

POLICY FOR ASEPTIC TECHNIQUE AND ASEPTIC NON-TOUCH TECHNIQUE

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Purpose of Agreement	To provide Solent NHS Trust staff with clear guidance on the generic use of Aseptic Procedures in the prevention and control of health care-associated infection. It will provide healthcare workers with evidence-based guidelines on how and when to apply an aseptic technique.
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Amendments Summary:

Please fill the table below:

Amend No	Issued	Page	Subject	Action Date
1	March 2018	8	Clarity has been provided on skin preparation prior to phlebotomy.	Immediate
2	March 2018	3	A summary of key points of the policy has been provided.	Immediate
3	March 2018	5	Additional definitions added for clarity.	Immediate
4		9	Clarity has been provided for community staff on what to do if asepsis is compromised in a patient's home environment.	
5		10	Further explanation has been added on needle safe devices available for Solent staff.	
6		11	Training requirements have now been agreed.	
7	February 2022	Various	<ul style="list-style-type: none"> • 2 new point added to introduction and purpose • Small updates to Definitions • Health Care Associated Infections changed to Health Care-Associated Infections throughout the policy • Aseptic non-Touch Technique changed to Aseptic Non-Touch Technique throughout the policy • Small changes made to 3.1 section to help with clarification • Rewrite of 3.4.4 and 3.4.5 • Addition 3.4.6 added • Small changes to 3.5, 3.6 and 3.7 • Section 3.9 – additional points added to further clarify a safe environment including Storing equipment, Performing AT in an inpatient environment • 3.9.1 rewritten for clarification • 3.10 addition regarding assistance dogs added and requesting a clean box for storing sterile equipment • 3.13 This section has been removed from the policy as all points now dealt with in the Sharps and Contamination Policy • Section 4 & 5 updated • Glossary added • References updated 	

			<ul style="list-style-type: none"> • Appendix A changes made to aid clarification for staff • Updated EIA added 	
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Review Log

Include details of when the document was last reviewed:

Version Number	Review Date	Name of reviewer	Ratification Process	Reason for amendments
2	June 2014	A Bishop	Policy sub committee	Review date
3	March 2018	B Carter	Policy sub committee	Review date
4	March 2021	D Larkins	Chair's action – approved expiry extension to September 2021	No material changes to policy, this remains clinically accurate and true
5	June 2021	B Carter	Chair's action – approved expiry extension to December 2021	No material changes to policy, this remains clinically accurate and true
6	August 2021	D Larkins	Chair's action – approved expiry extension to March 2022	No material changes to policy, this remains clinically accurate and true
6	February 2022	L Harradine	Standard 3 year review – Policy Steering Group, Clinical Executive Group	Changes outlined in above table

SUMMARY OF POLICY

The purpose of this policy is to provide guidance on aseptic and clean procedures to healthcare staff using a non-touch technique, to reduce the risk of microbial contamination within everyday practice. For quick reference the guide below is a summary of actions required.

“Asepsis prevents microbial contamination during invasive procedures” (ICNA 2003). An aseptic technique is the method employed to help prevent contamination of wounds and other susceptible sites by organisms that could cause infection.

Two types of asepsis can be classified: medical and surgical asepsis (Ayliffe, et al. 2000). This policy focuses upon medical asepsis and the procedures that are currently carried out in ward and community areas, using an aseptic non-touch technique or aseptic technique.

Aseptic Non-Touch Technique (ANTT) – when handling sterile equipment, only the part of the equipment not in contact with the susceptible site is handled. Even hands that have been washed should not contaminate the sterile equipment or the patient.

The principle is that:

- you cannot infect a key part (the part of the procedural equipment that has contact with the key site or part of the patient) Non Key parts: the parts of the procedural equipment that does not have contact with the key site or part of the patient
- Any key part must only come into contact with other key parts.
- Non-key parts should be touched with confidence

Remember to...

- Always wash hands effectively
- Never contaminate key parts
- Touch non-key parts with confidence
- Take appropriate infective precautions

When undertaking procedures such as re-dressing wounds, the environment plays an important part. These tasks should not be carried out when tasks such as bed-making are on-going.

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ASEPTIC AND ASEPTIC NON- TOUCH TECHNIQUE POLICY

1. INTRODUCTION & PURPOSE

- 1.1 Asepsis is an essential Infection Prevention and Control (IPC) measure used to minimise the transmission of harmful micro-organisms during invasive procedures.
- 1.2 The Health and Social Care Act (2008), (DH 2010) states that an Aseptic Policy is required by services that provide nursing care. Implementation of this policy will ensure compliance with the Care Quality Commission (CQC) registration requirements to help prevent and control infections.
- 1.3 This document is an overarching Trust Policy and health professionals may wish to aid compliance with the policy by developing local guidelines for clinical procedures specific to their clinical practice/service. Services such as Dentistry may work to national practices and guidelines. Local guidelines are to be agreed by the Infection Prevention Team (IPT).
- 1.4 Provide a standardised approach to aseptic technique (AT) and clear indication where asepsis is required and when clean technique is indicated.
- 1.5 Provide formal guidance to staff and managers when competence has been achieved in AT.

