

Test Booklet Series



Test Booklet
(OT Technician)

Test Booklet No.

Name of Applicant :

Answer Sheet No. :

Applicant ID/Roll No. :

Signature of Applicant :

Date of Examination :

Signature of the Invigilator(s)

Time of Examination :

1.

2.

Duration : 120 Minutes]

[Maximum Marks : 100

IMPORTANT INSTRUCTIONS

- (i) The question paper is in the form of Test-Booklet containing **100 (Hundred)** questions. All questions are compulsory. Each question carries four answers marked (A), (B), (C) and (D), out of which only one is correct. Choose the correct option or the most appropriate option.
- (ii) On receipt of the Test-Booklet (Question Paper), the candidate should immediately check it and ensure that it contains all the pages, i.e., **100** questions. Discrepancy, if any, should be reported by the candidate to the invigilator immediately after receiving the Test-Booklet.
- (iii) A separate Answer-Sheet is provided with the Test-Booklet/Question Paper. On this sheet there are **100** rows containing four circles each. One row pertains to one question.
- (iv) The candidate should write his/her Application ID/Roll number at the places provided on the cover page of the Test-Booklet/Question Paper and on the Answer-Sheet and **NOWHERE ELSE**.
- (v) No second Test-Booklet/Question Paper and Answer-Sheet will be given to a candidate. The candidates are advised to be careful in handling it and writing the answer on the Answer-Sheet.
- (vi) For every correct answer of the question **One (1) mark will be awarded**. There will be **negative marking of 0.25 mark** for every incorrect answer.
- (vii) Marking shall be done only on the basis of answers responded on the Answer-Sheet.
- (viii) To mark the answer on the Answer-Sheet, candidate should darken the appropriate circle in the row of each question with Blue or Black pen.
- (ix) For each question only **one** circle should be **darkened** as a mark of the answer adopted by the candidate. If more than one circle for the question are found darkened or with one black circle any other circle carries any mark, the answer will be treated as incorrect.
- (x) The candidates should not remove any paper from the Test-Booklet/Question Paper. Attempting to remove any paper shall be liable to be punished for use of unfair means.
- (xi) Rough work may be done on the blank space provided in the Test-Booklet/Question Paper only.
- (xii) *Mobile phones (even in Switch-off mode) and such other communication/programmable devices are not allowed inside the examination hall.*
- (xiii) No candidate shall be permitted to leave the examination hall before the expiry of the time.

DO NOT OPEN THIS QUESTION BOOKLET UNTIL ASKED TO DO SO.

OT Technician

[P.T.O.
12 / 1

1. Colostomy means:
 - (A) Removal of the colon
 - (B) Incision into the colon
 - (C) Creation of an artificial opening of the colon on the abdominal wall
 - (D) Repair of the colon
2. TURP stands for:
 - (A) Transurethral resection of the prostate
 - (B) Transabdominal repair of the prostate
 - (C) Total uterine resection procedure
 - (D) Transvenous renal puncture
3. McBurney's point (site of the appendectomy incision) lies on the line joining the:
 - (A) Xiphoid process and pubis
 - (B) Anterior superior iliac spine and umbilicus
 - (C) Costal margin and pubic tubercle
 - (D) Iliac crest and symphysis pubis
4. The sternal angle (angle of Louis) lies at the level of the:
 - (A) Xiphoid process
 - (B) First rib
 - (C) Second costal cartilage
 - (D) Clavicle
5. A line joining the highest points of both iliac crests crosses the spine at about the level of:
 - (A) L4
 - (B) L1
 - (C) T12
 - (D) S2
6. A Pfannenstiel incision is a:
 - (A) Vertical upper midline incision
 - (B) Transverse suprapubic incision
 - (C) Right subcostal incision
 - (D) Gridiron incision
7. A midline laparotomy incision passes through the:
 - (A) Rectus sheath only
 - (B) Linea alba
 - (C) Linea semilunaris
 - (D) Inguinal ligament
8. The suffix "-plasty" means:
 - (A) Removal
 - (B) Incision
 - (C) Suturing
 - (D) Surgical repair or reconstruction
9. Debridement is:
 - (A) Closure of a wound
 - (B) Removal of dead or devitalised tissue from a wound
 - (C) Dressing of a wound
 - (D) Stopping of bleeding

