

ASEPTIC TECHNIQUE PRACTICE EXAM (SAMPLE)

STUDY GUIDE



**SAMPLE STUDY GUIDE
WITH LIMITED QUESTIONS**

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THE FULL VERSION STUDY GUIDE**

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Introduction

Preparing for a certification exam can feel overwhelming, but with the right tools, it becomes an opportunity to build confidence, sharpen your skills, and move one step closer to your goals. At Examzify, we believe that effective exam preparation isn't just about memorization, it's about understanding the material, identifying knowledge gaps, and building the test-taking strategies that lead to success.

This guide was designed to help you do exactly that.

Whether you're preparing for a licensing exam, professional certification, or entry-level qualification, this book offers structured practice to reinforce key concepts. You'll find a wide range of multiple-choice questions, each followed by clear explanations to help you understand not just the right answer, but why it's correct.

The content in this guide is based on real-world exam objectives and aligned with the types of questions and topics commonly found on official tests. It's ideal for learners who want to:

- Practice answering questions under realistic conditions,
- Improve accuracy and speed,
- Review explanations to strengthen weak areas, and
- Approach the exam with greater confidence.

We recommend using this book not as a stand-alone study tool, but alongside other resources like flashcards, textbooks, or hands-on training. For best results, we recommend working through each question, reflecting on the explanation provided, and revisiting the topics that challenge you most.

Remember: successful test preparation isn't about getting every question right the first time, it's about learning from your mistakes and improving over time. Stay focused, trust the process, and know that every page you turn brings you closer to success.

Let's begin.

How to Use This Guide

This guide is designed to help you study more effectively and approach your exam with confidence. Whether you're reviewing for the first time or doing a final refresh, here's how to get the most out of your Examzify study guide:

1. Start with a Diagnostic Review

Skim through the questions to get a sense of what you know and what you need to focus on. Your goal is to identify knowledge gaps early.

2. Study in Short, Focused Sessions

Break your study time into manageable blocks (e.g. 30 – 45 minutes). Review a handful of questions, reflect on the explanations.

3. Learn from the Explanations

After answering a question, always read the explanation, even if you got it right. It reinforces key points, corrects misunderstandings, and teaches subtle distinctions between similar answers.

4. Track Your Progress

Use bookmarks or notes (if reading digitally) to mark difficult questions. Revisit these regularly and track improvements over time.

5. Simulate the Real Exam

Once you're comfortable, try taking a full set of questions without pausing. Set a timer and simulate test-day conditions to build confidence and time management skills.

6. Repeat and Review

Don't just study once, repetition builds retention. Re-attempt questions after a few days and revisit explanations to reinforce learning. Pair this guide with other Examzify tools like flashcards, and digital practice tests to strengthen your preparation across formats.

There's no single right way to study, but consistent, thoughtful effort always wins. Use this guide flexibly, adapt the tips above to fit your pace and learning style. You've got this!

Questions

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1. Decontamination general definition is?

- A. To remove any injurious agent from the environment
- B. To sterilize all equipment
- C. To remove debris and organic matter from surfaces
- D. To kill spores on living tissue

2. Laminar flow hoods are used for what function in sterile preparation?

- A. They provide general clean air in the room
- B. They replace sterile technique
- C. They provide directional airflow to reduce airborne contaminants during sterile preparation
- D. They are used for non-sterile tasks only

3. What does the Bowie-Dick test evaluate and when is it performed?

- A. It tests water quality.
- B. It evaluates steam penetration and air removal in pre-vacuum sterilizers; performed daily before first use and after service.
- C. It measures room temperature.
- D. It evaluates chemical indicators.

4. Which of the following is an example of evidence-based practice?

- A. Surgical hand scrub
- B. Double-gloving
- C. Annotated research
- D. Sterile field setup

5. What is the primary purpose of sterile gloves in a barrier system?

- A. Sterile gloves create a sterile barrier between handler and field; don without touching nonsterile surfaces; keep hands within sterile zones; contaminate if outer surfaces become contaminated.
- B. They are optional if you wash hands
- C. They replace hand hygiene
- D. They make tasks faster regardless of sterility