2. SCOPE AND DEFINITIONS

- 2.1 This policy applies to *locum, permanent, and fixed term contract employees (including apprentices) who hold a contract of employment or engagement with the Trust, and secondees (including students), volunteers (including Associate Hospital Managers and Patient Safety Partners), bank staff, Non-Executive Directors and those undertaking research working within Solent NHS Trust, in line with Solent NHS Trust's Equality, Diversity and Human Rights Policy. It also applies to external contractors, agency workers, and other workers who are assigned to Solent NHS Trust.*

Definitions

- 2.2 **Asepsis** - being free from pathogenic (harmful) micro-organisms.
- 2.3 **Aseptic technique (AT)** – is defined as a means of preventing or minimising the risk of introducing harmful micro-organisms on to key parts of invasive devices or into the body when undertaking clinical procedures.
- 2.4 **Aseptic field** – an aseptic field is an area created to control the environment around the procedure and protect the key parts and key sites. Often this can be achieved by placing a sterile towel/s around the procedure site and on the surface that will hold sterile instruments and other items such as dressings.
- 2.5 **Aseptic Non-Touch Technique (ANTT)** - This is a Clean technique modified from aseptic technique that follows the principles of asepsis to ensure that the sterile component (**key part**), for example, a needle, does not come into contact with a non-sterile surface. Sterile gloves are not always required to undertake ANTT as long as the key parts are not touched by anything that is not sterile. If the procedure is complex or the patient is immunocompromised, sterile gloves must be worn.

- 2.6 **Sterile** - free from any micro-organisms. Once a sterile pack has been opened, the contents are no longer considered sterile.
- 2.7 **Key site** – a body area or invasive device on the client where pathogenic micro-organisms may enter the body and cause infection i.e. urinary catheter, cannula site, wounds.
- 2.8 **Key parts** – refers to parts of the sterile equipment that will come into direct contact with the key sites on the client i.e. other key parts, wound dressing, needle, and scalpel.
- 2.9 **Pathogenic micro-organism** – a micro-organism that is capable of causing harm/disease or infection
- 2.10 **Transient micro-organisms** – micro-organisms on the surface of the skin which come and go as we touch things and move around. They are easily removed by hand washing.

3. PROCESS/REQUIREMENT

3.1 Background

- 3.1.1 Policies clarifying correct aseptic technique have therefore been implemented and, in conjunction with other infection prevention and control principles Health Care-Associated Infections (HCAIs) appear to be reducing (DH 2010).
- 3.1.2 The development of ward and community based aseptic practice was originally centred on wound management. As healthcare workers took on increasing roles and responsibilities of intravenous therapies and other invasive medical devices e.g. urinary catheters and peripherally inserted central catheters (PICC), aseptic practices have become more applicable to more procedures.
- 3.1.3 When the normal defences of the body are breached, the tissues are vulnerable to invasion by micro-organisms. The aseptic technique aims to prevent micro-organisms on hands, surfaces, or equipment from being introduced to such susceptible sites. It should also prevent micro-organisms from the patient being transferred to staff or other patients (Wilson, 2006).
- 3.1.4 Using an aseptic or aseptic non-touch technique will contribute to effective infection prevention and control and reducing HCAIs). This policy sets out the principles of each of these two techniques, including when to apply them and to ensure that staff are aware of the requirement to implement these techniques during procedures where the body's natural defences i.e. the skin and mucous membranes, are bypassed.

Aseptic & Aseptic non-touch techniques (ANTT) both have the same aims and objectives; the differences take into consideration the location and procedure being undertaken.

3.2 Aseptic Technique

- 3.2.1 Aseptic technique can be applied in any clinical setting, hospital or in the patient's/service user's home. In a shared care environment such as a health centre or G.P surgery where multiple patients may be seen in one day this increases the risk of transmission of infection. In such premises aseptic procedures should be carried out in a designated treatment room

which is suitable for the task, with surfaces that can be cleaned easily and effectively and suitable hand washing facilities.

3.2.2 This technique minimizes the risk of harmful pathogens entering the body via wounds or central venous access devices or during invasive procedures. Some examples of situations that require aseptic technique include minor surgery, nail surgery, insertion of intravenous lines (IV) or urinary catheters, suturing, wound care, assisted delivery etc. Please note this list is not exhaustive.

