Aseptic Technique Exemplar Assessment Toolkit

Staff name: .....

Date completed: .....

Version 1.1 (October 2024)

Government of South Australia
SA Health

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Overview

This self-directed learning package has been developed as an exemplar document to support clinical staff build their aseptic technique (AT) knowledge. For further information refer to the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*, and AT requirements as per the National Safety and quality Health Service (NSQHS) Standards. Also refer to specific information regarding "Applying Aseptic Technique in Haemodialysis" on the SA Health Aseptic Technique webpage.

Instructions for Use:

Step 1
Read this workbook and refresh with the self-assessment questions in Appendix 1

Step 2
Complete the questions found in Appendix 1 of this workbook and submit to the appropriate person according to your organisational procedures for review.

Step 3
Complete the relevant exemplar assessments found in Appendices 2-8 in front of an appointed assessor according to your organisational procedures.

The exemplar assessment tools provided can assist with the auditing of AT performed by clinical staff. These tools are exemplars only and should be used in conjunction with appropriate local organisational clinical procedures and guidelines. Use a new audit tool for each procedure.

There is one self-assessment and seven competency assessment tools:

1. Aseptic technique self-assessment questions
2. Accessing vascular devices
3. Central venous catheter (CVC) insertion - assistant
4. Haemodialysis connection
5. Haemodialysis disconnection
6. Insertion of urinary catheter
7. Peripheral intravenous (IV) cannulation
8. Wound care
9. Answers to self-assessment questions

Note 1 -	An e-learning module has been developed for SA Health staff to use. This workbook has been updated in accordance with the SA Health Digital Media Aseptic Technique eLearning course, .To complete the course, visit the relevant Local Health Network.
Note 2 -	The toolkit is designed to assist in the training and assessment of clinician aseptic practices within the ward and dialysis setting. Aseptic practices for surgical procedures in the operating room need to comply with current ACORN standards.
Note 3 -	The competency assessment tables are examples and are based on the **principles of aseptic practice**. Providing asepsis is maintained, variations in workflow are acceptable.
Note 4 -	Unless otherwise specified, "perform hand hygiene" refers to **routine** hand hygiene using either soap and water or an alcohol-based hand rub.

What is aseptic technique?

Aseptic technique is a set of practices aimed to protect patients from healthcare-associated infections during procedures by minimising contamination and preventing transmission of infection. AT protects patients during invasive clinical procedures by utilising infection prevention measures that minimise the presence of micro-organisms.

Why is aseptic technique important?

The *Australian Guidelines for The Prevention and Control of Infection in Healthcare* *state:*

"Healthcare associated infections (HAIs) are infections acquired as a direct or indirect result of healthcare. There is international evidence to suggest a considerable infection burden exists among long-term care residents however in Australia there are few published studies on the rate of infection. In Australian acute healthcare facilities, there are around 165,000 HAIs each year. This makes HAIs the most common complication affecting patients in hospital. As well as causing unnecessary pain and suffering for patients and their families, these adverse events prolong hospital stays and are costly to the health system. Healthcare associated infection is a potentially preventable adverse event rather than an unpredictable complication and it is possible to significantly reduce the rate of HAIs through effective infection prevention and control."

Key concepts of aseptic technique

Aseptic technique aims to prevent pathogenic organisms, in sufficient quantity to cause infection, from being introduced to susceptible body sites by the hands of staff, surfaces or equipment. It protects consumers during invasive clinical procedures by utilising infection prevention measures that minimise the presence of micro-organisms.

In practicing aseptic technique, asepsis is ensured by performing a risk assessment before each procedure, identifying the **key parts and key sites** that are required to be kept sterile. This will ensure correct infection prevention measures are in place to perform aseptic technique safely and reduce the risk of a consumer acquiring a healthcare associated infection.

Key parts

Key parts are the sterile components of procedure equipment. Examples include bungs, needle hubs, syringe tips etc.

Key sites

A key site is any insertion or access site or wound that is connected to or is part of the consumer. Examples include insertion / access sites of peripheral and central venous devices, urinary devices, open wounds etc.

Key parts and key sites must be identified and protected at all times. Key parts must only come into contact with other key parts and / or key sites.

Aseptic fields

Aseptic fields are important in providing a controlled aseptic workspace to help maintain the integrity of key parts and key sites during clinical procedures. Examples include:

- **disinfected plastic trays** - where key parts can be easily and optimally protected with the use of covers or caps.

- **sterile dressing trays** - are used when key parts and or key sites (usually due to their size or number), cannot be easily always protected with covers and caps, or be handled at all times by a non-touch technique. The size of the aseptic field will be dependent upon the complexity of the procedure to be performed e.g., insertion of central venous access device (CVC), peripherally inserted central catheter (PICC) or complex wound dressings.
- **sterile procedure packs** – e.g. urinary catheter or wound dressing packs.

