

INSTRUCTOR REFERENCE + PRINTABLE STATION TOOLKIT

Find It. Fix It. Dress It.

Central-line dressing competency

A focused skills-fair experience for acute-care staff nurses.

PARTICIPANT TIME	FACILITATION	GROUP SIZE
20 minutes	1 instructor	1–6 nurses / up to 3 pairs

The booth at a glance

STATION	LEARNER TASK	ASSESSMENT
A / FIND IT	Inspect three prepared dressings and decide what to do.	Individual written responses
B / FIX IT	Sequence the major phases, correct contamination, and locate product instructions.	Individual written responses
C / DRESS IT	Apply the selected dressing to a prepared simulation site.	Individual instructor observation

What this booth validates

Dressing assessment knowledge, process/contamination knowledge, and a focused dressing-application demonstration. It does not validate six complete central-line dressing changes.

Use this guide in three passes

BEFORE THE FAIR	DURING THE SESSION	PRINT FOR THE TABLES
Read teaching intent, complete the local configuration, stage supplies, and build examples. Pages 2–5	Follow the rotation plan and instructor keys. Apply the scoring and reset rules. Pages 6–10	Station signs and cards: pages 11–13. Learner sheet: page 14. Competency record: page 15.

Source notes and the printing checklist are on page 16. The activity design, timing, and scoring rules are proposed educational methods; they are not a published or psychometrically validated assessment instrument.

01 / EDUCATIONAL INTENT

Teach the decision, not just the task

Audience: acute-care nurses who have already received central-line maintenance training.

Use one locally approved adult central-line scenario throughout the booth. The default is an adult with a short-term, non-tunneled central venous catheter and a dry insertion site. Select the exact dressing system before the fair. Adaptation to PICCs or other devices requires local review; do not apply this guide unchanged to implanted ports, dialysis catheters, tunneled devices, or pediatric/neonatal care.

INTENDED LEARNING	SPECIFIC EDUCATION	EVIDENCE COLLECTED
1. Recognize dressing failure.	A damp, loose, or visibly soiled dressing needs replacement; a recent change date does not make it acceptable. An intact dressing that is not due does not need an unnecessary change. [1]	Station A: decision and reason for all three examples.
2. Separate dirty and aseptic work.	Hand hygiene and aseptic technique remain necessary. A contaminated glove or supply cannot be carried forward as though it were clean/sterile. [1]	Station B: phase order and contamination-recovery response.
3. Use the actual product instructions.	Find the antiseptic name, applicator, application technique, application duration, and drying instructions. Application time and drying time are separate requirements. [1,4]	Station B: product lookup fields.
4. Protect the prepared site.	Keep the prepared site and protected dressing surfaces free from nonsterile contact. Follow the selected dressing instructions for placement and sealing. [1; local IFU]	Station C: the same observed application criteria for every nurse.
5. Know when help is needed.	Dressing integrity is not the entire assessment. Tenderness or other signs concerning for infection require further evaluation under the local pathway. [1]	Instructor debrief; not a separate scored case.

Draw a clear boundary around the sign-off

Directly observed: handling the new dressing, protecting the simulated site and catheter position, applying the configured dressing components, and inspecting the result. A separate securement device is already in place for this focused segment.

Discussed or assumed, not validated as a full procedure: patient identification, allergy assessment, all PPE/hand-hygiene moments, full kit/field setup, removal of the old dressing, actual skin antisepsis and drying, separate securement-device replacement, and clinical documentation. Do not sign these as directly observed unless a separate assessment actually occurs.

Safety rules remain in force

Hand hygiene and the locally required gloves/PPE are still used during simulation. Concurrent preparation is not automatically instructor-observed. The time limit never justifies skipping hygiene, shortening required product times, or continuing through contamination.

IFU = manufacturer instructions for use. CHG = chlorhexidine gluconate. CVC = central venous catheter. Education and individual competency assessment are supported by CDC and SHEA guidance. [1,2]

02 / COMPLETE BEFORE USE

Local configuration & instructor calibration

Complete once for the fair. Keep this page and the approved procedure behind the instructor table.