- 6. The purpose of a sterilization indicator is to determine if the process has been exposed to steam.**
- A. The autoclave function occurred
 - B. The exposure to steam occurred
 - C. The packaging stayed intact
 - D. Sterility of contents is guaranteed
- 7. Double gloving has been demonstrated to reduce contamination due to glove failure.**
- A. It increases glove perforation risk.
 - B. It has no effect on contamination risk.
 - C. It is required for all surgical cases.
 - D. It reduces the probability of contamination due to glove failure.
- 8. Which of the following should be documented when re-establishing a clean sterile field after a breach?**
- A. Re-establishment of sterile field and any corrective actions; follow-up training
 - B. Only the time
 - C. That the field was not re-established
 - D. Vendors contacted
- 9. What is the role of air filtering in the surgical suite?**
- A. To remove all microorganisms from the air
 - B. To filter air and help confine microorganisms; part of asepsis with traffic control
 - C. To humidify the air
 - D. To circulate air
- 10. Which statement best describes what is opened when preparing to open a surgical case?**
- A. Items opened include Packs, Back table, accessory; Instrument trays; Basins; Sterile items
 - B. Preparing a surgical suite for a procedure
 - C. Depending on the complexity, it can be done 15 to 20 minutes before the start of the case
 - D. Larger cases require more time

Answers

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1. A
2. C
3. B
4. C
5. A
6. B
7. D
8. C
9. B
10. A

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Explanations

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1. Decontamination general definition is?

- A. To remove any injurious agent from the environment**
- B. To sterilize all equipment
- C. To remove debris and organic matter from surfaces
- D. To kill spores on living tissue

Decontamination aims to make an environment safe by reducing or removing harmful agents. The best description is removing any injurious agent from the environment, because it captures the broad goal of decontamination across different settings and methods. Sterilizing all equipment is a specific, more extreme process that goes beyond decontamination. Simply cleaning by removing debris and organic matter is a crucial step within decontamination but does not by itself define the full process. Killing spores on living tissue describes antisepsis or disinfection of tissue, which targets living surfaces rather than environmental decontamination.

2. Laminar flow hoods are used for what function in sterile preparation?

- A. They provide general clean air in the room
- B. They replace sterile technique
- C. They provide directional airflow to reduce airborne contaminants during sterile preparation**
- D. They are used for non-sterile tasks only

In sterile preparation, controlling contaminants around the work area is crucial. A laminar flow hood creates a uniform, unidirectional stream of HEPA-filtered air across the work surface. This directional airflow forms a clean air curtain that sweeps particles away from the sterile field and toward the exhaust, minimizing the chance that room contaminants settle onto sterile materials. The key is the controlled, smooth flow that reduces turbulence and particle intrusion, not merely adding general room cleanliness. It supports aseptic technique by maintaining a protected space for sterile tasks, but it does not replace sterile technique itself.

3. What does the Bowie-Dick test evaluate and when is it performed?

- A. It tests water quality.
- B. It evaluates steam penetration and air removal in pre-vacuum sterilizers; performed daily before first use and after service.**
- C. It measures room temperature.
- D. It evaluates chemical indicators.

Steam penetration and air removal in pre-vacuum steam sterilizers are what this test checks. The Bowie-Dick test is done daily before the first load of the day and again after any service or major maintenance. It uses a test pack with a chemical indicator designed to reveal whether air has been removed and steam has reached all areas of the pack inside the chamber. A proper result means the indicator shows the expected color change throughout the pack, confirming the sterilizer is delivering saturated steam to the load; a failure indicates leaks, inadequate vacuum, or other issues that could compromise sterilization. It does not assess water quality, room temperature, or general chemical indicators outside of the specific steam-penetration context.

4. Which of the following is an example of evidence-based practice?

- A. Surgical hand scrub
- B. Double-gloving
- C. Annotated research**
- D. Sterile field setup

The main concept tested is how evidence-based practice works: using the best available research evidence to guide care, combined with clinical expertise and patient values. Annotated research fits this idea because it shows actively evaluating and applying research findings to practice. Annotations summarize what a study did, what it found, and its strengths and limitations, helping a practitioner decide how (or whether) to apply those results to a patient or situation. This reflects the essential process of evidence-based practice: not just knowing a technique, but using current evidence to inform decisions and tailor care. The other options describe established aseptic techniques or safety practices. They are important components of sterile technique and are guided by broader standards, but they don't in themselves demonstrate the active use of current research evidence to guide decisions, which is what evidence-based practice emphasizes.

5. What is the primary purpose of sterile gloves in a barrier system?

- A. Sterile gloves create a sterile barrier between handler and field; don without touching nonsterile surfaces; keep hands within sterile zones; contaminate if outer surfaces become contaminated.**
- B. They are optional if you wash hands
- C. They replace hand hygiene
- D. They make tasks faster regardless of sterility

Sterile gloves establish a sterile barrier between the clinician's hands and the surgical field or sterile items, preventing microbes on the hands from entering the sterile area. They are donned without touching nonsterile surfaces, and the hands are kept within the sterile zones to maintain the integrity of the sterile field. If the outer surfaces become contaminated, the barrier is compromised and the gloves must be changed to restore sterility. It's important to remember that gloves do not replace hand hygiene; hands should be cleaned or antiseptically prepared before gloving, and gloves must be removed and replaced if they touch something nonsterile. They do not inherently make tasks faster or guarantee sterility if a contamination event occurs. The primary purpose of the barrier system is to prevent microbial transfer to the sterile field and to protect both the patient and the clinician during procedures.