Aseptic technique process

Aseptic technique is a framework for aseptic practice. It includes both a risk assessment and the use of specific infection control measures.

Risk assessment

Consider the risk to either the patient or yourself of acquiring an infection as a result of the procedure. A risk assessment should be performed prior to commencing a clinical procedure requiring aseptic technique, using the following steps:

- determine the type and complexity of the procedure
- determine what are the key parts and key sites
- determine whether the key parts or key sites need to be touched
- determine the appropriate infection prevention measures to protect key parts and key sites.

Infection prevention and control (IPC) measures

IPC measures are used to manage the risks identified by the risk assessment. Measures include the following, and are described below:

- Environmental control
- Hand hygiene
- Appropriate use of personal protective equipment
- Aseptic field management
- Non-touch technique
- Consumer education and inclusion.

Factors which impact on the utilisation of infection prevention measures are the:

- **number and size of key parts and key sites** - determines the size of the aseptic field required, e.g. a sterile tray placed on a trolley is required to adequately contain the equipment for a CVC insertion.
- **length of the procedure** - the longer the procedure, the greater the risk of contamination.
- **technical difficulty of the procedure** - the more difficult the procedure, the greater the need to touch key parts and key sites during the procedure. Asepsis is maintained using sterile gloves and/or sterile forceps, and full barrier precautions which includes standard or sterile -long-sleeved gowns, eye protection and a surgical mask.
- **experience of the clinician in performing the procedure** – less experienced clinicians may not feel confident in using a non-touch technique.
- **compliance of the patient** - impacts on the ability to prevent contamination of key parts and key sites, e.g. a clinician may require assistance where there is a risk the patient may contaminate the aseptic field or key parts and sites.

Environmental controls

Prior to conducting an aseptic procedure, clinicians should ensure that there are no avoidable environmental risks nearby. Environmental controls are used to reduce the risk of contamination by movement, touch or proximity. Examples of environmental risks may include:

- bed making in close proximity
- cleaning the environment in close proximity
- movement of patient beds in close proximity
- use of commodes by other patients in a shared room
- use of fans in close proximity
- movement and proximity of privacy curtain
- confined working area
- excessive number of people present
- patient in a corridor or walkway.

Hand hygiene

Effective hand hygiene is an essential part of aseptic technique.

- **Routine hand hygiene** should be performed using neutral pH soap and running water (duration of entire wash – 60 seconds) or an alcohol-based hand rub (duration of entire rub 20 – 30 seconds) – refer to WHO Guidelines on hand hygiene in health care.
- **Surgical hand antisepsis** using an approved (e.g. conforms to EN12791) antimicrobial skin cleanser or waterless hand rub formulation is required when a non-touch technique cannot be achieved as key parts and sites may be directly touched e.g. during a CVC insertion.

Appropriate use of protective personal equipment (PPE)

Gloves are indicated for many procedures requiring aseptic technique:

- **non-sterile gloves** may be necessary to protect the clinician from blood or body fluids or exposure to toxic drugs during administration.
- **sterile** gloves are required in procedures where key parts and / or key sites are touched directly (i.e. when a non-touch technique cannot be achieved), to minimise the risk of contamination.

Gloves do not replace the need for hand hygiene. Hand hygiene must be performed before and after glove use.

Other PPE should be worn according to standard precautions to reduce the risk of blood and body fluid exposure to the clinician.

After a risk assessment, full barrier protection may be required during invasive procedures to reduce the risk to the patient of acquiring a healthcare associated infection during procedures such as CVC insertion. Check local guidelines for PPE required.

Aseptic field management

The aseptic field must be managed to ensure that key parts and key sites are protected and should be prepared as close as possible to the time of actual use. Select a tray or trolley of an appropriate size to ensure key parts are adequately contained within the aseptic field.

Disinfect the tray or trolley with an appropriate detergent/disinfectant wipe and allow to dry, before placing any items in or on the tray or trolley. Clean the inside of the tray prior to cleaning the outside of the tray. If a surface remains wet, then asepsis will be compromised.

The aseptic field may also need to be extended by draping the patient. The sterile drape will provide additional workspace where sterile equipment may be placed as well as protecting the key site from contamination.

Non-touch technique

Non-touch technique is a technique where the clinician's hands do not directly touch, and thereby contaminate key parts and key sites. This is critical for maintaining asepsis. Asepsis can be achieved by either:

- using a **non-touch technique**; examples include use of sterile cleaning solutions, gauze or sterile forceps
  OR
- using sterile gloves.

Types of aseptic procedures

For the purposes of the Training and Self-Assessment Toolkit, procedures should be considered as either non-invasive or invasive.

An invasive procedure can include and be described as a procedure that involves entry into the internal body via an:

- insertion of a tube or medical device capable of entering tissue, the vascular system, cavities or organs
- incision of the skin
- interruption to a circuit or device.