3.2.3 **Components of Aseptic Technique**

These include:

- Hand decontamination/hygiene
- Personal Protective Equipment
- Preparing the patient for a clinical procedure
- Creating and maintaining an aseptic field
- Use of a safe operative technique
- Creating a safe and clean environment
- Safe disposal of sharps and waste

3.3 **Aseptic Non- Touch Technique (ANTT)**

3.3.1 ANTT aims to prevent contamination of susceptible sites by micro-organisms that could cause infection. This is achieved by using sterile products, while ensuring that the sterile component (**key part**), for example, a needle, does not come into contact with non-sterile surfaces.

3.3.2 Key parts and key sites are essential elements in ANTT. Key sites include wounds and insertion sites e.g. catheters, central venous access devices, veins (in phlebotomy). Key parts are the aseptic parts of the equipment involved in the procedure, that need to have direct contact with other aseptic key parts of the patient, key sites, or liquid infusions. If key parts become contaminated, they can provide a direct route for the transmission of pathogens. The aim is to prevent contaminating a key part by not touching it.

3.3.3 If a procedure demands that key parts need to be touched then sterile gloves are to be worn to minimize the risk of contamination. If it is not necessary to touch key parts, then non-sterile gloves may be worn for the procedure.

3.3.4 The principles of carrying out an aseptic technique remain the same, but components of the techniques may vary according to the degree of risk.

3.3.5 It is essential to ensure that hands, even though they have been decontaminated, do not contaminate the sterile equipment or the patient.

3.3.6 The aim is for asepsis not sterility. The individual healthcare professional needs to decide between sterile or non-sterile field/gloves and simply ask themselves 'can I do this procedure without touching key-parts?' i.e. the sterile parts of equipment which will come into contact with susceptible sites or parts. i.e. wounds, cannula, catheter

If the answer is **NO** – they must use a sterile dressing pack and sterile gloves.

If the answer is **YES** – they may wear non-sterile gloves.

3.3.7 **The principle is that you cannot infect a key part if it is not touched.** Any key part must only come into contact with other key parts (i.e. syringe tip and needle hub); non-key parts should be touched with confidence.

- Always wash hands effectively
- Never contaminate key parts
- Touch non-key parts with confidence
- Take appropriate infective precautions

3.4 Hand Hygiene (Decontamination)

3.4.1 Effective hand decontamination results in significant reduction in the carriage of harmful micro-organisms on the hands (NICE 2012). In all clinical settings, hand hygiene is the most important component of good infection prevention & control practice.

3.4.2 Hand decontamination using a correct technique at the right time is essential to reduce the risk of cross contamination/infection.

3.4.3 Staff must adhere to 'Bare Below the Elbows' to reduce the risk of contamination from soiled clothing and ensure wrists are included in achieving adequate hand hygiene.

3.4.4 Staff must ensure that they follow the Trust Hand Hygiene Policy.

3.4.5 When undertaking aseptic technique initial hand hygiene should, wherever available, be soap and water followed by alcohol gel.

3.4.6 With high risk procedures such as minor surgery, staff must use an approved antiseptic hand cleanser i.e. 2-4% Chlorhexidine, 5-7% Povidone Iodine or 1% Triclosan antimicrobial from a dispenser.

3.5 Personal Protective Equipment (PPE)

3.5.1 PPE is worn to protect the health care worker from exposure to blood or body fluids. However, when carrying out aseptic technique the aim is also to protect the patient from micro-organisms carried by the health care worker.

3.5.2 The extent and type of protective equipment will also depend on the type of procedure and its complexity. For example:

- Maximal barrier precautions, including a sterile gown, sterile gloves and a large drape are always required for surgical procedures and placement of central venous access devices.
- Gloves (ANTT= non- sterile; basic aseptic technique = sterile gloves) and a plastic apron for wound dressing procedures.
- Clean non- sterile gloves and a plastic apron are adequate for I.V drug administration as long as a ANTT is used.
- Clean non- sterile gloves are adequate for phlebotomy as long as ANTT is used and must be worn.

3.6 Preparing the Patient/Service User for a Clinical Procedure

- 3.6.1 Appropriate skin preparation helps to reduce the risk of infection by lowering the chances that bacteria from the patient's/service user's skin will enter the wound.
- 3.6.2 **Skin preparation for surgical procedures:** The site should be visibly clean and if not may need to be washed with soap and water. The site should then be decontaminated with an approved antiseptic solution.
- 3.6.3 **Skin preparation for phlebotomy:** This is necessary prior to the procedure using a 2% Chlorhexidine in 70% isopropyl alcohol sterile wipe; the skin should then be allowed to air dry for at least 30 seconds. When used correctly this reduces the risk of skin flora entering the bloodstream. Gloves must be worn when carrying out phlebotomy.