- 10.** Haemostasis means:
- (A) Stopping of bleeding
 - (B) Dissolution of a blood clot
 - (C) Blood transfusion
 - (D) A bleeding disorder
- 11.** The operating room itself belongs to the:
- (A) Protective zone
 - (B) Clean zone
 - (C) Disposal zone
 - (D) Sterile (aseptic) zone
- 12.** The dirty utility room and disposal corridor belong to the:
- (A) Protective zone
 - (B) Disposal zone
 - (C) Sterile zone
 - (D) Clean zone
- 13.** The recommended OT temperature range is about:
- (A) 10–14 °C
 - (B) 20–24 °C
 - (C) 28–32 °C
 - (D) 35–38 °C
- 14.** The recommended relative humidity of an OT is about:
- (A) 40–60%
 - (B) 10–20%
 - (C) 70–80%
 - (D) 90–100%
- 15.** A conventional OT should have air changes per hour of:
- (A) 1
 - (B) 3
 - (C) At least 20
 - (D) 100
- 16.** A HEPA filter removes:
- (A) 90% of particles larger than 5 µm
 - (B) 99.97% of particles of 0.3 µm
 - (C) 50% of all particles
 - (D) Gases only
- 17.** Laminar airflow in an OT is:
- (A) Turbulent
 - (B) Reversed
 - (C) Random
 - (D) Unidirectional in parallel streams
- 18.** The air pressure of the OT relative to the adjoining corridor is kept:
- (A) Positive
 - (B) Negative
 - (C) Equal
 - (D) Fluctuating

- 19.** During surgery the OT doors should be:
- (A) Kept wide open
 - (B) Kept closed and opened as little as possible
 - (C) Propped open with a trolley
 - (D) Locked with staff inside
- 20.** Which is NOT permitted inside the restricted zone?
- (A) Dedicated OT footwear
 - (B) Cap and mask
 - (C) Outdoor footwear and street clothes
 - (D) Scrub suit
- 21.** The correct flow in a CSSD is:
- (A) Storage → sterilisation → cleaning
 - (B) Sterilisation → packing → cleaning
 - (C) Receiving → decontamination/ cleaning → inspection and packing → sterilisation → sterile storage → issue
 - (D) Issue → packing → cleaning
- 22.** A typical pre-vacuum steam sterilisation cycle for wrapped instruments is:
- (A) 134 °C for 3–4 minutes
 - (B) 100 °C for 5 minutes
 - (C) 60 °C for 30 minutes
 - (D) 160 °C for 1 minute
- 23.** The Bowie-Dick test:
- (A) Detects ETO leaks
 - (B) Checks spore killing
 - (C) Checks water hardness
 - (D) Checks air removal and steam penetration in a pre-vacuum autoclave
- 24.** Autoclave indicator tape:
- (A) Guarantees sterility
 - (B) Shows that the pack was exposed to the process, not that it is sterile
 - (C) Detects air in the chamber
 - (D) Contains spores
- 25.** The biological indicator used for ethylene oxide sterilisation is:
- (A) *Geobacillus stearothermophilus*
 - (B) *Bacillus atrophaeus*
 - (C) *E. coli*
 - (D) *Staphylococcus aureus*
- 26.** Which items should NOT be processed in hydrogen peroxide gas plasma?
- (A) Stainless steel instruments
 - (B) Cellulose-based items (paper, linen) and liquids
 - (C) Metal scissors
 - (D) Rigid telescopes

- 27.** Which is a high-level disinfectant?
- (A) 70% ethanol
 - (B) Povidone iodine
 - (C) Ortho-phthalaldehyde (0.55%)
 - (D) Chlorhexidine
- 28.** OT fumigation is traditionally done with:
- (A) Alcohol spray only
 - (B) Chlorine gas
 - (C) Carbon dioxide
 - (D) Formaldehyde gas
- 29.** Instruments with crevices and fine joints are best cleaned with:
- (A) Boiling
 - (B) Saline soaking
 - (C) An ultrasonic cleaner with enzymatic detergent
 - (D) Dry wiping
- 30.** Ratchet instruments (e.g., artery forceps) should be packed:
- (A) Locked closed
 - (B) Open (unlocked)
 - (C) Tied together
 - (D) With heavy items on top
- 31.** Which forceps is used to hold the bowel atraumatically?
- (A) Babcock
 - (B) Backhaus
 - (C) Kocher
 - (D) Mosquito
- 32.** A towel clip used to secure drapes to the skin is:
- (A) Babcock
 - (B) Allis
 - (C) Backhaus
 - (D) Mosquito
- 33.** The Balfour retractor is a:
- (A) Hand-held skin hook
 - (B) Artery forceps
 - (C) Needle holder
 - (D) Self-retaining abdominal retractor
- 34.** Metzenbaum scissors are mainly used for:
- (A) Cutting bone
 - (B) Dissection of delicate tissue
 - (C) Cutting wires
 - (D) Cutting thick dressings
- 35.** Swab and instrument counts are performed:
- (A) Only at the start
 - (B) After the patient leaves the OT
 - (C) Initially, before closure of a body cavity, and at skin closure
 - (D) Only if the surgeon asks

