



Aseptic Technique

# Staff training, self-assessment and competency workbook

(Combined ward and haemodialysis workbook)

Staff name: .....

Date completed: .....

Version 1.0 (Nov2020)

## Table of contents

<b>Instructions</b> .....	<b>3</b>
<b>What is aseptic technique?</b> .....	<b>4</b>
Why is aseptic technique important? .....	4
<b>Key concepts of aseptic technique</b> .....	<b>4</b>
Key parts .....	4
Key sites .....	4
<b>Aseptic fields</b> .....	<b>4</b>
<b>Aseptic technique process</b> .....	<b>5</b>
Risk assessment.....	5
Infection prevention and control (IPC) measures .....	5
Environmental controls .....	6
Hand hygiene .....	6
Appropriate use of protective personal equipment (PPE) .....	6
Aseptic field management.....	6
Non-touch technique.....	7
<b>Types of aseptic procedures</b> .....	<b>7</b>
Non-invasive procedure .....	7
Simple procedures.....	7
Complex procedures .....	7
Invasive procedures.....	8
<b>Key part examples</b> .....	<b>8</b>
Peripheral and central venous access or therapy.....	8
Wound care .....	8
Insertion of urinary catheter (male / female).....	9
Key part examples during haemodialysis – Part A .....	9
Cannulation and connection during haemodialysis procedure .....	9
Key part examples during haemodialysis – Part B .....	9
Disconnection during haemodialysis procedure.....	9
<b>Aseptic technique self-assessment and specific clinical competencies</b> .....	<b>10</b>
Introduction.....	10
Aseptic technique assessment sheet reference guide.....	10
<b>References</b> .....	<b>11</b>
<b>Other SA Health resources</b> .....	<b>12</b>
<b>Appendix 1: Aseptic technique self-assessment questions</b> .....	<b>13</b>
<b>Appendix 2: Accessing vascular devices</b> .....	<b>15</b>
<b>Appendix 3: Central venous cannula (CVC) insertion including Peripherally Inserted Central Catheter (PICC) / CVC – (Assistant)</b> .....	<b>17</b>
<b>Appendix 4: Connection to haemodialysis</b> .....	<b>19</b>
<b>Appendix 5: Disconnection to haemodialysis</b> .....	<b>21</b>
<b>Appendix 6: Insertion of urinary catheter</b> .....	<b>23</b>
<b>Appendix 7: Peripheral intravenous (IV) cannulation</b> .....	<b>25</b>
<b>Appendix 8: Wound care</b> .....	<b>27</b>

## Instructions

This self-directed learning package has been developed to provide clinical staff with the required knowledge in aseptic technique in accordance with the *Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019)*.

### Step 1

Read this workbook

### 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 2

Complete the relevant competency assessments found in Appendices 2-8 in front of an appointed auditor according to your organisational procedures.

The competency assessment tools provided are designed to audit practice of the clinician performing a procedure requiring aseptic technique, and are to be used in conjunction with the appropriate local organisational clinical procedure. Use a new audit tool for each procedure.

There are seven competency assessment tools provided:

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

**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 e-learning module found on the [Women's and Children's Digital Media Website](#), however this resource may be used in addition to or as a stand-alone package for those hospitals without access to the SA Health e-learning module.

**Note 2** - The workbook 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 aims to prevent pathogenic micro-organisms from being introduced to susceptible body sites by hands, surfaces and equipment in sufficient quantity to cause infection. It protects patients during invasive clinical procedures by utilising infection prevention measures that minimise the presence of micro-organisms. Aseptic technique is a set of practices aimed at minimising contamination and is used to protect the consumer, e.g. patient and resident from infection during procedures.

### Why is aseptic technique important?

“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.”

*Australian Guidelines for the Prevention and Control of Infection in Health Care, 2019; page 10*

## 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 work space 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 protected at all times 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 pack.

## 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 technically 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 often full barrier precautions
- > **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 with a paediatric patient to maintain a non-touch technique.

### 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
- > use of commodes by other patients in a shared room
- > movement and proximity of privacy curtain
- > confined working area
- > excessive number of people present.

### 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: First Global Patient Safety Challenge Clean Care is Safer Care (2009).
- > **Surgical hand antisepsis using an approved** (e.g. conforms to EN12791 or US Food and Drug Administration testing) antimicrobial skin cleanser or waterless hand rub formulation is required when full barrier precautions are necessary, e.g. during a CVC insertion – refer to *SA Health Hand Hygiene Guidelines*.