Non-invasive procedure

Simple procedures

Simple procedures include those which require few steps and are not technically difficult. These procedures generally have a shorter duration and involve relatively few key parts.

Examples include:

- closed surgical incision dressing
- peripheral IV insertion site dressing

Complex procedures

Complex procedures generally have more steps than a simple procedure, are usually more technically difficult and may require touching of key parts or key sites whilst continuing to maintain asepsis.

Examples include:

- central or arterial line dressings or line change e.g. PICC, CVC, pulmonary artery (PA) catheter (when key parts or sites need to be touched)
- In a haemodialysis setting, changes to a Vascath® dressing would be considered complex
- large open wound dressings that may also require packing or additional wound management systems.

Invasive procedures

Invasive procedures can be performed with or without touching key parts and / or key sites. However aseptic technique must still be maintained.

Examples that **do not touch** key parts or key sites include:

- administration of IV medications and a IV flush
- peripheral IV cannulation (when vein is not re-palpated after skin preparation).

Examples that are performed **touching** key parts and / or key sites include:

- insertion of a PICC, CVC, PA catheter, arterial line
- “needling” an arteriovenous (A-V) access
- insertion of indwelling urinary or umbilical catheters.

Examples that are performed **touching** key parts and / or key sites include:

- insertion of a PICC, CVC, PA catheter, arterial line
- indwelling urinary catheter, umbilical catheter
- insertion of a Vascath®.

Key part examples

Peripheral and central venous access or therapy

Key Parts include:

- syringe tip (hub)
- needle (both needle tip and hub)
- needle-free access device / bung on catheter lumen.
- IV infusion lines including fluid bag spikes, all bungs, caps, 3-way taps, all infusion ports, the end of the infusion line which connects to the patient
- extension lines (both the end that connects to the patient and the end that connects to the IV administration set)
- the hub of both central and peripheral access devices
- the tip of the implanted port needle & the hub end
- the dressing
- rubber tops on vials containing medication
- syringe access point of any IV medication / fluid.

Wound care

Key Parts include:

- tips of forceps (or use of sterile gloves if applicable)
- gauze / swabs used to cleanse wound
- suture remover tip (if applicable)
- staple remover tip (if applicable)
- scissor tip (if applicable)
- dressing to be applied.

Insertion of urinary catheter (male / female)

Key parts include:

- forceps handle in dominant hand (or use of sterile gloves)
- urinary catheter
- lubricant tip & handle used in dominant hand (or use of sterile gloves)
- tip of urinary drainage bag that connects to urinary catheter
- syringe tip
- sterile water for injection opening.

Key part examples during haemodialysis – Part A

Cannulation and connection during haemodialysis procedure

Key parts include:

- syringe tip (hub)
- needle (both needle tip and hub)
- connection points of the cannula
- top of the ampoule
- gauze swab
- skin preparation swab
- machine line ends.

Key sites include:

- A-V access point
- Hubs of haemodialysis Catheters (i.e Vascath®, Permacath®).

Key part examples during haemodialysis – Part B

Disconnection during haemodialysis procedure

Key parts include:

- syringe tip (hub)
- top of the ampoule
- gauze swabs
- recirculation connector ends
- puncture site dressing.

Aseptic technique self-assessment and specific clinical competencies

Introduction

There is a self-assessment resource and seven specific exemplar clinical competency assessment tools provided.

- Appendix 1 Aseptic technique self-assessment questions
- Appendix 2 Accessing vascular devices
- Appendix 3 Central venous catheter (CVC) insertion - assistant
- Appendix 4 Haemodialysis – connection
- Appendix 5 Haemodialysis - disconnection
- Appendix 6 Insertion of urinary catheter
- Appendix 7 Peripheral intravenous (IV) cannulation
- Appendix 8 Wound care
- Appendix 9 Answers to self-assessment questions

Aseptic technique assessment sheet reference guide

1. During the assessment, the assessor assigns a category corresponding to the performance level for each of the performance criteria (see below key).
2. If the performance falls into the category “Not yet competent” (NYC), comments must be included; comments are optional if category “Competent” (C) is demonstrated / achieved.

A copy of the completed assessment tool is provided for the nurse, and to key stakeholders in your organisation who are responsible for recording staff training.

Category	Performance Level	Action Required
C (Competent)	Standard of practice is at or above the performance criteria outlined	> Aspects of performance that are satisfactory are documented and positive feedback given to the nurse. > Positive feedback is given when appropriate.
NYC (Not Yet Competent)	Standard of practice is below the performance criteria outlined	> All areas in which the standard of performance is below the criteria and discussed & documented using examples of actual & expected practice. > The staff member is provided with a learning program and times may be arranged for further practice so that the expected standard can be achieved within a prescribed timeframe.