Required before the first learner

The facility's exact products and policy were not supplied with this guide. Fill every applicable field, attach the product instructions, and resolve any discrepancy with Infection Prevention/vascular access before using the booth for competency sign-off.

ITEM TO VERIFY	APPROVED LOCAL ANSWER / REFERENCE
Procedure title, identifier, revision	_____
Adult device and insertion site used	_____
Dressing manufacturer, product, size / item number	_____
Antimicrobial component and exact placement Integrated CHG / separate component / approved alternative	_____ _____
Antiseptic name, concentration, applicator size / item number	_____ _____
Application technique and duration for the selected site	_____ _____
Drying instructions, including any stated minimum	_____ _____
Gloves and PPE for the application phase Include patient mask/head position if local procedure requires it.	_____ _____
Separate securement device already in place Dressing-integrated securement steps that remain in scope	_____ _____
Routine change interval; labeling/documentation requirements	_____ _____
Approved pathway for CHG allergy / skin reaction / concerning site findings	_____ _____
Acceptable local phase-order variation on Station B cards	_____
Reviewer(s) and approval / verification initials	_____

Calibrate the instructor before opening

Apply one dressing using the chosen supplies. Compare it with the manufacturer's technique, then complete a timed two-learner pilot including preparation and turnover. Agree on acceptable contact, component placement, and correction of contamination. Keep a correctly applied reference sample or approved product image behind the table.

For the default adult short-term, non-tunneled CVC, select a CHG-containing dressing with the applicable cleared indication unless contraindicated; follow the local approved alternative when indicated. [3] CDC permits clean or sterile gloves for dressing changes; the selected local procedure and aseptic handling requirements determine this booth's glove setup. [1]

03 / PHYSICAL SETUP

Supplies, quantities & table placement

Quantities below support one full group of six. Replenish consumables for each new group.

LOCATION / SUPPLY	QUANTITY	SETUP DETAIL
Station A: display dressings on mock sites	3 reusable examples	Label A1, A2, A3. Use photographs or sealed mockups; no patient identifiers.
Station B: phase cards and contamination prompt	1 six-card set + 1 sign	Cut page 13. Present cards in shuffled order. Keep the instructor key hidden.
Station B: exact antiseptic package and IFU	2 readable copies / examples	Each learner must be able to find the instructions. Do not substitute generic marketing text.
Station C: separate workspaces and mock sites	2 workspaces; 6 prepared inserts	One insert per nurse. Use a task trainer or compatible removable skin pad with secured mock tubing.
New dressing supplies for observed application	6 complete sets + 2 spare sets	Include all configured dressing-integrated or separate antimicrobial components. Securement device is preinstalled.
Hand hygiene, gloves and locally required PPE	6 learner allocations + spares	Offer appropriate glove sizes. Do not reuse single-use gloves or opened dressings between learners.
Clean work-surface barriers / trays	6 sets + spares	Keep reserve supplies outside both active workspaces. Follow local simulation cleaning requirements.
Participant response sheets and competency records	6 of each	Print pages 14 and 15. Clip each learner's two pages together and keep them outside the work field.
Signs, pens, clipboards, timer, waste bin	1 sign set; 6 pens/clipboards	Print pages 11–12. Provide a visible countdown and a lined bin away from the supply stock.

Preferred layout: three small tables in a U-shape

LEFT TABLE	CENTER / REAR TABLE	RIGHT TABLE
A / FIND IT Two learners Three examples + sign	C / DRESS IT Instructor stays here Two distinct workspaces One active demonstration at a time	B / FIX IT Two learners Cards + two IFU copies
Clipboards stay away from C's work fields.	Reserve stock behind instructor. Waste at outside end.	Leave an unobstructed path between all three stations.

Use separate tables or a sufficiently large counter so six learners can move without reaching over an active field. The instructor must see A and B while directly watching C. Do not crowd all three activities onto a small bedside table.