### 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.

Full barrier protection is required during invasive procedures to reduce the risk to the patient of acquiring a healthcare associated infection during procedures such as CVC insertion.

### 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 disinfectant wipe and allow to dry, before placing any items in or on the tray or trolley. 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 work space 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 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 gauze or sterile forceps  
OR
- > using sterile gloves.

## Types of aseptic procedures

For the purposes of the Training and Self-Assessment Work Book, 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, 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 point
- > 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 tips (if applicable)
- > scissor tips (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 cannulae
- > top of the ampoule
- > gauze swab
- > skin preparation swab
- > machine line ends.
- > Key sites include -
- > A-V access point
- > Hubs of haemodialysis Catheters (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 one self-assessment and also seven specific clinical competency assessment tools provided

- [Appendix 1 Aseptic technique self-assessment questions](#)
- [Appendix 2 Accessing vascular device](#)
- [Appendix 3 Central venous catheter \(CVC\) insertion - assistant](#)
- [Appendix 4 Haemodialysis – connection](#)
- [Appendix 5 Haemodialysis - disconnection](#)
- [Appendix 6 Insertion of urinary device](#)
- [Appendix 7 Peripheral intravenous \(IV\) cannulation](#)
- [Appendix 8 Wound care.](#)

### 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, the original is filed in the staff member’s personnel file.

Category	Performance Level	Action Required
<b>C</b> (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.
<b>NYC</b> (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 through the use of 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 2019, 2<sup>nd</sup> ed. *Safety and Quality Improvement Guide Standard 3: Preventing and Controlling Healthcare Associated Infections*, Australian Commission on Safety and Quality in Health Care, Sydney.
2. Kaler W, Chinn R. Successful Disinfection of Needless Access Ports: A Matter of Time and Friction. *Journal of the Association for Vascular Access*. 2007. Vol. 12, No.3, 132-9.
3. Loveday H P, Wilson J A et al. epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England. *Journal of Hospital Infection*. 2014. S1-S70
4. Mitchell B, Ware C, et al ASID (HICSIG) / AICA Position Statement: Preventing catheter-associated urinary tract infections in patients. *Healthcare Infection*, 2011. 16, 45-52.
5. National Health & Medical Research Council. (2019) Australian Guidelines for the Prevention and Control of Infection in Healthcare.
6. Simmons S, Bryson C B, Porter S. "Scrub the Hub" Cleaning Duration and Reduction in Bacterial Load on Central Venous Catheters.. *Crit Care Nurs*. 2011Vol.34, No. 1, 31-35
7. The ANTT Organisation 2012, *the ANTT Clinical Practice Framework...From surgery to Community Care v3.0*, The ANTT Organisation, UK.
8. The Australian College of Operating Room Nurses Ltd. *ACORN Standards for Perioperative Nursing*. 16<sup>th</sup> editions. Adelaide, South Australia
9. WHO Guidelines on Hand Hygiene in Health Care: First Global Patient Safety Challenge Clean Care is Safer Care. 2009. World Health Organisation. Geneva.

## Other SA Health resources

- > Aseptic technique policy directive. Available at: <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+programs+and+practice+guidelines/infection+and+injury+management/healthcare+associated+infections/prevention+and+management+of+infections+in+healthcare+settings/aseptic+technique>
- > Aseptic technique e-learning module. Available at <http://digitalmedia.sahealth.sa.gov.au/>
- > Applying Aseptic technique principles in haemodialysis presentation. Available at: <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+programs+and+practice+guidelines/infection+and+injury+management/healthcare+associated+infections/prevention+and+management+of+infections+in+healthcare+settings/aseptic+technique>
- > Hand hygiene policy directive and clinical guideline. Available at <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+programs+and+practice+guidelines/infection+and+injury+management/healthcare+associated+infections/prevention+and+management+of+infections+in+healthcare+settings/hand+hygiene+in+the+healthcare+environment>
- > Peripheral intravenous central catheter (PIVC) infection prevention clinical directive guideline. Available at: <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+programs+and+practice+guidelines/infection+and+injury+management/healthcare+associated+infections/indwelling+medical+device+management/vascular+access+device+management>
- > Peripherally inserted central catheter (PICC) dressing management clinical guideline. Available at: <https://www.sahealth.sa.gov.au/wps/wcm/connect/public+content/sa+health+internet/clinical+resources/clinical+programs+and+practice+guidelines/infection+and+injury+management/healthcare+associated+infections/indwelling+medical+device+management/vascular+access+device+management>

## 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 effective accessing vascular devices. In order to be deemed competent you must score a “yes” in all boxes.