References

1. Australian Commission on Safety and Quality in Health Care: Australian Guidelines for the Prevention and Control of Infection in Healthcare
2. Moureau N and Flynn J. 'Disinfection of Needleless Connector Hubs: Clinical Evidence Systematic Review' Nursing Research and Practice 2015.
3. Healthcare-associated infections: prevention and control in primary and community care. National Institute for health and Care Excellence, February 2017 London
4. Standards for Perioperative Nursing in Australia
5. WHO Guidelines on hand hygiene in health care

Other Resources

> SA Health Aseptic technique webpage

> SA Health Hand Hygiene Guideline

> SA Health Vascular access device management webpage

> Australian Commission on Safety and Quality in Health Care Aseptic Technique Webpage

Appendix 1: Aseptic technique self-assessment questions

Please complete these questions prior to completing a competency assessment in aseptic technique. Choose the most correct answer.

1. What is aseptic technique?

- ☐ Aseptic technique aims to prevent pathogenic organisms, in sufficient quantity to cause infection, from being introduced to susceptible sites by hands, surfaces and equipment.
- ☐ Aseptic technique is a framework for aseptic practice. It includes a risk assessment and the use of infection control measures.
- ☐ Aseptic technique protects patients during clinical procedures by using appropriate infection prevention measures.
- ☐ All of the above.

2. Why is aseptic technique important? Choose the most correct answer.

- ☐ Clinicians have been told to use aseptic technique as this is considered best practice.
- ☐ Procedures requiring aseptic technique are performed in operating theatres to prevent surgical wound infection.
- ☐ By using aseptic technique, it is possible to significantly reduce the rate of health care associated infection.

3. When should you use sterile gloves?

- ☐ Sterile gloves are required in procedures where key parts and / or key sites are touched directly to minimise the risk of contamination.
- ☐ To protect the clinician from body fluid exposure.
- ☐ During any invasive procedure.

4. Select the core questions you need to consider when conducting a risk assessment. Tick all that apply.

- ☐ What are the appropriate infection prevention measures to protect key parts and key sites?
- ☐ What information do I need to provide to the patient?
- ☐ Is the procedure simple, complex or invasive?
- ☐ Do I need to touch any key parts and key sites?
- ☐ What are the key parts and key sites?

5. What constitutes an invasive procedure? Tick all that apply.

- ☐ Insertion of a medical device.
- ☐ Interruption to a circuit e.g. disconnection of an IV infusion.
- ☐ Invasive procedures can be described as either simple or complex.
- ☐ Key parts are always touched during an invasive procedure.

6. What constitutes the infection control measures required in aseptic technique? Tick all that apply.

- ☐ Environmental controls.
- ☐ Preparing the patient for the procedure.
- ☐ Gaining patient consent.
- ☐ Hand hygiene.
- ☐ Aseptic field management.

7. Asepsis can be achieved by using which of the following? Tick all that apply.

- ☐ Non-sterile gloves.
- ☐ Sterile forceps.
- ☐ Connecting items without touching key parts.
- ☐ Sterile gloves.

8. A key site is any insertion or access site or wound that is connected to, or is part of the patient.

- ☐ True
- ☐ False

9. The syringe hub and needle-free access device should be considered as two of several key parts used when accessing a peripheral intravenous line to administer an antibiotic.

- ☐ True
- ☐ False

10. The plastic tray should be considered as one of several key parts used when accessing a peripheral intravenous line to administer an antibiotic.

- ☐ True
- ☐ False

Appendix 2: Accessing vascular devices

Objective: To assess staff competency in carrying out effectively accessing vascular devices.

Competency Assessment - Details:

Employee details

Employee name: .....

Unit/Department: ..... Payroll Number: .....

Signature: ..... Date: .....

Assessor details

Assessor name: .....

Signature: ..... Date: .....

Competency Assessment (example only follow site specific guidelines)

Performance criteria	Action performed correctly		Comments
1. Consent & patient ID			
1.1. Obtain consent from the patient.	Y	N	
1.2. Check for allergies (patient/notes/electronic systems).	Y	N	
1.3. Complete patient identification using three nationally recognised identifiers.	Y	N	
2. Manage environmental risks			
2.1. Manage environmental factors prior to commencing the procedure.	Y	N	
3. Procedure preparation			
3.1. Perform hand hygiene.	Y	N	
3.2. Disinfect trolley as per local protocol.	Y	N	
3.3. Allow to dry before use.	Y	N	
3.4. a) gather equipment.	Y	N	
b) inspect packaging for damage, check sterility indicators & expiry dates.	Y	N	
3.5. Perform hand hygiene.	Y	N	