3.7 Creating and Maintaining an Aseptic Field

- 3.7.1 Sterile items are to be used in aseptic techniques. Sterilized equipment is sterile for as long as it remains in the undamaged packaging or reaches a use-by date. Once opened, therefore, any sterile items are then deemed to be aseptic rather than sterile.
- 3.7.2 ANTT and Aseptic technique is centred on all clinical procedures. The aim is to maintain asepsis and prevent contamination of the equipment or environment and thus stop pathogenic micro-organisms from entering the patient.
- 3.7.3 **To maintain asepsis:**
- Do not place sterile items near open windows or doors.
 - Only place sterile items within your aseptic field.
 - Do not contaminate sterile items when opening, dispensing, or transferring them.
 - Do not touch key parts with non- sterile gloves.
 - Be conscious of where your body is at all times and move within or around the aseptic field taking care not to contaminate equipment or the aseptic field.

The provision of sterile equipment will not prevent the spread of infection if there is carelessness in its use.

3.8 Use of a Safe Operating Technique

- 3.8.1 Good, safe, careful operative techniques can minimise the risk of infection. Post procedure infections are more likely to occur:
- In tissue that has been damaged due to rough or excessive manipulation during the procedure.
 - In damaged tissue which heals more slowly and is susceptible to infection.
 - When excessive bleeding occurs because this increases susceptibility to invasion by micro-organisms.
- 3.8.2 Meticulous attention to preventing and controlling bleeding, and gentle tissue handling to avoid trauma during procedures can reduce the risk of infection.

3.9 Creating a Safe Environment

- 3.9.1 If a designated room for invasive procedures is available, then this must be used and cleaned between patients. If not, available staff must ensure the area chosen does not increase the risk to the patient i.e. the area must be clean, fans turned off and no known transmissible infections in the area.
- 3.9.2 Identified environments with mechanical ventilation installed for the purposes of infection prevention will demand full system performance verification annually. Limiting the traffic and activities in these areas will lower the risk of infection. To maintain a safe environment:
- Surfaces should be free of clutter
 - Limit the number of people who enter these areas.
 - Close doors and windows during procedures, to minimise dust and eliminate insects. If window need to be opened a fly screen needs to be fitted. Turn off fans.
 - Before a new patient is brought into the room, clean and decontaminate (as appropriate) all surfaces that may have been contaminated during the last procedure including examination couches, dressing trolleys, and examination /operating lamps. Refer to Solent NHS Trust Decontamination policy
- 3.9.3 Wherever possible 'safer' needle devices should be used to protect the staff member and the patient from inoculation injury.
- 3.9.4 Storage of Equipment – sterile equipment must be stored as recommended by the manufacturer in clean, dry conditions at the correct temperature, off the floor and away from potential damage e.g. spray from a sink and protected from dust.
- 3.9.5 Aseptic Technique Procedures in an inpatient environment must not be undertaken for at least 30 minutes after bed making or domestic cleaning. If the AT is interrupted for more than 30 minutes new sterile packs must be opened as airborne contamination may have occurred.

3.10 Community Setting

- 3.10.1 In the community setting or patient's home the staff do not have the luxury of a dedicated dressing trolley. However, a suitable surface for the sterile field to be placed on remains crucial. If the clinician feels there is no suitable alternative this must be clearly documented.
- 3.10.2 The healthcare worker must ensure that they have a clean surface to arrange the dressing equipment, e.g. a table or chair, placing the sterile field on the floor is not best practice. Except for assistance dogs, staff should request that pets are removed from the room.
- 3.10.3 Where practitioners do not feel they are able to maintain an adequate sterile field they must undertake and document a risk assessment and any mitigating actions taken to minimize the risk to the patient. Staff should consider if alternative settings are more suitable or indeed feasible i.e. GP practice or other clinic facilities. If applicable staff can request a clean, wipeable box from patient to store sterile equipment.

3.11 Essential Actions for all Procedures

- Dispose of single use items after one use
- Decontaminate re-usable items according to local policy and manufacturer's instructions
- Store sterile equipment in clean, dry conditions, off the floor
- Dispose of waste as per local policy

- Minimise interventions that result in breaking closed systems e.g. manipulation of IV lines and urinary catheters

3.12 Recommended Technique for Commonly Performed Procedures

Procedure	Technique
Breaking or changing a central venous catheter closed administration system	Aseptic
Cannulation – peripheral and central	Aseptic
Indwelling urinary, catheter insertion	Aseptic
Insertion of invasive medical devices	Aseptic
Intermittent urethral catheterisation	ANTT in patient's home Aseptic in healthcare setting
Inter Uterine Device insertion	Aseptic /ANTT
Implant insertion	Aseptic
Implant removal	ANTT
IV medication preparation for immediate use & administration	ANTT
Phlebotomy	ANTT
Suprapubic catheter Insertion	ANTT
Suction-Laryngeal Endotracheal Tracheostomy	ANTT
Wound care for wounds healing by primary or secondary intention.	Aseptic/ANTT depending on wound assessment and intervention required