Simulation-only equipment

Label all mock sites and training supplies "SIMULATION ONLY." Use no needles, live lines, or human skin. Follow trainer material compatibility instructions. Actual antiseptic application is not performed in this focused booth; the real package/IFU is used for knowledge lookup.

04 / BUILD THE BOOTH

Prepare the examples & stage the workflow

Station A: build three unambiguous examples

EXAMPLE	HOW TO BUILD IT	LABEL / CASE FACTS
A1: Intact	Apply the selected dressing correctly to a mock site. Keep it clean, dry, adherent, and fully sealed. Make no hidden defect.	Changed yesterday. Not due under the approved schedule. No new site symptoms.
A2: Loose	Apply the same dressing, then lift one edge enough to create a clearly visible open path toward the protected site. Do not use a harmless lifted outer tab as the only defect.	Changed yesterday. One side has separated enough to compromise the barrier.
A3: Damp / soiled	Use a sealed photograph or a protected mockup showing moisture beneath the dressing and visible simulated soiling. A written case cue may stand in for actual moisture.	Moisture is under the dressing, not just on its outer surface. No active bleeding is described.

Do not use bodily fluids, culture material, or wet shared props. Any simulated moisture/soiling stays sealed in the display. Label the exhibits A1–A3 and place the matching case labels from page 12 beside them. Inspectability is more important than elaborate realism.

Station B: prepare independent work

- 1. Cut and shuffle the six cards.** Use one set from page 13. Place it in a tray so learners can reset it after every rotation.
- 2. Make the IFU easy to access.** Provide two copies of the exact package directions. Flag the relevant section without supplying the answer. Complete the instructor’s product answer key on page 3.
- 3. Keep the key out of view.** Learners record initial answers before pair discussion. They may compare answers afterward but must not erase their original response.

Station C: stage six equivalent attempts

- 1. Prepare two workspaces.** Set a stable mock catheter/site in each. Secure the catheter before the observed segment; its position must be visible and consistent across attempts.
- 2. Prepare six fresh dressing allocations.** Keep wrappers intact until use. Add the configured antimicrobial and dressing-integrated securement components. Keep two spare allocations within instructor reach.
- 3. Define the simulation start point.** Old dressing removed; site assessed; selected skin preparation completed and fully dry; separate securement device intact. Do not tell learners to “pretend-dry” a wet site.
- 4. Protect the assessment boundary.** The waiting learner may perform hygiene/glove preparation outside the active workspace, but must not touch the new dressing or mock site until directly observed.

Final pre-opening check

Local configuration complete • Two-learner timing pilot passed • Three displays unmistakable • New supplies ready • Signs and worksheets printed • Instructor keys hidden • Hand hygiene, waste, and reset supplies available.

05 / RUN OF SHOW

Run the 20-minute session

Assign pairs 1, 2, and 3. Each nurse keeps an individual worksheet and record.

TIME	PAIR 1	PAIR 2	PAIR 3	INSTRUCTOR ACTION
0:00–2:00	All learners: introduction, worksheet names, pairing, starting positions.			Explain the scope and rotation rules.
2:00–7:00	A / Find It	B / Fix It	C / Dress It	Observe both nurses in Pair 3, one at a time.
7:00–12:00	B / Fix It	C / Dress It	A / Find It	Observe both nurses in Pair 2, one at a time.
12:00–17:00	C / Dress It	A / Find It	B / Fix It	Observe both nurses in Pair 1, one at a time.
17:00–20:00	All learners: debrief, individual corrections, record collection.			Review the key messages; flag any recheck.

Opening script: 0:00–2:00

Say

“You will rotate through three five-minute activities. At Find It, decide whether each dressing needs changing and why. At Fix It, work through the cards, contamination question, and actual product instructions. Write your own answers before discussing them. At Dress It, each of you will apply a dressing while I watch. The old dressing is already removed, the site assessed, and the skin preparation fully dry. We are validating the focused application, not a complete dressing change. Do not skip safety steps to beat the timer.”

Point out the hand-hygiene supplies, gloves, waste, and the no-clipboard area at C. Explain that the partner at C observes silently and does not coach or handle the other nurse’s supplies. State: “Rotate only when I call time.”