Performance criteria	Action performed correctly		Comments
3.6. a) open packaging and dispose into waste receptacle. Then connect required items using a non-touch technique.	Y	N	
b) open normal saline or water for injection if required & connect syringe and drawing up needle without contaminating key parts.	Y	N	
c) disinfect drug vial if applicable (as per local protocol) and allow to dry before penetrating with connection / syringe.	Y	N	
d) place prepared syringe / drug onto injection tray with disinfectant swab & other connecting devices that may be required.	Y	N	
4. Patient Preparation			
4.1. Perform hand hygiene.	Y	N	
4.2. a) expose the port / pause any IV pumps.	Y	N	
b) inspect the key site for signs of infection, ensure dressing, bung intact. Visibly soiled or damaged ports should be changed.	Y	N	
***Note** - if these steps are not required, then the next hand hygiene need not be performed ^*			
5. Procedure			
5.1. Perform hand hygiene.	Y	N	
5.2. a) clean port to be accessed, with disinfectant swab for fifteen seconds using a reasonable amount of friction.	Y	N	
b) allow area to dry before connecting syringe / IV therapy ensuring key parts are not contaminated.	Y	N	
5.3. Perform hand hygiene.	Y	N	
6. Patient information			
6.1. Document the procedure appropriately and provide the patient with information.	Y	N	
6.2. Recommence pump, if applicable.	Y	N	
6.3. Perform hand hygiene before leaving the patient area.	Y	N	
***Note** – equipment can be discarded and cleaned within the patient area if local environment permits*			
7. Decontamination			
7.1. Discard sharps & used equipment. Clean trolley as per local protocol.	Y	N	
7.2. Perform hand hygiene.	Y	N	
Overall comments			

Appendix 3: Central venous cannula (CVC) insertion including Peripherally Inserted Central Catheter (PICC) / CVC – (Assistant)

Objective: To assess staff competency in carrying out effective central intravenous cannula insertion.

Competency Assessment - Details

Employee details

Employee name: .....

Unit/Department: ..... Payroll Number: .....

Signature: ..... Date: .....

Assessor details

Assessor name: .....

Signature: ..... Date: .....

Competency Assessment (example only follow site specific policy and guidelines)

Performance criteria	Action performed correctly		Comments
1. Consent & patient ID			
1.1. Obtain consent from the patient.	Y	N	
1.2. Check for allergies (patient/ notes/electronic systems).	Y	N	
1.3. Complete patient identification using three nationally recognised identifiers.	Y	N	
2. Manage environmental risks			
2.1. Manage environmental factors prior to commencing the procedure.	Y	N	
3. Procedure preparation			
3.1. Perform hand hygiene.	Y	N	
3.2. Disinfect trolley as per local protocol.	Y	N	
3.3. Allow to dry before use.	Y	N	
3.4. a) gather equipment.	Y	N	
b) inspect packaging for damage, check sterility indicators & expiry dates.	Y	N	
3.5. Place pre-packaged insertion pack on top shelf and all other equipment on the bottom shelf.	Y	N	
3.6. Prepare IV therapy and / or flush as required using a non-touch technique.	Y	N	
3.7. Assist clinician in opening packaging & donning sterile gown as required.	Y	N	

Performance criteria	Action performed correctly		Comments
4. Procedure			
4.1. Perform hand hygiene.	Y	N	
4.2. Before handling IV giving set / IV therapy connect to vascular access device and ensure key parts are not contaminated during connection.	Y	N	
***Note** – repeat disinfection if key part is contaminated by touch*			
4.3. Perform hand hygiene.	Y	N	
5. Patient information & documentation			
5.1. Document the procedure and inform the patient how to care for the device and when to seek medical advice.	Y	N	
6. Decontamination			
6.1. Discard all equipment / sharps into correct waste receptacles, clean trolley as per local protocol.	Y	N	
6.2. Perform hand hygiene.	Y	N	
Overall comments			

Appendix 4: Connection to haemodialysis

Objective: To assess staff competency in carrying out effective connection to haemodialysis. .

Competency Assessment - Details

Employee details

Employee name: .....

Unit/Department: ..... Payroll Number: .....

Signature: ..... Date: .....

Assessor details

Assessor name: .....

Signature: ..... Date: .....

Competency assessment (example only follow site specific policy and guidelines)

Performance criteria	Action performed correctly		Comments
1. Consent & patient ID			
1.1. Obtain consent from the patient.	Y	N	
1.2. Check for allergies (patient/notes/electronic systems).	Y	N	
1.3. Complete patient identification using three nationally recognised identifiers.	Y	N	
2. Manage environmental risks			
2.1. Manage environmental factors prior to commencing the procedure. 2.2. Perform hand hygiene. 2.3. Set up haemodialysis machine as per unit procedure. 2.4. Line and prime haemodialysis machine. 2.5. Perform all relevant checks on haemodialysis machine.	Y Y Y Y	N N N N	
3. Procedure preparation			
3.1. Perform hand hygiene.	Y	N	
3.2. Disinfect trolley or tray as per local protocol.	Y	N	
3.3. Perform hand hygiene.	Y	N	
3.4. Allow to dry before use.	Y	N	
3.5. a) gather equipment.	Y	N	
b) inspect packages for damage, check sterility indicators & expiry dates.	Y	N	