4. ROLES AND RESPONSIBILITIES

- 4.1 The Chief Executive and Trust Board have a collective responsibility for infection prevention and control within the Trust.
- 4.2 The Director of Infection Prevention and Control (DIPC) (Chief Nurse) is responsible for ensuring that this policy is implemented and adhered to across the organisation.
- 4.3 The Infection Prevention Team (IPT) are responsible for maintaining this policy. The IPT will support the provision of training provided by LMS.
- 4.4 All staff working in Solent NHS Trust involved with patient services in either the healthcare setting or patients/service users own homes, have a responsibility to comply with this policy, be competent to undertake the procedure and report any incidents/risks that occur.
- 4.5 Managers and matrons are responsible for ensuring that staff are aware of their responsibilities under this Policy. They are also responsible for ensuring that staff have the appropriate resources available for use and education and clinical skills to comply with the policy.
- 4.6 Infection Prevention Link Advisors (IPLA) are healthcare staff selected by their managers to receive additional training in infection prevention and control. The key role of link staff is to develop best practice within their clinical area.

5. TRAINING

- 5.1 All training attended will be recorded electronically in LMS.
- 5.2 It is vital that all staff carrying out aseptic techniques are trained to do so and maintain best and up to date practice.
- 5.3 All staff undertaking aseptic technique must have successfully passed the six-monthly hand hygiene competency assessment. This will be evident by the training matrix being green for hand hygiene. This assessment can be undertaken by a trained Infection Prevention Link Advisor, Hand Hygiene Champion, or a member of the IPT.
- 5.4 All staff new to Solent NHS Trust will receive an introduction to Infection Prevention and Control within one month of their start date, this will be in the form of Local Induction and hand hygiene competency in the clinical area.
- 5.5 All clinical staff must undertake and pass an annual infection prevention module via online training to ensure a basic level of infection prevention knowledge.
- 5.6 Registrants, where applicable will receive foundation training in aseptic techniques as part of the curriculum pre-registration, not additional to assessments already undertaken. Their competence should be assessed on an annual basis by a competent person (for example, a matron, senior member of the team, nurse specialist or link advisor) using the competency assessment tool (Appendix B).
- 5.7 Staff who are not professionally registered with a professional body (i.e. Health Care Assistants) will require training at service level by a competent member of staff (i.e. Registered Nurse competent in aseptic technique and ANTT). Training should include all aspects of the aseptic procedure (Appendix A). Following training the individual should be observed carrying out an aseptic technique and the competency document (Appendix B) must be completed. Once all competencies are completed to the required standard this must be signed off by both parties and a copy kept on the individual's personal file.

6. EQUALITY IMPACT ASSESSMENT

- 6.1 This policy aims to improve safety and reduce risk of spread of infections and consequently improve patients/service user's care and outcomes. As part of Trust policy an equality impact assessment (EIA) was undertaken and no negative impact was identified. A copy of the EIA is attached as Appendix C.

7. SUCCESS CRITERIA/MONITORING EFFECTIVENESS

- 7.1 Service managers will ensure the policy has been implemented within their areas. The Service will monitor effective practice through the High Impact Interventions (DH 2010.) with support from the Infection Prevention Team. High Impact Intervention tools are in the process of becoming embedded into practice and will be requested by the Infection Prevention Team as auditable documents.

- 7.2 Service managers will be responsible for ensuring that any Serious Incidents relating to the use of an Aseptic technique are investigated in line with the principles set out in the Just Culture guide and appropriate actions fed back to the author of this policy.

8. REVIEW

- 8.1 This document may be reviewed at any time at the request of either staff side or management but will automatically be reviewed 3 years from initial approval and thereafter on a triennial basis unless organisational changes, legislation, guidance, or non-compliance prompt an earlier review.

9. REFERENCES AND LINKS TO OTHER DOCUMENTS

This policy has been developed in line with:

ACAS guidelines – www.acas.org.uk

NHS Improvement – ‘A Just Culture Guide’ – <https://improvement.nhs.uk/resources/just-culture-guide/>

Aseptic Non-Touch Technique (ANTT) (2012) Version 2.8. A practice Framework for Clinical Practice. www.antt.org.uk

Ayliffe et al, (2000). *Control of Hospital Infection: A Practical Handbook* 4th edition. London: Arnold Publishers.

Department of Health (2007) Decontamination Health Technical Memorandum 01-01: Decontamination of reusable medical devices. London. DH

Department of Health (2010) The Health and Social Care Act (2008): Code of practice for the prevention and Control of Health Care Associated Infections. London. DH

Lister, S, Hofland, J and Grafton, H. (2020) *The Royal Marsden Hospital Manual for Clinical and Nursing procedures*. Royal Marsden NHS. West Sussex: Wiley Blackwell

Epic 3: National Evidence Based Guidelines for Preventing Healthcare Associated Infections in NHS Hospitals in England. *Journal of Hospital Infection* 86S1 (2014) S1-70

National Institute of Clinical Excellence (NICE). (2008) *Surgical site infection. Prevention and treatment of surgical site infection*. London: NICE.