At each five-minute rotation

At C, aim for about two minutes of observed application per nurse, with the remaining minute shared between preparation and turnover. The waiting nurse may prepare hygiene/PPE/gloves outside the active work field; do not score that preparation as directly observed. Switch to the second workspace for the second demonstration. Record observations immediately. At 7:00 and 12:00, announce: “Stop, leave materials at the station, and rotate.”

Debrief script: 17:00–20:00

Say

“A1 can remain because it is intact and not due. A2 and A3 need replacement: looseness, moisture, and visible soiling are not corrected by the date on the label. After a contamination event, stop and restore asepsis before proceeding. Use the actual antiseptic’s application and drying instructions. A completed dressing must protect the site and be applied according to its own instructions.” [1; local IFU]

Ask one nurse to state the configured application and drying requirements; confirm against page 3. Have everyone mark any learning correction without erasing the initial response. Collect both pages from every learner. Record unresolved errors for individual follow-up; finalize results only after reviewing the individual evidence.

The 20 minutes is the learner activity block. Reserve a brief between-group reset/record-review interval. This is not a speed test; rechecks that do not fit are completed separately.

06 / INSTRUCTOR KEY

Station A: Find It

Intended education: recognize a failed dressing barrier and choose an appropriate action.

What the learner sees and does

Two learners inspect A1–A3 without handling the displays. Each records “change now” or “leave in place,” plus the finding that determines the action. They write independently first, then discuss. The display labels remove ambiguity about the schedule and the location of moisture.

EXAMPLE	EXPECTED RESPONSE	RATIONALE / TEACHING POINT
A1: Intact	Leave in place. Continue routine assessment and change at the approved interval, or earlier if indicated.	No defect is present, it is not due, and no new symptoms are described. Do not invent a problem that is not in the case. [1]
A2: Loose	Change now using the approved procedure.	The seal is compromised. This case is not a minor cosmetic lift. Tape over the visible gap is not accepted as the completed answer to this scenario. [1]
A3: Damp / soiled	Change now using the approved procedure; assess why the dressing is damp/soiled.	The abnormality is under the dressing and includes visible soiling. A recently changed dressing still needs replacement when its condition requires it. [1]

Common answers that need correction

LEARNER RESPONSE	INSTRUCTOR REDIRECTION
“It was changed yesterday, so it can wait.”	“Which current finding tells you the barrier is no longer acceptable?”
“I would add tape to A2.”	“In this example there is an open path beneath the dressing. What restores appropriate site coverage after that failure?”
“All three need to be changed.”	“What indication for replacement is present in A1? Recheck its case facts.”
“The outside of a dressing can get wet.”	“Correct distinction. A3 explicitly describes moisture beneath the dressing, with visible soiling.”

What earns “Meets”

All three decisions match the key, and each reason identifies the relevant condition. Equivalent wording is acceptable. An initially wrong answer followed by a group answer is evidence of education, not proof of independent mastery. Use the recheck process on page 10 when needed.

Do not expand the case mid-assessment

Use the same case facts for every learner. Do not add fever, drainage, active bleeding, or catheter migration to one pair’s scored example. Discuss those situations as unscored extensions or in a separately designed assessment.

Optional debrief extension: if the site is actively bleeding/oozing or the patient is diaphoretic, discuss the approved gauze-dressing approach until that resolves. This is not the condition being scored in A3. [1]

07 / INSTRUCTOR KEY

Station B: Fix It

Intended education: link safe phases, recover from contamination, and use the exact product instructions.

Task 1: arrange the six phase cards

Answer key: D → B → F → A → E → C

Prepare → Remove and assess → Reset asepsis → Apply antiseptic → Allow full drying → Cover and complete. These are broad phases, not a replacement for the full facility procedure. Approve any locally required variation before the fair; do not improvise the key between groups.

