

DIS100: Disinfection Practices for Intravenous Therapy

Worksheet - Practice Activities

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Completion education. No accredited nursing contact hours awarded.

Name: _____

Date: _____

How to use this worksheet. These are hands-on practice activities, not the post-test. Work through them using the study guide: define the terms you'll use at the bedside, work the case, and self-rate the actual steps of the skill.

Part 1 — Key Terms

Fill in a plain-language definition for each term the way you would explain it to a new colleague.

Term	Your definition
hands, skin, hub/connector, and environment	
Agent	
Clean (non-sterile) gloves	
Sterile gloves	
Aseptic Non-Touch Technique (ANTT)	
Preferred agent	
Alternatives	
Technique	

Part 2 — Applied Case Work

Scenario. You are caring for a patient whose plan of care directly involves **Disinfection Practices for Intravenous Therapy**. Working from this module's content, document (a) your initial assessment, (b) the technique or decision you would choose and the rationale, (c) the complications you are watching for, and (d) the key documentation points. Reference the lesson sections that informed your reasoning.

Part 3 — Skills & Decision Self-Check

For each action from this module, mark how confident you are. Anything you mark “Review” is where to focus before the post-test and at the bedside.

#	Key action / decision	Got it	Review
1	Describe the four disinfection control points in an IV administration system: hands, skin, hub/connector, and environment.		
2	Perform hand hygiene correctly and select clean versus sterile gloves for the task.		
3	Choose the appropriate skin antiseptic agent and apply it with correct technique and drying time.		
4	Perform “scrub the hub” disinfection before every access and describe passive disinfection caps.		
5	Apply Aseptic Non-Touch Technique (ANTT) by protecting key parts and key sites.		
6	Maintain a clean field and disinfect shared equipment, including ultrasound probes.		
7	Clean (non-sterile) gloves are appropriate for routine peripheral access and visual dressing assessment.		
8	Sterile gloves are required for central line dressing changes and for any procedure that requires aseptic manipulation of key parts.		
9	Alternatives when CHG is contraindicated (allergy, or age/skin restrictions per manufacturer): povidone-iodine or 70% alcohol.		
10	Drying time: CHG/alcohol typically dries in about 30 seconds on dry skin; povidone-iodine requires roughly 1.5 to 2 minutes of contact and drying time to achieve its effect.		
11	Do not palpate the prepped site after antisepsis unless you re-prep or use sterile technique; touching the site recontaminates it.		
12	Scrub the connector surface with mechanical friction using an alcohol or CHG/alcohol pad for the time specified by your product, commonly about 15 seconds.		

#	Key action / decision	Got it	Review
13	Then allow the connector to dry completely before accessing it. A wet connector is not a disinfected connector.		
14	Friction matters as much as the agent. A quick single wipe does not generate the mechanical action needed to remove biofilm precursors from the ridged connector surface.		

Part 4 — Notes & Questions for Your Educator

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