### Competency Assessment - Details

Please complete the details below:

#### Employee details

**Employee name:** .....

**Unit/Department:** .....

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

#### Assessor details

**Assessor name:** .....

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

### Competency Assessment

Staff should follow the sequence in the following table in order to be deemed competent.

Performance criteria	Action performed correctly		Comments
<b>1. Consent &amp; patient ID</b>			
1.1. Obtain consent from the patient.	Y	N	
1.2. Check for allergies (patient / notes).	Y	N	
1.3. Complete patient identification using three nationally recognised identifiers.	Y	N	
<b>2. Manage environmental risks</b>			
2.1. Manage environmental factors prior to commencing the procedure.	Y	N	
<b>3. Procedure preparation</b>			
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 connect required interlink connection to syringe using a non-touch technique	Y	N	
b) open normal saline or water for injection if required & connect syringe without contaminating key parts	Y	N	
c) disinfect drug vial if applicable (as per local protocol) and allow to dry before penetrating with interlink connection / syringe	Y	N	
d) place protective cap on interlink device	Y	N	
e) place prepared syringe / drug onto injection tray with disinfectant swab & other connecting devices that may be required.	Y	N	
<b>4. Patient Preparation</b>			
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 ports should be changed.	Y	N	
<i>Note - if these steps are not required, then the next hand hygiene need not be performed ^</i>			
<b>5. Procedure</b>			
5.1. ^ Perform hand hygiene.	Y	N	
5.2. a) clean port to be accessed, with disinfectant swab for fifteen seconds <sup>2,3,7</sup> 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	
<b>6. Patient information</b>			
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	
<i>Note – equipment can be discarded and cleaned within the patient area if local environment permits</i>			
<b>7. Decontamination</b>			
7.1. Discard sharps & used equipment. Clean trolley as per local protocol.	Y	N	
7.2. Perform hand hygiene.	Y	N	
<b>Overall comments</b>			



## 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.  
In order to be deemed competent you must score a “yes” in all boxes.

### Competency Assessment - Details

Please complete the details below:

Employee details

**Employee name:** .....

**Unit/Department:** .....

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

Assessor details

**Assessor name:** .....

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

### Competency Assessment

Staff should follow the sequence in the following table in order to be deemed competent.

Performance criteria	Action performed correctly		Comments
<b>1. Consent &amp; patient ID</b>			
1.1. Obtain consent from the patient.	Y	N	
1.2. Check for allergies (patient / notes).	Y	N	
1.3. Complete patient identification using three nationally recognised identifiers.	Y	N	
<b>2. Manage environmental risks</b>			
2.1. Manage environmental factors prior to commencing the procedure.	Y	N	
<b>3. Procedure preparation</b>			
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 doctor in opening packaging & donning sterile gown as required.	Y	N	

Performance criteria	Action performed correctly		Comments
<b>4. Procedure</b>			
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. <i>Note – disinfect with chlorhexidine and alcohol if key part is contaminated by touch</i>	Y	N	
4.3. Perform hand hygiene.	Y	N	
<b>5. Patient information &amp; documentation</b>			
5.1. Document the procedure and inform the patient how to care for the device and when to seek medical advice.	Y	N	
<b>6. Decontamination</b>			
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	
<b>Overall comments</b>			

## Appendix 4: Connection to haemodialysis

**Objective:** To assess staff competency in carrying out effective connection to haemodialysis. In order to be deemed competent you must score a “yes” in all boxes.

### Competency Assessment - Details

Please complete the details below:

#### Employee details

**Employee name:** .....

**Unit/Department:** .....

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

#### Assessor details

**Assessor name:** .....

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

### Competency Assessment

Staff should follow the sequence in the following table in order to be deemed competent.