6. The purpose of a sterilization indicator is to determine if the process has been exposed to steam.

- A. The autoclave function occurred
- B. The exposure to steam occurred**
- C. The packaging stayed intact
- D. Sterility of contents is guaranteed

Sterilization indicators are there to confirm that the sterilization cycle actually exposed the load to steam at the required conditions. They respond to the presence of steam and the appropriate temperature for the cycle, so they tell you that steam contact occurred, which is essential for the process to work. However, seeing steam exposure doesn't guarantee that the contents are sterile—there could be issues with the load, time, or other factors that a separate check (like a biological indicator) would reveal. Packaging integrity is a separate concern and isn't proven by the indicator, and simply showing that the autoclave ran doesn't ensure that every item reached the necessary steam exposure throughout the pack.

7. Double gloving has been demonstrated to reduce contamination due to glove failure.

- A. It increases glove perforation risk.
- B. It has no effect on contamination risk.
- C. It is required for all surgical cases.
- D. It reduces the probability of contamination due to glove failure.**

Double gloving adds an extra barrier between the hands and the sterile field. If the outer glove is torn during a procedure, the inner glove remains in place, dramatically reducing the chance that contaminants reach the patient or instruments. This is why it lowers the probability of contamination due to glove failure. It does not inherently raise perforation risk, and its use is guided by procedure type and setting rather than being required for every case.

8. Which of the following should be documented when re-establishing a clean sterile field after a breach?

- A. Re-establishment of sterile field and any corrective actions; follow-up training
- B. Only the time
- C. That the field was not re-established**
- D. Vendors contacted

When a sterile field is breached, the priority is to restore a truly sterile environment and clearly record what was done to fix the breach. The documentation should show that the sterile field was re-established and detail the corrective actions taken to address the breach—such as discarding contaminated items, re-scrubbing and re-gowning, re-draping, and any re-sterilization or replacement of instruments—and note any follow-up training or competency checks for staff involved. Including the time and the individuals who performed the re-establishment helps with traceability and accountability. Simply recording the time or noting that the field was not re-established does not provide the necessary information to ensure patient safety and prevent recurrence, and contacting vendors is not a standard part of the re-establishment record unless their involvement is part of the corrective actions.

9. What is the role of air filtering in the surgical suite?

- A. To remove all microorganisms from the air
- B. To filter air and help confine microorganisms; part of asepsis with traffic control**
- C. To humidify the air
- D. To circulate air

Air filtering in the surgical suite serves to lower the number of airborne microorganisms and help confine any that are present, forming a key layer of asepsis. Filtration systems, like HEPA and laminar flow, remove particles that could carry bacteria, viruses, or spores and direct clean air toward the sterile field, reducing turbulent air that could spread contaminants. This function works together with traffic control—limiting door openings and movement—to keep the sterile area as free from contaminants as possible. The goal isn't to sterilize every microbe, since filtration alone can't guarantee sterility, but to reduce risk and maintain a safer environment during surgery. Humidifying the air isn't the primary role, and simply circulating air without filtration wouldn't adequately reduce microbial load, so those options don't reflect the true purpose.

10. Which statement best describes what is opened when preparing to open a surgical case?

A. Items opened include Packs, Back table, accessory; Instrument trays; Basins; Sterile items

B. Preparing a surgical suite for a procedure

C. Depending on the complexity, it can be done 15 to 20 minutes before the start of the case

D. Larger cases require more time

Opening for a surgical case focuses on establishing a ready, sterile field by opening and staging all the supplies that will be used during the procedure. The best description lists the items that are opened to prepare this field: the packs, the back table contents, accessories, instrument trays, basins, and other sterile items. Doing this ensures everything needed is present, sterile, and organized where the team can reach it without breaking aseptic technique, which helps prevent delays and contamination once the case starts. The other statements talk about overall room setup, timing, or case duration rather than specifying what is actually opened to create the sterile setup, so they don't capture the essential action of creating and maintaining the sterile field.

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Next Steps

Congratulations on reaching the final section of this guide. You've taken a meaningful step toward passing your certification exam and advancing your career.

As you continue preparing, remember that consistent practice, review, and self-reflection are key to success. Make time to revisit difficult topics, simulate exam conditions, and track your progress along the way.

If you need help, have suggestions, or want to share feedback, we'd love to hear from you. Reach out to our team at hello@examzify.com.

Or visit your dedicated course page for more study tools and resources:

<https://aseptictechnique.examzify.com>

We wish you the very best on your exam journey. You've got this!

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