- 36.** Bipolar diathermy:
- (A) Needs a large return plate
 - (B) Passes current through the whole body
 - (C) Cannot be used for coagulation
 - (D) Passes current only between the two forceps tips, with no patient plate required
- 37.** The maximum safe continuous duration of tourniquet inflation is about:
- (A) 20 minutes
 - (B) 5 hours
 - (C) 2 hours
 - (D) 8 hours
- 38.** The gas used for pneumoperitoneum in laparoscopy and the usual pressure are:
- (A) Oxygen at 40 mmHg
 - (B) Carbon dioxide at 12–15 mmHg
 - (C) Air at 30 mmHg
 - (D) Nitrogen at 50 mmHg
- 39.** When a C-arm is used within the sterile field, it should be:
- (A) Left uncovered
 - (B) Wiped with alcohol only
 - (C) Removed from the OT
 - (D) Covered with a sterile drape
- 40.** A Yankauer is a:
- (A) Rigid, wide-bore suction tip
 - (B) Needle
 - (C) Scissors
 - (D) Retractor
- 41.** In a circle breathing system, soda lime absorbs:
- (A) Oxygen
 - (B) Nitrogen
 - (C) Carbon dioxide
 - (D) Nitrous oxide
- 42.** The Bain circuit is a modification of the:
- (A) Mapleson A
 - (B) Mapleson B
 - (C) Mapleson C
 - (D) Mapleson D
- 43.** The tip of a Macintosh laryngoscope blade is placed in the:
- (A) Epiglottis directly
 - (B) Vallecula
 - (C) Cricoid ring
 - (D) Hyoid bone
- 44.** The approximate internal diameter of an uncuffed tracheal tube for an 8-year-old child ($\text{age}/4 + 4$) is:
- (A) 4.0 mm
 - (B) 5.0 mm
 - (C) 6.0 mm
 - (D) 7.5 mm

- 45.** A gum elastic bougie is used as:
- (A) A cuff pressure gauge
 - (B) A suction catheter
 - (C) An introducer to railroad the tube when the laryngeal view is poor
 - (D) A humidifier
- 46.** The normal end-tidal CO₂ (EtCO₂) is:
- (A) 15–25 mmHg
 - (B) 35–45 mmHg
 - (C) 55–65 mmHg
 - (D) 70–80 mmHg
- 47.** The ECG lead most commonly monitored for rhythm in the OT is:
- (A) Lead II
 - (B) aVR
 - (C) V1
 - (D) Lead I
- 48.** The treatment for local anaesthetic systemic toxicity is:
- (A) Naloxone
 - (B) Flumazenil
 - (C) Atropine
 - (D) 20% lipid emulsion
- 49.** The usual working pressure of a medical gas pipeline is about:
- (A) 1 bar
 - (B) 2 bar
 - (C) 4 bar
 - (D) 10 bar
- 50.** Succinylcholine is a:
- (A) Depolarising muscle relaxant
 - (B) Opioid
 - (C) Induction agent
 - (D) Local anaesthetic
- 51.** Nail polish and artificial nails are removed before surgery mainly because they:
- (A) Interfere with pulse oximeter readings
 - (B) Look unprofessional
 - (C) Cause allergy
 - (D) Dislodge drapes
- 52.** In the WHO Surgical Safety Checklist, the “Sign In” is done:
- (A) Before skin incision
 - (B) After closure
 - (C) Before leaving the OT
 - (D) Before induction of anaesthesia

