OBA NURSING ACADEMY · ASEPTIC TECHNIQUE · OBA-AT-2026

Course Syllabus

Aseptic Technique: Principles, Practice and Competence · OBA-AT-2026 · 11.0 CPD hours · fully self-directed online

DOCUMENT CONTROL

- Programme: Aseptic Technique: Principles, Practice and Competence (OBA-AT-2026)
- Audience: Student and Facilitator
- Version 1.0 | Issued 18/09/2026 | Review due 18/09/2027
- Provider: OBA Nursing Academy

SCOPE OF PRACTICE AND CURRENCY

- This programme is professional development. It is not a qualification, it is not a unit of competency from a training package, and it does not of itself authorise any learner to perform any clinical procedure. Completing it does NOT make you competent in aseptic technique. The Australian Commission on Safety and Quality in Health Care is explicit that theoretical knowledge alone is not enough: practical competence must be demonstrated in a simulated or actual clinical environment and verified by a workplace assessor who is competent in aseptic technique themselves. This programme delivers and evidences the theoretical half, and ships the assessment tools for the practical half. Every activity described here is performed only within the learner's own scope of practice, after assessment of competence, and in line with the policy of the organisation the learner works for. THIS COURSE NAMES NO PRODUCTS AND SETS NO CONTACT TIMES OF ITS OWN. Where a specific appears - 70% alcohol, five seconds of friction, four repeats, under twenty minutes - it is quoted from a named national source and cited on the page. Which skin antiseptic you use, which dressing pack, which wipe, and how long it must stay wet are set by your employer and the product's own instructions for use, not by a course.
- Regulatory and clinical currency: this content was written against the NSQHS Preventing and Controlling Infections Standard (2nd edition, 2021 update) Action 3.11, the ACSQHC Implementation guide for Action 3.11 Aseptic Technique (December 2021), the Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019 - still the current edition at the date below), and the ACSQHC 5 Moments for Hand Hygiene (poster images updated December 2021), all as published at 18/09/2026. Four things are local, not national, and this course will not answer them for you: which procedures your organisation requires aseptic technique for, which field type your policy specifies for a given procedure where the Guidelines allow either, which skin antiseptic and dressing products you use and their required contact and drying times, and who your organisation has authorised and assessed to perform and to assess each procedure. Confirm each of those against your own policy before you act.

1. Programme overview

Aseptic Technique: Principles, Practice and Competence is a fully self-directed, entirely online professional development programme delivered through the OBA Nursing Academy learning management system. There are no scheduled classes, no live sessions and no clinical

placement. Learners complete eleven modules at their own pace, followed by a case study assessment and a single summative assessment.

Who it is for

- Registered nurses (RNs) and enrolled nurses (ENs) in acute, subacute, peri-operative, aged and community settings - including anyone who dresses a wound, accesses a line or collects a specimen
- Medical practitioners and other clinicians who perform procedures - interns, resident medical officers, registrars, general practitioners, and procedural and peri-operative teams
- Internationally qualified nurses (IQNs) preparing for Australian practice, where the terminology, the field types and the audit expectations differ from where they trained
- Student nurses and student enrolled nurses, who are asked to set up, assist and observe before they are permitted to perform
- Assistants in nursing, personal care workers and support staff whose work affects asepsis - stock handling, cleaning, and what happens in the room while a procedure is under way
- Midwives, paramedics, allied health and dental staff will find the principles and field content directly applicable, though the programme is not written to their specific scope

How it is delivered

- Entirely online and entirely self-directed - no scheduled classes, no live attendance, no clinical placement
- All content, activities and assessment are released inside the OBA learning management system
- Learners move at their own pace; the LMS records progress, attempts and completion
- Every module is built as video (HeyGen avatar narration) + slide deck + student learner guide + knowledge check
- A single summative assessment unlocks the certificate of completion
- This programme delivers the theoretical half of competence. Practical competence must be assessed in the workplace, and the course ships the tools for an assessor to do that

Programme outcomes

On completion, learners will be able to:

1. Define aseptic technique, and distinguish asepsis, sterility and cleanliness using the definitions the Australian Guidelines use
2. Explain why hand hygiene and personal protective equipment alone do not constitute an aseptic technique
3. Recite the five essential principles of aseptic technique and state what each one contains
4. Identify the key sites and key parts in a clinical procedure, and apply the key-part and key-site rule
5. Distinguish a general, a critical and a micro critical aseptic field, and explain which ensures asepsis and which only promotes it
6. Perform the risk assessment that determines whether standard or surgical technique is required, including where the answer depends on the competence of the operator
7. Select sterile or non-sterile gloves correctly, and explain why a non-touch technique is required even when wearing sterile gloves