Emphasize the separation between removal and the clean/aseptic phase, then between application of antiseptic and completion of drying. The cards intentionally group many small steps. Full sterile-field setup is not being tested by the card order alone. [1]

Task 2: correct the contamination

Scenario on the learner sign

"After preparing supplies and donning application gloves, the nurse touches the bedrail with one glove, then reaches for the new dressing. No contact with the dressing or site has occurred yet. What should the nurse do before continuing?"

Expected answer: stop; remove the contaminated gloves, perform hand hygiene, and don new gloves required by the local procedure before continuing. Assess what was touched. In this exact scenario, the dressing and site have not yet been contacted. If a contaminated glove also contacts a protected supply or prepared site, replace the affected supply and/or repeat site preparation and full drying as indicated by the local procedure before continuing. [1; local procedure]

Do not accept: "wipe off the glove," "it was only for a second," "continue because the dressing still looks clean," or "put a clean glove over the contaminated glove."

Task 3: locate product-specific instructions

WORKSHEET FIELD	HOW TO SCORE IT
Product identity and applicator	Matches the antiseptic and applicator staged at B, not a different size, product, or recollection.
Technique and application duration	Matches the approved local answer on page 3 for the selected site.
Drying requirement	States the applicable IFU wording, including a minimum time if specified, and completion of required drying before coverage.
Source location	Learner can identify the relevant package/IFU section. A memorized universal "30 seconds" is not the answer key.

Use this teaching phrase

"Application time and drying time are two separate requirements. Find both for the applicator we actually use." [1,4]

Allow the first two minutes for individual responses, the next two minutes for the remaining lookup/card work, and the last minute for comparison and reset. Keep the card set shuffled for the next pair. Do not place the answer key or completed configuration sheet on the learner table.

08 / DIRECT OBSERVATION

Station C: Dress It

Intended education: maintain asepsis while applying and inspecting the actual selected dressing.

Use the same start point for every nurse

Read before each attempt

"This is a prepared simulation site. The old dressing has been removed, the site assessed, and the approved antiseptic applied and allowed to dry fully. The separate securement device is already in place. Complete hand hygiene and required glove/PPE preparation. When I say begin, handle and apply the new dressing and its configured components. Protect the catheter position, then show me your final inspection. Tell me immediately if contamination occurs."

Observe one nurse at a time. The partner may watch but cannot prompt, point to a missed step, hold the catheter, or open supplies for the active learner. Keep clipboards, pens, used wrappers, and reserve stock outside the simulated protected work area. After the attempt, remove gloves and perform hand hygiene before leaving C.

OBSERVE	EXPECTED PERFORMANCE
C1. New-dressing handling	Opens/handles the dressing and configured components without nonsterile contact to protected surfaces. Uses the product's intended handling method.
C2. Aseptic continuity	Protects the prepared site and key parts throughout. Stops for a break and restores asepsis before proceeding. An uncorrected break is not a passing attempt. [1]
C3. Catheter protection	Maintains the pre-established catheter position without pulling, advancing, or dislodging it. Does not attempt separate securement-device replacement in this segment.
C4. Product-specific application	Positions the dressing and any configured antimicrobial component according to the completed local setup/IFU. Applies required dressing-integrated securement components.
C5. Final inspection	Shows that the intended site is covered; checks adhesion/seal, catheter exit area, and configured components. Identifies and corrects an application defect rather than simply declaring the task finished.

Prompt, feedback, and interruption rules

A neutral instruction such as "show me your final inspection" is allowed for every learner. A directional rescue such as "your glove touched the table" or "you forgot the CHG component" is coaching: stop, teach, and record a recheck rather than an independent pass.

A learner who independently identifies a break before proceeding may correct it with fresh supplies. For a contaminated prepared site, stop and reset the simulation; do not waive the need for repeat preparation and drying in real care. A fresh independent recheck is required after any restart that substitutes for a clinical recovery step.

Protect the 20-minute format

Keep old-dressing removal, actual antiseptic use/drying, separate securement-device replacement, and charting outside the observed segment. If the configured application itself cannot fit safely in the two-learner pilot, revise the assessed scope before the fair or allocate more time/fewer learners. Never solve a timing problem by skipping a required dressing component.