National Institute for Clinical Excellence (NICE) (2012) *Infection control: Prevention of healthcare associated infection in primary and community care*. NICE Guideline 139. London. NICE

Preston, RM. (2005). Aseptic technique: evidence-based approach for patient safety. *British Journal of Nursing*. 14 (10): 540-546.

Wilson, J. (2006). *Infection Control in Clinical Practice*. Edinburgh. Elsevier.

10 GLOSSARY

ANTT	Aseptic Non-Touch Technique
AT	Aseptic Technique
IPC	Infection Prevention & Control
CQC	Care Quality Commission
IPT	Infection Prevention Team
HCAI	Health Care-Associated Infections
PICC	Peripherally Inserted Central Catheters
DIPC	Director of Infection Prevention & Control
IPLA	Infection Prevention Link Advisors
NICE	National Institute of Clinical Excellence
DH	Department of Health
PPE	Personal Protective Equipment
EIA	Equality Impact Assessment

This policy should be used with reference to the:

- Hand Hygiene Policy
- Sharps and Contamination Policy
- Standard Precautions Policy
- Learning and Development Policy
- Decontamination Policy
- Incident, Reporting, Investigation and Learning Policy
- Induction and Essential Training Policy

APPENDIX A

GUIDELINES FOR CARRYING OUT A WOUND DRESSING USING AN ASEPTIC TECHNIQUE

1. Explain and discuss the procedure with the patient, gaining consent as required and ensuring privacy as much as possible.
2. Clean hands with soap and water or alcohol hand rub.
2. Trolleys should be cleaned with detergent and water then dried to remove any debris, alternatively wipe using a detergent wipe and dry with a paper towel. If disinfection is required, use appropriate disposable wipe i.e. Clinell Universal Wipe and allow to dry, in line with local policy (i.e. during pandemics)
3. Assemble all necessary equipment, make sure that all the packaging of sterile equipment is intact and in date.
4. A dispenser of alcohol hand gel should be placed on the lower shelf of the trolley, to allow hands to be decontaminated during the aseptic procedure.
5. Prepare the area.
Ensure fans are turned off and windows closed.
6. Position the patient.
7. Decontaminate hands
8. Put on disposable apron.
9. Put on clean gloves if required.
10. Loosen the dressing tape on existing dressing
11. Remove gloves (if used); wash and dry hands or use alcohol gel to sanitise hands.
12. Open the dressing pack and, using the corners of the paper, create a sterile field. A hand may be placed in the sterile, disposable bag to arrange the contents of the dressing pack. This may then be used to carefully remove the used dressing (a large number of micro-organisms are shed into the air).
13. Invert the bag, ensuring that the contents remain within, and attach to the dressing trolley, using the adhesive strip. Decontaminate hands again if required.
14. Ensure that all necessary items are assembled onto the sterile field including any lotions that may be required. Tip fluids/lotion into containers on the sterile field using a non-touch technique. Ensure that sterile gloves are available and ready for use.
15. Put on sterile gloves.
16. Carry out the procedure.
17. Remove PPE and clean hands.
18. Ensure that all waste is disposed of according to the waste disposal policy
19. Make sure that the patient is comfortable.
20. Wash and dry hands thoroughly.
21. Document the procedure.

NB: Additional steps may be required in the aseptic technique procedure; a risk assessment carried out prior to the procedure will define these e.g. is a wound swab required?

Full details of Clinical Nursing Procedures can be found in the Royal Marsden Hospital Manual of Clinical Nursing Procedures (10th edition). An up-to-date copy of this manual should be kept in all clinical areas, it is also available via the intranet ([The Royal Marsden Hospital Manual of Clinical Nursing Procedures, 10th Edition](#)).

SERVICE/SPECIALTY COMPETENCY TOOL

VERSION: 2
Date: April 2022

Name:

Team:

Manager/Matron:

Date Competency Pack Commenced:

Date Completed:

About this competency tool

Guidance

The pack should be used in conjunction with Solent's Competency Framework for Registered and Unregistered Nursing, Allied Health Professional and Dental Care Practitioners (2016) and the induction checklist for new staff.

It is the responsibility of the member of staff to take ownership of their own learning and to work with their supervisor/s to complete the required competencies within the first year in post.

The supervisor is responsible for monitoring progress of completion of the relevant competencies, although it is recognised that a variety of team members/others will be involved in signing the competencies off.

The supervisor should discuss progress with their Clinical Manager on a regular basis and identify any problem areas or additional support that is required.

To be completed within one year of commencement in post and reviewed as part of the first appraisal.

Accountability

It is recognised that evidence may be produced in varying ways. The accountability for assessing the member of staff as competent lies with the registered professional signing off the competency.