8. Perform the national intravenous access and wound care sequences in order, with the documented reason for each step
9. Respond to a breach of asepsis, and document, hand over and mitigate it as the guidance requires
10. State what each role may and may not do, apply the NMBA Decision-making framework to an aseptic procedure, and explain what Action 3.11 requires of an organisation

2. Module structure

Module	Title	CPD hours	Knowledge check items
00	Orientation: How This Course Works	0.75	5
01	Asepsis, Sterility and Why the Words Matter	0.75	6
02	The Five Essential Principles	0.75	6
03	Key Parts, Key Sites and the Aseptic Field	0.75	7
04	Risk Assessment: Choosing Your Technique	0.75	6
05	Hand Hygiene for Aseptic Procedures	0.75	5
06	Gloves, PPE and the Non-Touch Technique	0.75	6
07	Sequencing: Preparation, Procedure and Aftercare	0.75	5
08	Worked Procedures: Intravenous Access and Wound Care	0.75	7
09	When Asepsis Is Breached	0.75	6
10	Scope, Competence and Action 3.11	0.75	5
	Module subtotal	8.25	64
	Programme information documents	1.53	-
	Case study assessment (5 unfolding cases)	0.50	-
	Summative assessment	0.95	60
	CLAIMABLE CPD TOTAL	11.0	

Module hours are the measured time for that module's video, learner guide, knowledge check and workbook activity. Section 2 below shows how every figure in this table was measured.

Indicative workload, and how the CPD hours were arrived at

The CPD figure for this programme is not asserted. It is measured from the content: narration at 135 words per minute, reading at 130 words per minute for dense clinical prose, knowledge checks timed to include reading every rationale, and the assessments timed as measured reading plus a stated decision allowance. Individual learners vary, and a learner who claims a different figure should claim their actual time.

Component	Measured time	How it was measured
Module videos (11)	120 min	Narration word count at 135 wpm
Student learner guides (11)	153 min	Guide word count at 130 wpm
Module knowledge checks (11)	118 min	Stem, options and every rationale, read and answered
Reflective workbook activities (11)	88 min	Writing time for the five prompts in each module
Programme information documents	92 min	Rendered page word counts at 130 wpm
Case study assessment	30 min	18 minutes measured reading plus 30 seconds per decision across 23 steps
Summative assessment	57 min	27 minutes measured reading plus 30 seconds per item across 60 items
MEASURED TOTAL	658 min (10.97 h)	Sum of the above
CLAIMABLE CPD	11.0 hours	The measured total, to the nearest half hour

The five optional practice tools - the key part and key site identifier, the aseptic field selector, the procedure sequencer, the breach response simulator and the scope of practice self-check - add approximately a further 90 minutes. They are deliberately excluded from the claimable figure, because they are optional. A learner who completes them may claim that time as additional self-directed CPD.

Module 00 - Orientation: How This Course Works

How the programme is structured and assessed, and the boundaries it works inside. The scope rule that governs every activity described here. Why completing this course does not make you competent in aseptic technique, and what does. The four questions only your own employer's policy can answer. And why this course names no products and sets no contact times of its own.

Learning outcomes

- Describe the structure of the programme and how it is assessed
- State the three-part rule that governs every activity in this course
- Explain why theoretical knowledge alone does not establish competence in aseptic technique
- Identify the four questions that only your own organisation's policy can answer
- Explain why this course quotes national sources for every specific and names no products
- Locate the documents you will need from your own workplace before Module 01

Key terms: scope of practice; competence; Action 3.11; local policy; assessment; certificate; theoretical and practical competence

Module 01 - Asepsis, Sterility and Why the Words Matter

What aseptic technique actually is, and what it is not. The three terms - sterile, asepsis and clean - with the definitions the Australian Guidelines use, and why sterile technique is not achievable at a bedside. Why hand hygiene and personal protective equipment, however well performed, do not constitute an aseptic technique. And why a confused vocabulary is not a pedantic problem but a clinical one.