Use page 15 to record each observed item immediately. Aseptic handling and correct coverage are substantive criteria; participation, confidence, and speed are not passing criteria.

09 / RESULTS & CONTINUITY

Score consistently, remediate, and reset

Proposed scoring rules: approve locally before use

RESULT	WHEN TO USE IT
M: Meets	All required knowledge fields are correct on individual review, and C1–C5 are demonstrated independently without an uncorrected safety error. The record names the focused scope.
R: Recheck required	An answer is incorrect; coaching is needed; an unsafe act occurs; or the learner cannot correct a problem independently. Teach first, then obtain fresh individual evidence.
N: Not assessed	The instructor did not observe an item, the learner did not complete it, or a timing/equipment limitation prevented a valid assessment. Do not convert N to M based on attendance.

Use item-level M/R/N on the record. All eight required rows must be M before the focused competency is complete. A correct card sequence does not offset an unsafe dressing application. A verbal description does not substitute for a required hands-on item.

A short, specific recheck

- 1. Name the gap.** Example: “Your glove touched the table and then the protected dressing surface. That was an uncorrected break.”
- 2. Teach the correction.** Demonstrate or review the exact local technique. Preserve the original worksheet/observation result; do not erase the error.
- 3. Collect fresh evidence.** For a hands-on gap, use new supplies and repeat the focused application without coaching. For a knowledge gap, ask an equivalent new scenario or repeat the product lookup independently.
- 4. Document the outcome.** Record the item, education, recheck result, and follow-up owner. If time does not permit, leave the status pending and use the facility’s remediation pathway.

Keep one-instructor delivery workable

SITUATION	RESPONSE
Only 1–2 learners	Use one pair and move through A, B, C on the same three five-minute rounds. Every learner still gives individual answers and performs at C.
3–5 learners	Create two or three groups, with a solo learner as needed. Use the same rotation order; no learner repeats the skill in place of someone else.
Question at A/B during an active attempt	Ask the learner to mark the question and continue independent work. Finish the active observation before answering; do not miss a scored step.
Time runs out or supplies fail	Stop safely. Mark unfinished items N, arrange a later recheck, and do not sign a complete competency.

Between-group reset

Collect and secure records. Replace C’s used inserts/barriers and all single-use items; clean reusable surfaces per approved product/trainer instructions and allow them to dry. Restore intact wrappers, stock glove sizes, and check spare sets. Recheck A’s defects, shuffle B’s cards, remove any written answers, and reset the timer. Complete pending record review before issuing final sign-off.

PRINT MASTER / STATION SIGNS

Self-directed station signs

Print single-sided. Cut between the two panels; place one sign at each station.

A / FIND IT • 5 MINUTES

Inspect the three dressings. Do not handle the displays.

For each example, write your own answer first:

- 1. Decide:** Change now, or leave in place?
- 2. Explain:** Which specific finding determines your action?
- 3. Compare:** After both nurses have answered independently, discuss your reasoning. Keep the original answer visible.

Use the case labels for timing and symptoms. Do not invent findings. Carry your worksheet with you when the instructor calls the rotation. Leave all display materials here.

B / FIX IT • 5 MINUTES

Complete the card, contamination, and product-instruction tasks.

- 1. Sequence:** Review the six cards and independently record their letter order. Then arrange them together.
- 2. Recover:** Answer the contamination scenario below in your own words.
- 3. Locate:** Using the actual package/IFU, record the antiseptic/applicator, technique, application duration, drying requirement, and where you found them.

CONTAMINATION SCENARIO

After preparing supplies and donning application gloves, the nurse touches the bedrail with one glove, then reaches for the new dressing. No contact with the dressing or site has occurred yet. What should the nurse do before continuing?

Write before discussing. Use the printed instructions, not a remembered universal time. Keep initial answers visible. Before rotating, shuffle the cards and leave all products and instructions here.

PRINT MASTER / STATION C + CASE LABELS

Observed station sign & display labels

Print single-sided. Cut out the Station C panel and the three case labels.

