

**NORTH CAROLINA BOARD OF NURSING
NURSE AIDE II TRAINING MODULE**

SKILL MODULE 3: STERILE TECHNIQUE

SPECIAL DIRECTIONS OR NOTATIONS:

- Sterile Technique module **MUST** be taught as a required component of the following modules: #4-Wound Care, #5-Suctioning, #6-Tracheostomy Care, #7-Peripheral IV Fluids, and/or #8-Urinary Catheterization.
- Only the RN may provide nurse aide training and competency validation. The LPN may provide subsequent delegation and supervision when working with a nurse aide.
- Competency validation should occur in the clinical area whenever possible; however, in those limited situations where this is not possible, laboratory simulation of the clinical setting is permissible.

TIME FRAME	LEARNING OBJECTIVES	RELATED CONTENT (OUTLINE)	LEARNING ACTIVITIES	EVALUATION
7 hours	<p>Define:</p> <ul style="list-style-type: none"> a. pathogen b. micro-organism <p>Discuss conditions that support the growth of and spread of infectious agents</p> <p>List examples of natural body defenses that protect individuals from acquiring infections</p> <p>State factors that increase the potential of infections</p> <p>Define:</p> <ul style="list-style-type: none"> a. reservoir b. vehicle of transmission c. portal of entry d. susceptible host 	<p>A. Infectious Agents</p> <ul style="list-style-type: none"> 1. Definitions <ul style="list-style-type: none"> -Pathogen -Microorganism 2. Growth and spread <p>B. Natural Body Defenses</p> <ul style="list-style-type: none"> 1. Intact skin and mucus membranes 2. Body hair 3. Body secretions 4. Reflexes 5. Physiological responses 6. Temperature regulation 7. Cell repair and replacement <p>C. Factors that weaken body defenses</p> <ul style="list-style-type: none"> 1. Poor nutrition 2. Poor personal hygiene 3. Broken skin/mucus membranes 4. Age 5. Illness 6. Certain medical treatments <p>D. Infectious Process</p> <ul style="list-style-type: none"> 1. Reservoir 2. Vehicle of transmission 3. Portal of entry 	<p>Lecture/discussion</p> <p>Laboratory demonstration and return demonstration of the technique for:</p> <ul style="list-style-type: none"> a. creating a sterile field b. adding items to a sterile field c. adding liquids to a sterile field d. putting on and removing sterile gloves e. corrective action when sterile field is broken 	<p>Written test</p> <p>Skills Checklist</p> <p>Competency Evaluation in Clinical Setting</p>

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	<p>Describe medical asepsis</p> <p>Explain the difference between medical and surgical asepsis</p> <p>List common situations in which NA II may use sterile technique</p> <p>Discuss principles that should be applied when carrying out sterile technique</p> <p>State corrective action to problems encountered when using sterile technique</p>	<p>4. Susceptible host</p> <p>5. Cycle</p> <p>E. Asepsis</p> <p>1. Principles of medical asepsis</p> <p>2. Principles of surgical asepsis</p> <p>F. Sterile technique</p> <p>1. Situations requiring sterile technique</p> <p>2. Principles</p> <p>3. Procedure</p> <p>4. Problems</p>		

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SKILLS CHECKLIST COMPETENCY EVALUATION

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COMPETENCY STATEMENT: Demonstrates ability to create a sterile field and maintain sterile technique

CRITERIA:

1. Assembles needed equipment and supplies
2. Washes hands
3. Creates a sterile field
4. Adds sterile items to sterile field
5. Adds liquids to sterile field
6. Puts on sterile gloves
7. Maintains sterile technique while performing activities directed by licensed nurse
8. Corrective action when sterile field is broken
9. Removes gloves
10. Disposes of gloves, supplies, and equipment
11. Washes hands

This entire activity has been properly performed, without prompting and without assistance, by

_____.
(Name of student)

RN INSTRUCTOR:

Name/Date	
Select One	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

Name/Date	
Select One	<input type="checkbox"/> Clinical Setting <input type="checkbox"/> Laboratory <input type="checkbox"/> Simulation

I agree that I have performed this skill without prompting and without assistance on the above dates.

Student Signature: _____ Date _____