Learning outcomes

- Define aseptic technique in the terms the Australian Guidelines use
- Define sterile, asepsis and clean, and explain which of the three is the achievable standard
- Explain why sterile technique is not achievable in a typical clinical setting
- Explain why hand hygiene and PPE alone do not constitute an aseptic technique
- Describe the consequence of confused terminology for practice and for handover
- Recognise the three features that make a procedure an aseptic procedure

Key terms: asepsis; sterile; clean; aseptic technique; sterile technique; healthcare-associated infection; standard precautions; terminology

Module 02 - The Five Essential Principles

The five essential principles of aseptic technique as published in the Australian Guidelines: sequencing, environmental control, hand hygiene, maintenance of aseptic fields, and PPE. What each one contains, why sequencing comes first, and why environmental control - the shortest principle in the list - is the one most often skipped. This is the spine of the programme and every later module hangs off one of these five.

Learning outcomes

- Recite the five essential principles of aseptic technique
- State what each principle contains, using the Guidelines' own sub-points
- Explain why sequencing is the first principle and what it includes
- Explain what environmental control requires before a procedure
- Identify which principle a given practice or failure belongs to
- Use the five principles as a pre-procedure check and as an audit structure

Key terms: five principles; sequencing; environmental control; hand hygiene; aseptic field; PPE; risk assessment; documentation

Module 03 - Key Parts, Key Sites and the Aseptic Field

The vocabulary the whole subject runs on. What a key site is, what a key part is, and the single rule that connects them. The non-touch technique and why it is required even in sterile gloves. The three types of aseptic field, the difference between promoting and ensuring asepsis, and the micro critical aseptic field - the control that is already in your hand and costs nothing. And the exact status of ANTT in Australia, which is not what most clinicians assume.

Learning outcomes

- Define key site and key part, and identify both in a described procedure
- State the key-part and key-site rule
- Explain what a non-touch technique is and why it applies even when wearing sterile gloves
- Distinguish the three types of aseptic field and what each is managed as
- Explain the difference between promoting asepsis and ensuring it
- State the actual status of ANTT in the Australian guidance

Key terms: key site; key part; non-touch technique; aseptic field; critical aseptic field; micro critical aseptic field; general aseptic field; ANTT

Module 04 - Risk Assessment: Choosing Your Technique

How you decide which technique a procedure requires. The single question the Australian Guidelines use to separate standard from surgical technique, and what each one demands. The Commission's simple and complex procedure classification. The national procedure-to-technique table - and the two rows in it that are decided by the competence of the operator rather than the name of the procedure, which is the most important idea in this module.

Learning outcomes

- State the question that determines whether standard or surgical technique is used
- Describe what standard and surgical technique each require
- Distinguish simple from complex procedures as the Commission classifies them
- Apply the national procedure-to-technique table
- Explain why two procedures in that table are assigned by operator competence
- Perform a pre-procedure risk assessment covering procedure, patient and environment

Key terms: risk assessment; standard technique; surgical technique; simple procedure; complex procedure; operator competence; technique selection

Module 05 - Hand Hygiene for Aseptic Procedures

The 5 Moments for Hand Hygiene in the Commission's own words, and which two of them belong to an aseptic procedure. The four words inside Moment 2 that change how you think about where the infecting organism comes from. Why gloves do not replace hand hygiene and why post-procedure hand hygiene has to be immediate. Bare below the elbows, the surgical hand scrub, and the honest limit of what hand hygiene can do for you.

Learning outcomes

- State the 5 Moments for Hand Hygiene and the reason for each
- Identify which moments apply during an aseptic procedure
- Explain the significance of the phrase 'including their own' in Moment 2
- Explain why gloves do not replace hand hygiene
- Explain why post-procedure hand hygiene must be performed immediately after glove removal
- Describe when a surgical hand scrub is required rather than routine hand hygiene

Key terms: 5 Moments; National Hand Hygiene Initiative; Moment 2; Moment 3; gloves; surgical hand scrub; bare below the elbows; alcohol-based hand rub

Module 06 - Gloves, PPE and the Non-Touch Technique

Principle 5 is one line, and the word doing the work is selection. When sterile gloves are indicated and when non-sterile gloves are appropriate, with the national recommendation and its specified indications. Why sterile gloves stop being sterile once they are open to air, and why a non-touch technique is therefore required even while wearing them. What the rest of PPE is for, and the two directions it protects in.