Performance criteria	Action performed correctly		Comments
<b>1. Consent &amp; patient ID</b>			
1.1. Obtain consent from the patient.	Y	N	
1.2. Check for allergies (patient / notes).	Y	N	
1.3. Complete patient identification using three nationally recognised identifiers.	Y	N	
<b>2. Manage environmental risks</b>			
2.1. Manage environmental factors prior to commencing the procedure. <i>Note – dialysis machine is clean prior to use</i>	Y	N	
<b>3. Procedure preparation</b>			
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. Disinfect trolley or tray as per local protocol.	Y	N	
3.5. Allow to dry before use.	Y	N	
3.6. a) gather equipment.	Y	N	
b) inspect packages for damage, check sterility indicators & expiry dates.	Y	N	
3.7. Perform hand hygiene.	Y	N	

Performance criteria	Action performed correctly		Comments
3.8. Set up cannulation tray - peel open sterile equipment required ensuring key parts remain protected.  <i>Note - asepsis is maintained by ensuring key parts are not touched / contaminated</i>	Y	N	
<b>4. Patient preparation</b>			
4.1. Perform hand hygiene.	Y	N	
4.2. Complete weights, BP, fluid assessment, machine settings, place tourniquet <i>in situ</i> , relevant checks completed.	Y	N	
<b>5. Procedure</b>			
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	
<i>Note - disinfect with chlorhexidine and alcohol if key part is contaminated.</i>			
5.3. Connect patient to dialysis machine, using a non-touch technique to protect all key parts.	Y	N	
<b>6. Decontamination</b>			
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	
<b>7. Documentation</b>			
7.1. Document, sign medication, record observations, clean area.	Y	N	
7.2. Perform hand hygiene before leaving area.	Y	N	
<b>Overall comments</b>			

## Appendix 5: Disconnection to haemodialysis

**Objective:** To assess staff competency in carrying out effective disconnection to haemodialysis. In order to be deemed competent you must score a “yes” in all boxes.

### Competency Assessment - Details

Please complete the details below:

Employee details

**Employee name:** .....

**Unit/Department:** .....

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

Assessor details

**Assessor name:** .....

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

### Competency Assessment

Staff should follow the sequence in the following table in order to be deemed competent.

Performance criteria	Action performed correctly		Comments
<b>1. Consent &amp; patient ID</b>			
1.1. Obtain consent from the patient.	Y	N	
1.2. Check for allergies (patient / notes).	Y	N	
1.3. Complete patient identification using three nationally recognised identifiers.	Y	N	
<b>2. Manage environmental risks</b>			
2.1. Manage environmental factors prior to commencing the procedure.	Y	N	
<i>Note – dialysis machine is clean prior to use</i>			
<b>3. Procedure preparation</b>			
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	

Performance criteria	Action performed correctly		Comments
3.7. Set up run back tray - peel open sterile equipment required ensuring key parts remain protected.	Y	N	
<b>4. Procedure</b>			
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	
<b>Note</b> – if there is an interruption between any of these steps, perform HH & reapply PP			
<b>5. Decontamination</b>			
5.1. Clean all equipment and clean patient environment.	Y	N	
5.2. Remove gloves / PPE; perform hand hygiene.	Y	N	
<b>6. Patient information and documentation</b>			
6.1. Document, sign medication, record observations, complete patient discharge checks.	Y	N	
6.2. Perform hand hygiene before leaving area.	Y	N	
<b>Overall comments</b>			

## Appendix 6: Insertion of urinary catheter

**Objective:** To assess staff competency in carrying out effective insertion of urinary catheter. In order to be deemed competent you must score a “yes” in all boxes.

### Competency Assessment - Details

Please complete the details below:

#### Employee details

**Employee name:** .....

**Unit/Department:** .....

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

#### Assessor details

**Assessor name:** .....

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

### Competency Assessment

Staff should follow the sequence in the following table in order to be deemed competent.

Performance criteria	Action performed correctly		Comments
<b>1. Consent &amp; patient ID</b>			
1.1. Obtain consent from the patient.	Y	N	
1.2. Check for allergies (patient / notes).	Y	N	
1.3. Complete patient identification using three nationally recognised identifiers.	Y	N	
<b>2. Manage environmental risks</b>			
2.1. Manage environmental factors prior to commencing the procedure.	Y	N	
<b>3. Procedure preparation</b>			
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 <sup>2</sup>			
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 to enable access with one hand. (You may wish to draw privacy curtain at this point).	Y	N	
<b>4. Procedure</b>			
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) two hands, 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 preventing drag	Y	N	
d) ensure catheter bag is kept off the floor	Y	N	
e) remove gloves & PPE.	Y	N	
<b>5. Patient information &amp; documentation</b>			
5.1. Ensure patient is comfortable.	Y	N	
5.2. Document procedure in patient notes. Inform the patient how to care for the device.	Y	N	
<b>6. Decontamination</b>			
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	
<b>Overall comments</b>			



## Appendix 7: Peripheral intravenous (IV) cannulation

**Objective:** To assess staff competency in carrying out effective peripheral IV cannulation. In order to be deemed competent you must score a “yes” in all boxes.

