

Manual aeration - ETO
Handling of Sterile Items

EXPERIENCE				
1	2	3	4	5

FREQUENCY				
1	2	3	4	5

OTHER:

- Re: your most recent CSSD experience:
 - # beds in the hospital _____
 - # OR's in the hospital _____
 - # cases/day/OR _____
 - # staff/shift (CSSD) _____
- Total years experience in CSSD : _____
- (A) Do you have instrument decontamination and preparation experience as an OR instrument technician? _____
 (B) Can you function independently in an OR Instrument Technician role? ()YES ()NO
- Do you have hands-on experience with ETO aerator? ()YES ()NO
- What quality assurance indicators do you use to validate your sterilization processes?

- Are you used to working with event-related sterility? ()YES ()NO
- Do you have CSSD Charge experience? ()YES ()NO
- What computer programs are you familiar with? _____
- Are you familiar with maintaining a running materials inventory? ()YES ()NO
- What solutions are you familiar with re: high level disinfection? ()YES ()NO
- Are you familiar with Standard and Universal Precautions? ()YES ()NO
- Name the internationally accepted standards that your unit's Policies and Procedures are based on _____

GENERAL NURSING KNOWLEDGE	
Knowledge of evidence-based practice	
Knowledge of reflective practice	
Knowledge of nursing critical thinking	

YES	NO

COMPUTER SKILLS	
Microsoft Word	
Internet (email and www searches)	
Email - name the application e.g. Outlook, Express	
Electronic Medical Records - name the system, e.g. Per Se, Oracle, Cerner, etc.	

YES	NO