Learning outcomes

- State principle 5 and explain why 'selection' is the operative word
- State the national recommendation on sterile gloves and the procedures for which they are indicated
- Decide between sterile and non-sterile gloves for a described procedure
- Explain why sterile gloves are no longer sterile once open to air

- Explain why a non-touch technique is required even when wearing sterile gloves
- Distinguish PPE worn to protect the patient from PPE worn to protect the worker

Key terms: PPE; sterile gloves; non-sterile gloves; Recommendation 19; non-touch technique; full barrier precautions; glove selection; standard precautions

Module 07 - Sequencing: Preparation, Procedure and Aftercare

Principle 1 in practice. Why hand hygiene performed at the wrong point in the sequence protects nobody, and why both national sequences gather equipment before the hand hygiene that precedes assembly. Establishing a field and checking the sterile stock that goes on it. Environmental control applied to the settings clinicians actually work in. And the aftercare half of the principle - sharps, waste, cleaning, the timing of the final hand hygiene, and documentation.

Learning outcomes

- Explain why the order of steps in an aseptic procedure is not a matter of style
- Explain why equipment is gathered before the hand hygiene that precedes assembly
- Describe how to establish a field and what to check on the stock that goes on it
- Apply environmental control in a ward, a theatre, an emergency department and a home
- Describe the post-procedure practices in the correct order and explain the timing of each
- Explain what must be documented about an aseptic procedure and why

Key terms: sequencing; pre-procedure preparation; sterile stock; environmental control; post-procedure practices; sharps; documentation; handover

Module 08 - Worked Procedures: Intravenous Access and Wound Care

The two worked sequences published in the Australian Guidelines: twelve steps for peripheral and central intravenous access, and fifteen for wound care. Every step carries its own reason, which is what makes these the best teaching artefact in the whole source set. The hub cleaning method in full, including why the hub must be dry before use. The deliberate mid-procedure glove change in wound care. And what to do with these sequences when your local policy differs.

Learning outcomes

- Perform the twelve steps of the national IV access sequence in order, with the reason for each
- State the hub cleaning method and explain why the hub must be allowed to dry
- Perform the fifteen steps of the national wound care sequence in order
- Explain why wound care changes gloves mid-procedure and where the change falls
- Explain the user assessment step and when hands need not be decontaminated between preparation and administration
- Reconcile these national sequences with your own local procedure

Key terms: IV sequence; wound care sequence; hub cleaning; 70% alcohol; friction; drying; glove change; user assessment

Module 09 - When Asepsis Is Breached

What the guidance actually requires when asepsis is broken, and the seven-step response. Why there is always a moment between contaminating an item and using it, and why that moment is the whole of breach management. Speaking up - your own breach and somebody else's - and the sentence structure that makes a challenge factual rather than personal. What a useful breach record contains. And the support that exists for the clinician afterwards.

Learning outcomes

- State what the guidance requires when a breach of asepsis occurs
- Apply the seven-step breach response to a described scenario
- Identify the moment at which contamination becomes an exposure
- Raise a concern about your own or a colleague's breach, factually
- Write a breach record that is useful to the clinician who reads it next
- Describe the support available to a clinician after an incident

Key terms: breach; contamination; documentation; handover; escalation; speaking up; open disclosure; second victim

Module 10 - Scope, Competence and Action 3.11

The organisational layer, and the one that decides whether anything in this programme is actually in place where you work. Action 3.11's four limbs and which of them an external course can and cannot answer. What theoretical and practical competence each require, in the Commission's own words. The rule that an assessor must be competent themselves first. Delegation under the NMBA framework. And the three workplace instruments this programme ships so that a manager can answer the action with evidence rather than a promise.

Learning outcomes

- State the four limbs of Action 3.11 and what each requires of an organisation
- Distinguish theoretical from practical competence using the Commission's own criteria
- State the rule governing who may assess another person's aseptic technique competence
- Apply the NMBA Decision-making framework to delegating an aseptic procedure
- Identify what is and is not within your own role, using the scope matrix
- Use the competency tool, the training register and the audit tool in your own workplace

Key terms: Action 3.11; competence; competency assessment; assessor; training log; observational audit; scope of practice; delegation; NMBA framework

3. Assessment

Component	Type	Weighting	Attempts
Module knowledge checks (11)	Formative, immediate feedback with rationales	Not graded	Unlimited
Reflective workbook	Formative, self-directed	Completion required	n/a
Case study assessment	Formative, branching decisions with feedback	Completion required	Unlimited
Summative assessment	60 single-best-answer items	100% - pass mark 80%	2

Summative assessment blueprint

Module	Items
00	2
01	5
02	6
03	7
04	6
05	5
06	6
07	5
08	7
09	6
10	5
TOTAL	60

Pass mark is 80 per cent (48 of 60). Learners have 2 attempts. The certificate of completion is issued automatically on a pass.