Performance criteria	Action performed correctly		Comments
3.6. Perform hand hygiene.	Y	N	
3.7. Set up cannulation tray - peel open sterile equipment required ensuring key parts remain protected.	Y	N	
Note *- asepsis is maintained by ensuring key parts are not touched / contaminated*			
4. Patient preparation			
4.1. Perform hand hygiene.	Y	N	
4.2. Complete weights, BP, fluid assessment, machine settings, place tourniquet *in situ*, relevant checks completed.	Y	N	
5. Procedure			
5.1. Perform hand hygiene.	Y	N	
5.2. Apply relevant PPE (to protect from potential body fluid exposure). Asepsis is maintained by ensuring key parts are not touched / contaminated:			
a) clean AV access with disinfectant swab (unless contraindicated).	Y	N	
b) apply liberally and allow area to completely dry.	Y	N	
c) once area is dry, cannulate; AV access ensuring tip and site of entry are not touched / not contaminated.	Y	N	
d) secure the device.	Y	N	
e) flush cannula ensuring syringe tip and cannula hub are not touched / contaminated.	Y	N	
Note *- disinfect if key part is contaminated.*			
5.3. Connect patient to dialysis machine, using a non-touch technique to protect all key parts.	Y	N	
6. Decontamination			
6.1. Clean tray and machine screen; discard all sharp devices into sharps containers. (If there is an interruption between any of these steps or gross blood contamination on gloves, perform HH & reapply PPE.	Y	N	
6.2. a) remove gloves / PPE.	Y	N	
b) perform hand hygiene.	Y	N	
7. Documentation			
7.1. Document, sign medication, record observations, clean area.	Y	N	
7.2. Perform hand hygiene before leaving area.	Y	N	

Appendix 5: Disconnection to haemodialysis

Objective: To assess staff competency in carrying out effective disconnection to haemodialysis.

Competency Assessment - Details

Employee details

Employee name: .....

Unit/Department: ..... Payroll Number: .....

Signature: ..... Date: .....

Assessor details

Assessor name: .....

Signature: ..... Date: .....

Competency Assessment (example only follow site specific policy and guidelines)

Performance criteria	Action performed correctly		Comments
1. Consent & patient ID			
1.1. Obtain consent from the patient.	Y	N	
1.2. Check for allergies (patient/notes/electronic systems).	Y	N	
1.3. Complete patient identification using three nationally recognised identifiers.	Y	N	
2. Manage environmental risks			
2.1. Manage environmental factors prior to commencing the procedure.	Y	N	
3. Procedure preparation			
3.1. Perform hand hygiene.	Y	N	
3.2. Disinfect trolley or tray as per local protocol.	Y	N	
3.3. Allow to dry before use.	Y	N	
3.4. a) gather equipment.	Y	N	
b) inspect packaging for damage, check sterility indicators & expiry dates.	Y	N	
3.5. Perform hand hygiene.	Y	N	
3.6. a) prepare IV flush, IV extension set and IV therapy if required ensuring key parts using a non-touch technique.	Y	N	
b) ensure key parts remain protected.	Y	N	
3.7. Set up run back tray - peel open sterile equipment required ensuring key parts remain protected.	Y	N	

Performance criteria	Action performed correctly		Comments
4. Procedure			
4.1. Perform hand hygiene.	Y	N	
4.2. a) apply relevant PPE.	Y	N	
b) apply non-sterile gloves to protect from potential body fluid exposure; if required to touch key parts apply sterile gloves.	Y	N	
c) asepsis is maintained by ensuring key parts are not touched / contaminated.	Y	N	
4.3. Disconnect arterial line and connect saline, run back as per procedure.	Y	N	
4.4. a) disconnect venous line.	Y	N	
b) remove cannulas, tape, needles, ensure bleeding stops.	Y	N	
c) check patient site for bleeding.	Y	N	
d) discard all sharp devices into sharps containers.	Y	N	
***Note** – if there is an interruption between any of these steps, perform HH & reapply PPE*			
5. Decontamination			
5.1. Clean all equipment and clean patient environment.	Y	N	
5.2. Remove gloves / PPE; perform hand hygiene.	Y	N	
6. Patient information and documentation			
6.1. Document, sign medication, record observations, complete patient discharge checks.	Y	N	
6.2. Perform hand hygiene before leaving area.	Y	N	
Overall comments			

Appendix 6: Insertion of urinary catheter

Objective: To assess staff competency in carrying out effective insertion of urinary catheter.

Competency Assessment - Details

Employee details

Employee name: .....

