitute for training. Agreement from the resident does not make an untrained task safe or permitted.

Conclusion

Remember that scope of practice is set by training and state rules, not by who asks or who agrees. When a task is outside your training, politely decline, explain why, and report back to the nurse so a qualified person can handle it.

3. What is the primary purpose of hand hygiene before and after resident care?

A. To prevent the spread of microorganisms

B. To make the hands smell clean

C. To replace the need for gloves

D. To reduce the need for environmental cleaning

Answer: A. To prevent the spread of microorganisms

The primary purpose of hand hygiene before and after resident care is to prevent the spread of microorganisms.

Hands carry germs picked up from residents, surfaces, and body fluids, and those germs move easily from one person to another. Cleaning hands before care protects the resident from germs the aide may be carrying, and cleaning hands after care protects the aide and the next resident. This simple step is one of the most effective ways to stop infection from spreading in a care setting, which is why it is required before and after every resident contact.

B) To make the hands smell clean

A pleasant scent may follow the use of some products, but how hands smell has nothing to do with whether harmful germs were removed. Focusing on scent can give a false sense of safety, since hands can smell fine and still carry microorganisms.

C) To replace the need for gloves

Gloves and hand hygiene work together rather than one standing in for the other. Gloves can have tiny defects and can be contaminated when removed, so hands still need cleaning before donning and after removing gloves. Skipping hand hygiene because gloves were worn leaves germs on the hands.

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D) To reduce the need for environmental cleaning

Clean hands do not clean rooms, rails, or equipment. Surfaces must still be cleaned and disinfected on schedule because they can hold germs that hands then pick up. Hand hygiene and environmental cleaning are separate, complementary infection-control measures.

Conclusion

Remember that hand hygiene is about breaking the chain of infection by removing and killing microorganisms, not about appearance, comfort, or replacing other precautions. When a question asks about its purpose, choose the answer that protects residents and staff from the spread of germs.

4. A resident's pulse is 112 beats per minute at rest. What should the CNA do?

A. Report the finding to the nurse according to facility procedure

B. Tell the resident the pulse is dangerously high

C. Give the resident a medication to lower the pulse

D. Wait until the next scheduled shift to mention it

Answer: A. Report the finding to the nurse according to facility procedure

A resting pulse of 112 beats per minute should be reported to the nurse following facility procedure.

A normal adult resting pulse is typically between 60 and 100 beats per minute, so 112 is above the expected range and needs the nurse's attention. The CNA's role is to measure accurately, note anything unusual such as restlessness, dizziness, or shortness of breath, and pass the information along promptly. Reporting does not mean diagnosing; it means making sure a licensed professional can assess the resident and decide what, if anything, needs to be done.

B) Telling the resident the pulse is dangerously high

This goes beyond the CNA's scope. Sharing alarming language can frighten the resident and amounts to interpreting a finding rather than reporting it. It may feel caring to keep the resident informed, but the nurse should be the one to explain what the number means and what happens next.

C) Giving the resident a medication to lower the pulse

CNAs do not administer medications that have not been ordered and assigned through proper procedure, and they never choose a medication independently. This option may seem like a quick fix, but giving any drug without an order is unsafe and outside the law and facility policy.

D) Waiting until the next scheduled shift to mention it

Delaying a report of an abnormal vital sign can allow a resident's condition to worsen unnoticed. It might seem reasonable to avoid bothering the nurse during a busy shift, but timely communication is part of safe care, and the nurse needs this information now, not hours later.

Conclusion

When a vital sign falls outside the normal range, the CNA's job is to report it promptly through the proper chain, not to interpret, treat, or delay. Choosing to notify the nurse right away protects the resident and stays within the CNA scope of practice.

5. When should a CNA wear gloves during resident care?

A. When contact with blood or body fluids is anticipated

B. For every interaction with a resident

C. Only when taking a temperature

D. Only when the resident has an infectious disease

Answer: A. When contact with blood or body fluids is anticipated

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Gloves should be worn whenever contact with blood or body fluids is anticipated.

Standard precautions guide all resident care. Gloves act as a barrier that protects both the CNA and the resident from the spread of germs when tasks may involve blood, urine, stool, saliva, wound drainage, or other body fluids. The decision to wear gloves is based on what the task involves, not on whether a resident has a known diagnosis. This approach treats every resident's body fluids as potentially infectious, which keeps everyone safer.

B) For every interaction with a resident

Wearing gloves for every interaction goes beyond what standard precautions require and can create problems. Gloves are not a substitute for hand hygiene, and using them for routine tasks like talking with a resident or adjusting a pillow can spread germs from one surface to another if the gloves are not changed. This option may seem tempting because it feels like the safest, most cautious choice, but gloves are matched to the task at hand.

C) Only when taking a temperature

Taking a temperature is just one of many care tasks, and whether gloves are needed depends on the method and the potential for contact with body fluids. Limiting glove use to this single task leaves the CNA unprotected during other activities that carry a higher risk, such as emptying a catheter bag or cleaning up spills. This option may appeal because it names a familiar task, but glove use is based on the risk of exposure, not on one specific procedure.

D) Only when the resident has an infectious disease

Waiting for a known diagnosis before putting on gloves leaves the CNA exposed during the many situations where infection status is unknown or not yet identified. Standard precautions apply to all residents at all times, and some infections can be present without a diagnosis. This option may seem logical because it links gloves to illness, but the safer practice is to base glove use on the anticipated contact with blood or body fluids.

Conclusion

For the CNA exam, remember that glove use follows standard precautions and is decided by the task, not by a resident's diagnosis. Wear gloves when contact with blood or body fluids is anticipated, and always perform hand hygiene before and after glove use.

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