4. Standards and regulatory mapping

Framework	Elements addressed	Where
NSQHS Standards, 2nd edition - Preventing and Controlling Infections Standard, Action 3.11 Aseptic technique	The accreditation requirement itself: identify the procedures, assess competence, train to close gaps, monitor compliance. Nineteen actions sit in this Standard; 3.11 is the one this programme answers	All modules; Module 10 in particular
NSQHS Standards, 2nd edition - Preventing and Controlling Infections Standard, Actions 3.10 and 3.12	The hand hygiene program consistent with the current National Hand Hygiene Initiative, and the appropriate use and management of invasive medical devices	Modules 05, 08
Australian Guidelines for the	The five essential principles of	Modules 01 to 09

Prevention and Control of Infection in Healthcare (2019), section 3.1.6	aseptic technique, the terminology, the aseptic field types, the technique selection table, and the worked sequences in section 5.11	
ACSQHC Implementation guide for Action 3.11 Aseptic Technique (December 2021)	The difference between aseptic and sterile technique, the simple and complex procedure classification, what theoretical and practical competence each require, and the sample training log	Modules 00, 01, 04, 10
ACSQHC 5 Moments for Hand Hygiene and the National Hand Hygiene Initiative	The five moments with the Commission's own when and why, and the place of moments 2 and 3 in an aseptic procedure	Module 05
NSQHS Standards, 2nd edition - Clinical Governance Standard, Clinical performance and effectiveness criterion	Where the implementation guide sends organisations for guidance on assessing competence, and the governance of credentialling and scope of clinical practice	Module 10
NMBA Registered nurse standards for practice; Enrolled nurse standards for practice; Decision-making framework; Code of conduct for nurses	Practising within one's own scope; delegation and supervision of an aseptic procedure; professional accountability for stopping a procedure	Modules 00, 10
Medical Board of Australia - Good medical practice: a code of conduct for doctors in Australia	Performing procedures competently, recognising the limits of one's own competence, and responding when a colleague raises a concern mid-procedure	Modules 00, 09, 10
AS/NZS 4187 and AS/NZS 4815 - reprocessing of reusable medical devices	The standards governing the sterility of the stock you open onto a field. This programme does not teach reprocessing, but it does teach you to check what reprocessing delivered	Modules 03, 07
Peripheral Venous Access Clinical Care Standard (ACSQHC)	The national clinical care standard cross-referenced by Action 3.12, covering insertion, maintenance and removal of peripheral venous access devices	Module 08

5. Scope of practice

This programme is written for a mixed audience. Every module identifies what each role may and may not do. The full activity-by-role matrix is published separately as the Scope of Practice Mapping document (facilitator) and the Student Scope of Practice Card.

THE RULE THAT GOVERNS THE PROGRAMME

- Completing this course does not authorise any learner to perform any procedure described in it.
- Knowledge is one of three requirements. The others are assessed competence and authority from the employer, or - for a family carer - individual instruction from a clinician for the person they care for.
- Where an organisation's policy is more restrictive than this course, the organisation's policy applies.

6. Resources and further reading

A full directory of Australian organisations, with live links and a currency note, is published as the Further Reading and Organisation Directory. Three documents matter more than the rest, and all three are free: the ACSQHC Implementation guide for Action 3.11 Aseptic Technique (December 2021), which is six pages and the single best document in this subject; section 3.1.6 of the Australian Guidelines for the Prevention and Control of Infection in Healthcare (2019), which is the source of the five essential principles; and section 5.11 of the same document, which contains the two worked procedure sequences reproduced in Module 08. Note that the Guidelines are still the 2019 edition - check the document's own title page rather than the URL it is served from. Nurse & Midwife Support (1800 667 877) is free, confidential and available 24 hours to nurses, midwives and students, including after an incident.

7. Completion and CPD

11. Complete all eleven module knowledge checks.
12. Complete the case study assessment.
13. Achieve 80 per cent or above in the summative assessment within 2 attempts.
14. The certificate of completion is then issued automatically, carrying the learner's name, the completion date, 11.0 CPD hours and a unique certificate identifier.
15. Registered and enrolled nurses should retain the certificate together with their reflective workbook as CPD evidence, as required by the NMBA registration standard.