

Skills Assessment: Aseptic Technique, Scrubbing, Gowning and Gloving

Worker Role: Provider Surgical Support Personnel

- Worker's full name (print): _____
- Facility: _____
- Date of Assessment: _____

To be completed by the Intermountain Unit Educator or designated observer after approval through Contingent Workforce.

Personal Protective Equipment

Demonstrates the following safety precautions:

- ☐ Appropriate use of personal protective equipment (i.e. eyewear, mask, gloves)
- ☐ Use of laser specific safety goggles when indicated

Aseptic Technique

Demonstrates understanding and application of the principles of aseptic technique as outlined in the Intermountain Orientation Booklet for Private Surgical Support Personnel:

Verbalize:

- ☐ Individual roles of the team in a sterile environment
- ☐ Boundaries of a sterile field
- ☐ Reportable conditions/ complications or breaks in technique
- ☐ Event Reports/ quality monitoring

Demonstrate:

- ☐ Hand and nail care as outlined in Hand Hygiene Policy
- ☐ Appropriate surgical attire for individuals within a sterile environment
- ☐ Sterile parameters of surgical field
- ☐ Integrity and sterility of items open, dispensed and transferred to a sterile field
- ☐ Immediate use (flash) sterilization- IUSS

Surgical Hand Scrub

Demonstrate competency with the following hand scrub techniques:

- ☐ Initial scrub and re-entry scrub using disposable brush and antimicrobial soap
- ☐ Initial and re-entry scrub using 3M Avagard CHG

Gowning and Gloving

Demonstrate competency at the following gowning and gloving techniques:

- ☐ Self-gowning (for closed gloving)
- ☐ Assisted gowning (for closed gloving)
- ☐ Self-gloving, closed method
- ☐ Assisted gloving

- ☐ Glove change during procedure
- ☐ Gown and glove removal

Safety and Compliance

Demonstrate competency with the following policies, procedures and practices:

- ☐ The elements of the fire triangle and how to reduce the risk of fire
- ☐ Expectations during the Procedural Time-Out Process as outlined in the [Universal Protocol Procedure](#)
- ☐ Limitations to the Scope of Practice as outlined in the [Provider Requested Support Personnel Scope of Practice Policy](#)

Demonstrate/Verbalize:

- ☐ Safe sharps practices and discuss the purpose of the neutral zone
- ☐ Correct surgical skin prep as appropriate for our ocular procedures (eye techs only with training)

Comments or observed problems: _____

Additional education or follow-up needed: ☐ Yes ☐ No _____

Name of Unit Educator or designee (print): _____

Position: _____

Signature: _____ Date: _____