Unit/Department: ..... Payroll Number: .....

Signature: ..... Date: .....

Assessor details

Assessor name: .....

Signature: ..... Date: .....

Competency Assessment (example only follow site specific policy and guidelines

Performance criteria	Action performed correctly		Comments
1. Consent & patient ID			
1.1. Obtain consent from the patient.	Y	N	
1.2. Check for allergies (patient/notes/electronic systems).	Y	N	
1.3. Complete patient identification using three nationally recognised identifiers.	Y	N	
2. Manage environmental risks			
2.1. Manage environmental factors prior to commencing the procedure.	Y	N	
3. Procedure preparation			
3.1. Perform hand hygiene.	Y	N	
3.2. Disinfect trolley as per local protocol.	Y	N	
3.3. Allow to dry before use.	Y	N	
3.4. a) gather equipment, including sterile gloves			
b) inspect packaging for damage, check sterility indicators & expiry dates.	Y	N	

Performance criteria	Action performed correctly		Comments
3.5. a) place catheter pack on the top shelf and all items on the bottom shelf; if the trolley has a drawer – do not go into the drawer without performing hand hygiene.	Y	N	
b) upon entering patient room, open catheter pack and add items required ensuring items remain sterile.	Y	N	
c) organise & prepare all items in the sterile field.	Y	N	
4. Procedure			
4.1. Perform hand hygiene & put on sterile gloves.	Y	N	
4.2. a) place sterile field in place on patient and expose the entrance to the urethra.	Y	N	
b) cleanse area with normal saline using forceps.	Y	N	
4.3. a) ensure lubricant is applied	Y	N	
b) insert catheter ensuring other end is placed in a waterproof dish.	Y	N	
c) attach syringe (prepared in 3.5) to catheter hub & inject water required water to inflate balloon.	Y	N	
4.4. a) collect specimens aseptically (if required).	Y	N	
b) connect urinary drainage bag to catheter.	Y	N	
c) secure the catheter to the patient's leg with a leg securement device to prevent drag.	Y	N	
d) ensure catheter bag is kept off the floor.	Y	N	
e) remove gloves & PPE.	Y	N	
5. Patient information & documentation			
5.1. Ensure patient is comfortable.	Y	N	
5.2. Document procedure in patient case/electronic notes. Inform the patient how to care for the device.	Y	N	
6. Decontamination			
6.1. a) apply appropriate PPE (if required).			
b) discard used / opened equipment appropriately.	Y	N	
c) clean trolley as per local protocol.	Y	N	
6.2. Perform hand hygiene.	Y	N	
Overall comments			

Appendix 7: Peripheral intravenous (IV) cannulation

Objective: To assess staff competency in carrying out effective peripheral IV cannulation.

Competency Assessment - Details

Please complete the details below:

Employee details

Employee name: .....

Unit/Department: ..... Payroll Number: .....

Signature: ..... Date: .....

Assessor details

Assessor name: .....

Signature: ..... Date: .....

Competency Assessment (example only follow site specific policy and guidelines

Performance criteria	Action performed correctly		Comments
1. Consent & patient ID			
1.1. Obtain consent from the patient.	Y	N	
1.2. Check for allergies (patient/notes/electronic systems).	Y	N	
1.3. Complete patient identification using three nationally recognised identifiers.	Y	N	
2. Manage environmental risks			
2.1. Manage environmental factors prior to commencing the procedure.	Y	N	
3. Procedure preparation			
3.1. Perform hand hygiene.	Y	N	
3.2. Disinfect trolley or tray as per local protocol.	Y	N	
3.3. Allow to dry before use.	Y	N	
3.4. a) gather equipment.	Y	N	
b) inspect packaging for damage, check sterility indicators & expiry dates, and that the tourniquet is clean.	Y	N	
3.5. Perform hand hygiene.	Y	N	
3.6. Prepare saline flush, IV extension set (if required) and IV therapy if required using a non-touch technique.	Y	N	
3.7. Place prepared syringe in tray ensuring key part remains protected with a sterile cap.	Y	N	

Performance criteria	Action performed correctly		Comments
4. Patient preparation			
4.1. hand hygiene.	Y	N	
4.2. Assess the patient's access, determine insertion site and apply tourniquet.	Y	N	
4.3. Open IV cannula & any other packaging without touching key parts.	Y	N	
5. Procedure			
5.1. Perform hand hygiene.	Y	N	
a) disinfect key site (using appropriate skin preparation solution) moving from inside to out in concentric circles, ensuring a substantial area is covered.	Y	N	
b) if vein needs palpating after disinfecting, re-disinfect and apply sterile gloves.	Y	N	
5.2. a) apply non-sterile gloves to protect from potential body fluid exposure.	Y	N	
b) Insert cannula using a non-touch technique.	Y	N	
	Y	N	
5.3. All IV therapy devices / extension tubing (if required) whilst maintaining non-touch of all key parts. (If sterility is compromised, disinfect again).	Y	N	
5.4. Flush cannula with normal saline.	Y	N	
5.5. Apply dressing and secure the device.	Y	N	
6. Patient information & documentation			
6.1. Remove gloves & perform hand hygiene.	Y	N	
6.2. Document IV cannulation details in patient case notes/electronic record.	Y	N	
6.3. Advise the patient on how to care for the device and when to seek medical advice.	Y	N	
7. Decontamination			
7.1. Discard all sharp devices into sharps containers.	Y	N	
7.2. Discard all used equipment, clean trolley as per local protocol.	Y	N	
7.3. Perform hand hygiene.	Y	N	
Overall comments			