### Competency Assessment - Details

Please complete the details below:

#### Employee details

**Employee name:** .....

**Unit/Department:** .....

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

#### Assessor details

**Assessor name:** .....

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

### Competency Assessment

Staff should follow the sequence in the following table in order to be deemed competent.

Performance criteria	Action performed correctly		Comments
<b>1. Consent &amp; patient ID</b>			
1.1. Obtain consent from the patient.	Y	N	
1.2. Check for allergies (patient / notes).	Y	N	
1.3. Complete patient identification using three nationally recognised identifiers.	Y	N	
<b>2. Manage environmental risks</b>			
2.1. Manage environmental factors prior to commencing the procedure.	Y	N	
<b>3. Procedure preparation</b>			
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 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
<b>4. Patient preparation</b>			
4.1. Perform hand hygiene.	Y	N	
4.2. Assess the patient's access, determine site and apply tourniquet.	Y	N	
4.3. Open IV cannula & any other packaging without touching key parts.	Y	N	
<b>5. Procedure</b>			
5.1. Perform hand hygiene.	Y	N	
5.2. 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 sterile gloves should be worn.	Y	N	
5.3. a) apply non-sterile gloves to protect from potential body fluid exposure	Y	N	
b) if vein needs palpating after disinfecting sterile gloves should be worn.	Y	N	
5.4. Insert cannula using a non-touch technique.	Y	N	
5.5. Attach IV therapy devices / extension tubing whilst maintaining non-touch of all key parts. (If sterility is compromised, disinfect again).	Y	N	
5.6. Flush cannula with normal saline.	Y	N	
5.7. Apply dressing and secure the device.	Y	N	
<b>6. Patient information &amp; documentation</b>			
6.1. Remove gloves & perform hand hygiene.	Y	N	
6.2. Document IV cannulation details in care plan / notes.	Y	N	
6.3. Advise the patient on how to care for the device and when to seek medical advice.	Y	N	
<b>7. Decontamination</b>			
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	
<b>Overall comments</b>			

## Appendix 8: Wound care

**Objective:** To assess staff competency in carrying out effective wound care. In order to be deemed competent you must score a “yes” in all boxes.

### Competency Assessment - Details

Please complete the details below:

#### Employee details

**Employee name:** .....

**Unit/Department:** .....

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

#### Assessor details

**Assessor name:** .....

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

### Competency Assessment

Staff should follow the sequence in the following table in order to be deemed competent.

Performance criteria	Action performed correctly		Comments
<b>1. Consent &amp; patient ID</b>			
1.1. Obtain consent from the patient.	Y	N	
1.2. Check for allergies (patient / notes).	Y	N	
1.3. Complete patient identification using three nationally recognised identifiers.	Y	N	
<b>2. Manage environmental risks</b>			
2.1. Manage environmental factors prior to commencing the procedure.	Y	N	
<b>3. Procedure preparation</b>			
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
<b>4. Patient preparation</b>			
4.1. Put on a pair of non-sterile gloves and loosen old dressing so it can be removed with a pair of forceps.	Y	N	
4.2. Remove gloves; perform hand hygiene.	Y	N	
4.3. If extra items are required for use, remove gloves and perform hand hygiene before gathering further items or equipment.	Y	N	
<b>5. Procedure</b>			
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.	Y	N	
5.5. Discarding equipment appropriately after use.			
5.6. Complete dressing.	Y	N	
<b>Note</b> – if gloves become contaminated with blood or other body fluids, then another hand hygiene action may be required)			
<b>6. Decontamination</b>			
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	
<b>7. Procedure/patient preparation</b>			
7.1. Ensure patient is comfortable.	Y	N	
7.2. Document procedure in patient notes; ask the patient to let you know if there are any issues.	Y	N	
7.3. Perform hand hygiene.	Y	N	
<b>Overall comments</b>			

---

## For more information

**Infection Control Service**  
**Communicable Disease Control Branch**  
**Telephone: 1300 232 272**  
[www.sahealth.sa.gov.au/infectionprevention](http://www.sahealth.sa.gov.au/infectionprevention)

Confidentiality (*when completed*)-I2-A2



[www.ausgoal.gov.au/creative-commons](http://www.ausgoal.gov.au/creative-commons)