Producing Evidence

Competence will be demonstrated by the production of relevant evidence. There are a range of evidence types which may be suitable, and each piece of evidence may cover many competencies. Some ideas for evidence are:

- Observations during work activities
- Reflections on practice
- Product evidence e.g. a dressed leg, records
- Testimony of others
- Attendance at training events (best used with reflection or competencies to show how you will use what you have learned)
- Involvement in working parties, projects, audits, meetings etc

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Theory = Theoretical knowledge and observation

Observation = Observation of skill being performed by expert

Observed = Observed performing skill and feedback given

Signed off = Signed by registered professional as competent

N – Nurse, P – Physio, O – OT, SW – Social Worker/Care Manager- SLT- Speech and Language Therapist- Pod- Podiatrist- CP- Clinical Psychologist- O (specify)

Signature Record

Print Name		Designation		Signature		Initials	
Print Name		Designation		Signature		Initials	
Print Name		Designation		Signature		Initials	
Print Name		Designation		Signature		Initials	
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Print Name		Designation		Signature		Initials	

A Competency Statement: Preparation		Theory	Observation	Observed	Self-Assessment	Level Expected	Level Reached	Evidence and Comments	Date Signed Off	Signed Off
Author: Date of sign off:										
A1	Ability to complete a risk assessment prior to commencing the procedure considering any additional steps which may be required to prevent the risk of infection.									
A2	Able to explain the procedure to the patient, whilst maintaining privacy as much as possible.									
A3	Demonstrates the correct procedure to clean the trolley using detergent or detergent wipes, in line with local policy (i.e. during pandemics) and adequately dries the trolley afterwards to remove all dirt.									
A4	Assembles all necessary equipment, making sure the packaging of sterile equipment is intact and in date.									
A5	Places a dispenser of alcohol hand gel on the lower shelf of the trolley, to allow hands to be decontaminated during the aseptic procedure.									

B Competency Statement: Point of Care		Theory	Observation	Observed	Self-Assessment	Level Expected	Level Reached	Evidence and Comments	Date Signed Off	Signed Off
Author: Date of sign off:										
B1	Prepares the area and positions the patient.									
B2	Applies PPE as required, including disposable apron and clean gloves if									

	required.									
B3	Loosens the dressing tape									
B4	Removes gloves (if used); washes and dries hands with soap and water or uses alcohol gel to cleanse hands.									
B5	Opens the dressing pack and, using the corners of the paper, creates a sterile field. (A hand may be placed in the sterile, disposable bag to arrange the contents of the dressing pack. This may then be used to carefully remove the used dressing (a large number of micro-organisms are shed into the air).									
B6	Inverts the bag, ensuring that the contents remain within, and attaches it to the dressing trolley, using the adhesive strip. Decontaminates hands again if required.									
B7	Ensures that all necessary items are assembled onto the sterile field including any lotions that may be required. Tips fluids/lotion into containers on the sterile field using a non-touch technique. Ensures that sterile gloves are available and ready for use.									
B8	Puts on sterile gloves, carries out the procedure, removes PPE and washes hands									

C Competency Statement: Decontamination and Waste Disposal		Theory	Observation	Observed	Self-Assessment	Level Expected	Level Reached	Evidence and Comments	Date Signed Off	Signed Off
Author: Date of sign off:										
C1	Ensures all waste is disposed of according to the waste disposal policy.									
C2	Makes sure that the patient is comfortable. Washes and dries hands thoroughly.									

D Competency Statement: Documentation		Theory	Observation	Observed	Self-Assessment	Level Expected	Level Reached	Evidence and Comments	Date Signed Off	Signed Off
Author: Date of sign off:										
D1	Documents the procedure appropriately.									

Equality Analysis and Equality Impact Assessment

Equality Analysis is a way of considering the potential impact on different groups protected from discrimination by the Equality Act 2010. It is a legal requirement that places a duty on public sector organisations (The Public Sector Equality Duty) to integrate consideration of Equality, Diversity, and Inclusion into their day-to-day business. The Equality Duty has 3 aims, it requires public bodies to have due regard to the need to:

- **eliminate unlawful discrimination**, harassment, victimisation, and other conduct prohibited by the Equality Act of 2010.
- **advance equality of opportunity** between people who share a protected characteristic and people who do not.
- **foster good relations** between people who share a protected characteristic and people who do not.