C / DRESS IT • 5 MINUTES PER PAIR

One nurse performs while the other observes silently. Each nurse completes a separate attempt.

Start point: old dressing removed; site assessed; approved skin preparation completed and fully dry; separate securement device intact.

Complete hand hygiene and the required gloves/PPE. Do not touch the new dressing or mock site until the instructor begins your observation. Apply the configured dressing/components, protect catheter position, and show your final inspection. Identify contamination immediately.

The waiting nurse may prepare outside the active workspace but cannot coach, open supplies, or hold the other nurse's catheter. Keep pens and clipboards away from both work fields. Remove gloves and perform hand hygiene before leaving C.

Place one label beside each Station A example

A1 / CASE FACTS

The dressing was changed yesterday and is not due under the approved schedule. The patient reports no new site symptoms. Inspect the displayed dressing and decide what to do.

A2 / CASE FACTS

The dressing was changed yesterday. One side has separated enough to leave an open path beneath the dressing toward the protected site. Decide what to do.

A3 / CASE FACTS

Moisture is present beneath the dressing, with visible soiling. This is not moisture only on the outer surface. No active bleeding is described. Decide what to do.

All displays are simulated. Do not use patient-identifiable images. The intended defects must match the displayed case facts.

PRINT MASTER / STATION B

Six phase cards

Print single-sided on heavier paper if available. Cut around each cell; shuffle before each pair.

A / APPLY ANTISEPTIC Prepare the site with the approved antiseptic/applicator using the technique and application duration specified for this site. [1; local IFU]	B / REMOVE & ASSESS Stabilize the catheter, remove the old dressing with the designated gloves, and assess the site and device using the approved procedure.
C / COVER & COMPLETE Apply the selected dressing and securement according to instructions. Inspect the result, remove gloves, perform hand hygiene, and complete labeling/documentation per local procedure. [1]	D / PREPARE Verify the patient, line/site, and procedure; explain the care. Check allergies and product suitability. Perform hand hygiene and arrange supplies/PPE using the approved procedure. [1; local procedure]
E / ALLOW FULL DRYING Allow the antiseptic to dry fully according to its instructions before placing the dressing. Do not shorten the required drying to finish faster. [1; local IFU]	F / RESET ASEPSIS After the removal phase, discard the used gloves, perform hand hygiene, and establish the protected setup and application gloves required by the local procedure. [1]

Learner reminder

These cards represent broad phases. The complete facility procedure governs detailed sequencing, PPE, glove changes, field setup, securement, and documentation. Record your own letter order before discussing it with your partner.

The instructor's answer key is on page 8. Do not display that page at the learner station.

PRINT MASTER / ONE PER NURSE

Individual learner response sheet

Write initial answers independently. Keep original responses visible; place later corrections in the correction box.

Name: _____ Unit: _____ Session: _____

A / Find It

CASE	CHANGE NOW OR LEAVE?	SPECIFIC FINDING / REASON
A1	_____	_____ _____
A2	_____	_____ _____
A3	_____	_____ _____

B / Fix It

1. My phase-card letter order: _____ → _____ → _____ → _____ → _____ → _____

2. Contamination recovery: the gloved hand touched the bedrail but has not yet touched the new dressing or site. What must happen before continuing?

What changes if the contaminated glove also touches the dressing or prepared site?

3. Actual antiseptic / applicator instructions:

FIELD	MY ANSWER
Product name + concentration; applicator / size	_____
Application technique	_____
Application duration for this site	_____
Drying requirement, including any minimum	_____ _____
Where I found these directions	_____

Learning correction / clarification

Item: _____ Revised answer: _____

A debrief correction records learning; the instructor determines whether an individual recheck is needed. Station C is documented on the separate competency record.

PRINT MASTER / ONE PER NURSE

Focused competency record

Scope: dressing assessment/process knowledge and observed new-dressing application, not a complete dressing change.

Nurse: _____ Unit: _____ Session: _____

Instructor: _____ Product / local setup ID: _____

Record M = Meets, R = Recheck required, or N = Not assessed. Do not leave a blank interpreted as passing.