- 53.** Pressure points in the supine position include:
- (A) Knees and toes
 - (B) Ischial tuberosities
 - (C) Occiput, scapulae, sacrum and heels
 - (D) Iliac crests and ribs
- 54.** In the lithotomy position, pressure on the lateral leg near the fibular head may injure the:
- (A) Radial nerve
 - (B) Ulnar nerve
 - (C) Common peroneal nerve
 - (D) Median nerve
- 55.** In the prone position:
- (A) The abdomen should be free of pressure, with chest and pelvic supports
 - (B) Pressure should be placed on the abdomen
 - (C) The head should be hyper-rotated
 - (D) The eyes should rest on a pillow
- 56.** In the lateral position, the axillary roll is placed:
- (A) In the axilla
 - (B) Under the chest wall just below the dependent axilla
 - (C) Under the head
 - (D) Over the abdomen
- 57.** The Trendelenburg position means:
- (A) The table is flat
 - (B) The head is higher than the feet
 - (C) The head is lower than the feet
 - (D) The table is tilted sideways
- 58.** Abducting an arm beyond 90° on an arm board risks injury to the:
- (A) Radial nerve at the wrist
 - (B) Brachial plexus
 - (C) Sciatic nerve
 - (D) Femoral nerve
- 59.** The ulnar nerve is most vulnerable to compression at the:
- (A) Axilla
 - (B) Wrist
 - (C) Shoulder
 - (D) Elbow
- 60.** The preferred method of pre-operative hair removal is:
- (A) A clipper just before surgery, outside the OT
 - (B) A razor the night before
 - (C) A razor in the OT
 - (D) Never remove hair

- 61.** Which area of a sterile gown is considered non-sterile?
- (A) Front chest
 - (B) Sleeves below the elbow
 - (C) Back, axillae and below the waist
 - (D) Cuffs
- 62.** The main purpose of double gloving is to:
- (A) Save cost
 - (B) Meet a rule
 - (C) Reduce the tear risk
 - (D) Reduce the risk of blood exposure from glove perforation
- 63.** If the sterility of an item is doubtful, it should be:
- (A) Considered sterile
 - (B) Considered contaminated and replaced
 - (C) Wiped with alcohol
 - (D) Used anyway
- 64.** A sterile drape that becomes wet is:
- (A) Still sterile
 - (B) Considered contaminated (strike-through)
 - (C) Dried with a sterile towel and kept
 - (D) Acceptable for short cases
- 65.** A surgical mask in the OT should be:
- (A) Worn below the nose
 - (B) Hung around the neck
 - (C) Changed when wet or soiled and between cases
 - (D) Reused through the day
- 66.** The safest way to pass a scalpel is:
- (A) Hand to hand with the blade up
 - (B) Thrown into the field
 - (C) Recapped after use
 - (D) Through a neutral zone (kidney tray) without direct hand-to-hand passing
- 67.** Human anatomical waste such as tissue or a placenta goes into a:
- (A) Black bag
 - (B) Blue box
 - (C) Red bag
 - (D) Yellow bag
- 68.** Contaminated plastic items such as gloves, IV tubing and catheters go into a:
- (A) Red bag
 - (B) Yellow bag
 - (C) White container
 - (D) Blue box

- 69.** In spill management, the correct approach is to:
- (A) Sweep dry
 - (B) Mop with plain water
 - (C) Wear PPE, cover with absorbent, apply disinfectant, then clean and discard in the appropriate bag
 - (D) Leave it to dry
- 70.** An antiseptic used for surgical hand scrub is:
- (A) Normal saline
 - (B) Chlorhexidine 4% or povidone-iodine scrub
 - (C) Plain soap bar only
 - (D) Spirit alone
- 71.** On a sterile table, which statement is correct?
- (A) Only the draped tabletop is sterile; edges hanging below table level are non-sterile
 - (B) The whole drape up to the floor is sterile
 - (C) Items at the table's lower edge are sterile
 - (D) The floor below is sterile
- 72.** The recommended adult chest compression depth is:
- (A) 5–6 cm
 - (B) 1–2 cm
 - (C) 8–10 cm
 - (D) 3 cm
- 73.** Shockable rhythms are:
- (A) Asystole and PEA
 - (B) VF and pulseless VT
 - (C) Sinus bradycardia
 - (D) Atrial fibrillation
- 74.** Common triggers of perioperative anaphylaxis include:
- (A) Oxygen
 - (B) Distilled water
 - (C) Ringer's lactate
 - (D) Neuromuscular blockers, latex and antibiotics
- 75.** The first response to laryngospasm is:
- (A) 100% oxygen, jaw thrust, removal of the stimulus and CPAP
 - (B) Blind deep suction
 - (C) Leave the patient
 - (D) Blind extubation
- 76.** In a “cannot intubate, cannot oxygenate” situation, the next step is:
- (A) Keep trying the same blade
 - (B) Emergency front-of-neck access (cricothyroidotomy)
 - (C) Cancel surgery
 - (D) Give sedatives