Equality Impact Assessment (EIA) is a tool for examining the main functions and policies of an organisation to see whether they have the potential to affect people differently. Their purpose is to identify and address existing or potential inequalities, resulting from policy and practice development. Ideally, EIAs should cover all the strands of diversity and Inclusion. It will help us better understand its functions and the way decisions are made by:

- **considering the current situation**
- **deciding the aims and intended outcomes of a function or policy**
- **considering what evidence there is to support the decision and identifying any gaps**
- **ensuring it is an informed decision**

You can find further information via the e-learning module [here](#)

Equality Impact Assessment (EIA)

Step 1: Scoping and Identifying the Aims

Service Line / Department		
Title of Change:		
What are you completing this EIA for? (Please select):	Please select	<i>(If other please specify here)</i>
What are the main aims / objectives of the changes		

Step 2: Assessing the Impact

Please use the drop-down feature to detail any positive or negative impacts of this document /policy on patients in the drop-down box below. If there is no impact, please select "not applicable":

Protected Characteristic	Positive Impact(s)	Negative Impact(s)	Not applicable	Action to address negative impact: <i>(e.g. adjustment to the policy)</i>
Sex				
Gender reassignment				
Disability				
Age				
Sexual Orientation				
Pregnancy and maternity				
Marriage and civil partnership				
Religion or belief				
Race				

If you answer yes to any of the following, you MUST complete the evidence column explaining what information you have considered which has led you to reach this decision.

Assessment Questions	Yes / No	Please document evidence / any mitigations
In consideration of your document development, did you consult with others, for example, external organisations, service users, carers, or other voluntary sector groups?)	Please select	
Have you taken into consideration any regulations, professional standards?	Please select	

Step 3: Review, Risk and Action Plans

How would you rate the overall level of impact / risk to the organisation if no action taken?	Low	Medium	High
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
What action needs to be taken to reduce or eliminate the negative impact?			
Who will be responsible for monitoring and regular review of the document / policy?			

Step 4: Authorisation and sign off

I am satisfied that all available evidence has been accurately assessed for any potential impact on patients and groups with protected characteristics in the scope of this project / change / policy / procedure / practice / activity. Mitigation, where appropriate has been identified and dealt with accordingly.

Equality Assessor:	L Harradine	Date:	13/04/2022
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Additional guidance

Protected characteristic	Who to Consider	Example issues to consider	Further guidance
1. Disability	A person has a disability if they have a physical or mental impairment which has a substantial and long-term effect on that person's ability to carry out normal day today activities. Includes mobility, sight, speech and language, mental health, HIV, multiple sclerosis, cancer	<ul style="list-style-type: none"> • Accessibility • Communication formats (visual & auditory) • Reasonable adjustments. • Vulnerable to harassment and hate crime. 	Further guidance can be sought from: Solent Disability Resource Group
2. Sex	A man or woman	<ul style="list-style-type: none"> • Caring responsibilities • Domestic Violence • Equal pay • Under (over) representation 	Further guidance can be sought from: Solent HR Team
3 Race	Refers to an individual or group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.	<ul style="list-style-type: none"> • Communication • Language • Cultural traditions • Customs • Harassment and hate crime • "Romany Gypsies and Irish Travellers", are protected from discrimination under the 'Race' protected characteristic 	Further guidance can be sought from: BAME Resource Group
4 Age	Refers to a person belonging to a particular age range of ages (e.g., 18-30-year olds) Equality Act legislation defines age as 18 years and above	<ul style="list-style-type: none"> • Assumptions based on the age range • Capabilities & experience • Access to services technology skills/knowledge 	Further guidance can be sought from: Solent HR Team
5 Gender Reassignment	"The expression of gender characteristics that are not stereotypically associated with one's sex at birth" World Professional Association Transgender Health 2011	<ul style="list-style-type: none"> • Tran's people should be accommodated according to their presentation, the way they dress, the name or pronouns that they currently use. 	Further guidance can be sought from: Solent LGBT+ Resource Group
6 Sexual Orientation	Whether a person's attraction is towards their own sex, the opposite sex or both sexes.	<ul style="list-style-type: none"> • Lifestyle • Family • Partners • Vulnerable to harassment and hate crime 	Further guidance can be sought from: Solent LGBT+ Resource Group
7 Religion and/or belief	Religion has the meaning usually given to it, but belief includes religious and philosophical beliefs, including lack of belief (e.g. Atheism). Generally, a belief should affect your life choices or the way you live for it to be included in the definition. (Excludes political beliefs)	<ul style="list-style-type: none"> • Disrespect and lack of awareness • Religious significance dates/events • Space for worship or reflection 	Further guidance can be sought from: Solent Multi-Faith Resource Group Solent Chaplain
8 Marriage	Marriage has the same effect in relation to same sex couples as it has in relation to opposite sex couples under English law.	<ul style="list-style-type: none"> • Pensions • Childcare • Flexible working • Adoption leave 	Further guidance can be sought from: Solent HR Team
9 Pregnancy and Maternity	Pregnancy is the condition of being pregnant or expecting a baby. Maternity refers to the period after the birth and is linked to maternity leave in the employment context. In non-work context, protection against maternity discrimination is for 26 weeks after giving birth.	<ul style="list-style-type: none"> • Employment rights during pregnancy and post pregnancy • Treating a woman unfavourably because she is breastfeeding • Childcare responsibilities • Flexibility 	Further guidance can be sought from: Solent HR team