Appendix 8: Wound care

Objective: To assess staff competency in carrying out effective wound care. .

Competency Assessment - Details

:

Employee details

Employee name: .....

Unit/Department: ..... Payroll Number: .....

Signature: ..... Date: .....

Assessor details

Assessor name: .....

Signature: ..... Date: .....

Competency Assessment (example only follow site specific policy and guidelines)

Performance criteria	Action performed correctly		Comments
1. Consent & patient ID			
1.1. Obtain consent from the patient.	Y	N	
1.2. Check for allergies (patient/notes/electronic systems).	Y	N	
1.3. Complete patient identification using three nationally recognised identifiers.	Y	N	
2. Manage environmental risks			
2.1. Manage environmental factors prior to commencing the procedure.	Y	N	
3. Procedure preparation			
3.1. Perform hand hygiene.	Y	N	
3.2. Disinfect trolley as per local protocol.	Y	N	
3.3. Allow to dry before use.	Y	N	
3.4. a) gather equipment.	Y	N	
b) place dressing pack on the top shelf and all items on the bottom shelf.	Y	N	
c) inspect packaging for damage, check sterility indicators & expiry dates.	Y	N	
3.5. Enter patient room; perform hand hygiene.	Y	N	
3.6. Open dressing pack and add items required ensuring items remain sterile.	Y	N	

Performance criteria	Action performed correctly		Comments
4. Patient preparation			
4.1. Put on a pair of non-sterile gloves and loosen old dressing so it can be removed with a pair of forceps. 4.2. Remove previous dressing and discard into waste receptacle.	Y	N	
4.3. Remove gloves; perform hand hygiene.	Y	N	
4.4. If extra items are required for use, remove gloves and perform hand hygiene before gathering further items or equipment.	Y	N	
5. Procedure			
5.1. Perform hand hygiene.	Y	N	
5.2. Apply appropriate PPE.	Y	N	
5.3. Prepare aseptic field around key site using non-touch technique.	Y	N	
5.4. Using sterile forceps cleanse area as required moving from wound site outwards, without contaminating the forceps and the other items on the trolley. 5.5. Discarding equipment appropriately after use.	Y	N	
5.6. Complete dressing.	Y	N	
Note – if gloves become contaminated with blood or other body fluids, then another hand hygiene action may be required and reapply gloves)			
6. Decontamination			
6.1. Discard all dressing equipment used / opened.	Y	N	
6.2. Clean trolley as per local protocol.	Y	N	
6.3. Remove gloves & perform hand hygiene.	Y	N	
7. Procedure/patient preparation			
7.1. Ensure patient is comfortable.	Y	N	
7.2. Document procedure in patient case or electronic notes; ask the patient to let you know if there is pain or increased discharge after procedure.	Y	N	
7.3. Perform hand hygiene.	Y	N	
Overall comments			

Appendix 9: Answers to self-assessment questions (Appendix 1)

1. All of the above

2. By using aseptic technique, it is possible to significantly reduce the rate of healthcare associated infection

3. Sterile gloves are required in procedures where key parts and / or key sites are touched directly to minimise the risk of contamination

4. (4 correct answers)

4.1. What are the appropriate infection prevention measures to protect key parts and key sites?

4.2. Is the procedure simple, complex or invasive?

4.3. Do I need to touch any key parts and key sites?

4.4. What are the key parts and key sites?

5. (2 correct answers)

5.1. Insertion of a medical device

5.2. Interruption to a circuit e.g. disconnection of an IV infusion

6. (3 correct answers)

6.1. Environmental controls

6.2. Hand Hygiene

6.3. Aseptic field management

7. (3 correct answers)

7.1. Sterile forceps

7.2. Connecting items without touching key parts

7.3. Sterile gloves

8. TRUE

9. TRUE

10. FALSE

Version Control

Version	Date approved	Approved by	Amendment notes
1.0	01/11/2020	Infection Control Service CDCB	Toolkit developed.
1.1	15/10/2024	Infection Control Service CDCB	LHN Infection Control Unit consultation. Minor updates.

For more information

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