- 77.** An early sign of malignant hyperthermia is:
- (A) Falling EtCO₂
 - (B) Rising EtCO₂ with tachycardia and muscle rigidity
 - (C) Hypothermia
 - (D) Bradycardia
- 78.** The specific drug for malignant hyperthermia is:
- (A) Neostigmine
 - (B) Atropine
 - (C) Dantrolene
 - (D) Naloxone
- 79.** For alcohol-based skin preparation, which precaution reduces fire risk?
- (A) Use diathermy immediately
 - (B) Soak the drapes
 - (C) Light a flame nearby
 - (D) Allow it to dry and remove pooled solution before diathermy or laser
- 80.** The preferred extinguisher for an electrical equipment fire in the OT is:
- (A) Water jet
 - (B) Foam
 - (C) CO₂ extinguisher
 - (D) Wet blanket
- 81.** An isolated power supply with a line isolation monitor in the OT:
- (A) Reduces the risk of electric shock
 - (B) Increases voltage
 - (C) Is not required
 - (D) Replaces earthing
- 82.** Cricoid pressure is applied to:
- (A) Open the glottis
 - (B) Pass a nasogastric tube
 - (C) Occlude the oesophagus to reduce regurgitation during rapid sequence induction
 - (D) Lower blood pressure
- 83.** The volume of fixative to specimen should be:
- (A) Equal
 - (B) 10–20 times the specimen volume
 - (C) A few drops
 - (D) Half
- 84.** The routine histopathology fixative is:
- (A) 40% formaldehyde undiluted
 - (B) 1% formalin
 - (C) 10% neutral buffered formalin
 - (D) 70% alcohol

- 85.** A specimen for frozen section should be:
- (A) Placed in formalin
 - (B) Placed in alcohol
 - (C) Sent after 24 hours
 - (D) Sent fresh, without fixative, and delivered immediately
- 86.** A tissue sample for bacterial culture should be sent:
- (A) In formalin
 - (B) In a sterile container without formalin
 - (C) Wrapped in gauze
 - (D) As a dry swab only
- 87.** A urinary calculus is best sent in a:
- (A) Formalin container
 - (B) Saline container
 - (C) Dry, clean container
 - (D) Alcohol container
- 88.** Specimens leaving the OT should be:
- (A) Not recorded
 - (B) Entered in the specimen register with handover signatures
 - (C) Reported verbally only
 - (D) Discarded
- 89.** Body fluid (e.g., pleural or ascitic) for cytology should be:
- (A) Placed in formalin
 - (B) Boiled
 - (C) Sent fresh to the laboratory promptly
 - (D) Frozen for a week
- 90.** A bullet removed from a gunshot wound should be:
- (A) Handled with metal forceps
 - (B) Handled with gloves or rubber-tipped forceps, placed in a labelled dry container and handed over with chain of custody
 - (C) Discarded
 - (D) Given to relatives
- 91.** A frozen section report is usually available within about:
- (A) 15–30 minutes
 - (B) 1 day
 - (C) 3 days
 - (D) 1 week
- 92.** Specimens should be transported in:
- (A) An open tray
 - (B) A leak-proof closed container, placed in a secondary container, never unlabelled
 - (C) A pocket
 - (D) An unsealed plastic bag

- 93.** The first priority in the post-anaesthesia care unit on arrival is:
- (A) Airway, breathing and circulation
 - (B) Diet
 - (C) Visitors
 - (D) Discharge paperwork
- 94.** A modified Aldrete score of what is generally required before shifting out of PACU?
- (A) 3 or more
 - (B) 5 or more
 - (C) 9 or more
 - (D) 10 only
- 95.** An unconscious post-operative patient should be placed in the:
- (A) Supine flat position
 - (B) Lateral (recovery) position
 - (C) Prone position
 - (D) Trendelenburg position
- 96.** The swab/instrument count record should be:
- (A) Discarded
 - (B) Recorded, signed by the scrub and circulating staff, and kept in the record
 - (C) Verbal only
 - (D) Not required
- 97.** A needle-stick injury in the OT should be:
- (A) Ignored
 - (B) Reported immediately with an incident report, first aid and post-exposure evaluation
 - (C) Reported after a month
 - (D) Not reported
- 98.** ALARA in radiation safety stands for:
- (A) Always Leave Area Right Away
 - (B) As Long as Radiation Allowed
 - (C) All Lead Aprons Required Always
 - (D) As Low as Reasonably Achievable
- 99.** Doubling the distance from a radiation source reduces exposure to about:
- (A) No change
 - (B) Half
 - (C) One-fourth
 - (D) Double
- 100.** A thermos luminescent dosimeter (TLD) badge is used to:
- (A) Monitor the worker's cumulative radiation dose
 - (B) Measure room temperature
 - (C) Count sponges
 - (D) Detect ETO leaks

ROUGH WORK

ROUGH WORK