REQUIRED ITEM	EVIDENCE / PASS EXPECTATION	INITIAL	RECHECK
K1. Dressing decisions	A1 remains; A2 and A3 need change. Appropriate reasons stated independently.	----	----
K2. Sequence + recovery	Approved phase order; correct glove/hand-hygiene recovery and response to affected supplies/site.	----	----
K3. Product instructions	Correct actual product/applicator, technique, duration, drying requirement, and source location.	----	----
C1. Dressing handling	New dressing/components handled without nonsterile contact to protected surfaces.	----	----
C2. Aseptic continuity	Prepared site/key parts protected; any break identified and appropriately corrected before proceeding.	----	----
C3. Catheter protection	Pre-established catheter position maintained; no traction, advancement, or dislodgement.	----	----
C4. Correct application	Configured dressing and antimicrobial/securement components applied according to local setup/IFU.	----	----
C5. Final inspection	Coverage, seal/adhesion, catheter exit area, and required components checked; defects corrected.	----	----

Critical concern / item requiring recheck: _____

Education provided: _____

Recheck evidence / result: _____

FINAL STATUS (circle): MEETS FOCUSED CRITERIA / RECHECK PENDING / NOT COMPLETED

Follow-up owner / plan: _____

Instructor signature / initials: _____ Recheck assessor: _____

Completion rule

All eight rows must be M on the initial assessment or a documented independent recheck. Preserve the original result. Hygiene/PPE preparation and other assumed portions of the procedure are not independently validated by this form. Store according to facility education-record requirements.

REFERENCE DESK / SOURCE NOTES

Print, prepare, and keep at hand

Printing checklist

PRINT	QUANTITY	USE
Pages 1–10 and 16	1 instructor set	Keep behind the instructor table; page 3 must be completed locally.
Pages 11–12	1 set; single-sided	Cut out A/B/C station signs and the three case labels.
Page 13	1 set; single-sided	Cut six cards. Laminate if desired; shuffle before each pair.
Page 14	1 per learner	Individual knowledge responses; collect after the debrief.
Page 15	1 per learner	Instructor observation and result record; retain with the response sheet.

Clinical source notes

Numbered references support the clinical teaching points. The activity layout, scripts, timings, sample construction, and scoring scheme are original educational design choices. Local procedure and the exact manufacturer instructions must be reviewed together; resolve conflicts before teaching. No facility approval is implied.

[1] Centers for Disease Control and Prevention. [Summary of Recommendations: Guidelines for the Prevention of Intravascular Catheter-Related Infections](#).

Relevant sections: Education, Training and Staffing; Hand Hygiene and Aseptic Technique; Skin Preparation; Catheter Site Dressing Regimens. Supports the central dressing-condition, hygiene, asepsis, and product-selection teaching points.

[2] Buetti N, Marshall J, Drees M, et al. [Strategies to prevent central line-associated bloodstream infections in acute-care hospitals: 2022 Update](#).

Infection Control & Hospital Epidemiology. 2022;43(5):553–569. Supports education, individualized competency assessment, and use of standardized assessment checklists. It does not validate this specific booth or its time limits.

[3] Centers for Disease Control and Prevention. [Updated Recommendations on Chlorhexidine-Impregnated Dressings: Summary of Recommendations](#).

Supports appropriately labeled CHG dressings for adults with short-term, non-tunneled CVCs. Recommendations differ for other populations; the default booth is adult-only.

[4] BD. [BD ChloraPrep Applicators with Sterile Solution: preparation and use information](#).

Manufacturer example showing that preparation requirements vary with site/applicator and that labeled drying instructions must be followed. This is not a requirement to stock BD products and is not a substitute for the actual product label/IFU.

Attach the local sources

Approved central-line dressing procedure: _____

Actual antiseptic package / IFU: _____

Dressing + antimicrobial component / securement IFUs: _____

The instructor's three reminders

Condition overrides the dressing date. • Contamination must be corrected before proceeding. • Apply and inspect the actual dressing according to the configured instructions.