

## Aseptic Technique Policy

<b>Department / Service:</b>	Tissue Viability	
<b>Originator:</b>	Lisa Hill	Lead Nurse Tissue Viability
	Heather Gentry	Lead Nurse Infection Prevention and Control
<b>Accountable Director:</b>	Vicky Morris	Chief Nursing Officer/ Director Infection Prevention and Control
<b>Approved by:</b>	TIPCC	
<b>Date of Approval:</b>	19 <sup>th</sup> December 2018	
<b>Review Date:</b>	19 <sup>th</sup> December 2020	
	<b>This is the most current document and should be used until a revised version is in place</b>	
<b>Target Organisation(s)</b>	Worcestershire Acute Hospitals NHS Trust	
<b>Target Departments</b>	All patient areas	
<b>Target staff categories</b>	All multidisciplinary healthcare professionals in the Hospital environment who are involved in undertaking these procedures, including medical staff, registered nurses, healthcare assistants, student nurses and allied healthcare professionals	

### Purpose of this document:

The purpose of this document is to ensure that consistently high standards of aseptic, aseptic non-touch and clean techniques are used in order to maintain patient safety and reduce the risk of acquiring a health care associated infection. In addition this practice will ensure that practitioners are informed of the correct technique for the procedure being carried out.

### Key amendments to this Document:

Date	Amendment	By:
April 2012	Full review of policy	L Morris
18.06.2012	Document approved by Senior nurses and TIPCC	
08.06.2015	Full review of policy, updated references	H Gentry L Martin
Aug 2017	DOucment extended for 6 months as per TMC approval 22 <sup>nd</sup> July 2015	TMC 1

Dec 2017	Document extended for 3 months as per TLG recommendation	TLG
March 2018	Document extended for 3 months as approved by TLG	TLG
June 2018	Document extended for 3 months as per TLG recommendation	TLG
October 2018	Document extended until end of November	Heather Gentry
December 2018	Document approved at TIPCC with no clinical content changes	TIPCC

## References:

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[http://www.cdc.gov/hicpac/SSI/001\\_SSI.html](http://www.cdc.gov/hicpac/SSI/001_SSI.html) [Accessed 8th June 2015].
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## 1. Introduction

Aseptic technique is one of a number of procedures that contributes to preventing Health Care Associated Infections (HCAI). HCAI encompass any infection by an infectious agent acquired as a consequence of a person's treatment by the NHS or which is acquired by a health care worker in the course of their duties (DH Health Act 2006). The purpose of this policy is to reduce the risk of infection transmission both to and from patients and staff undertaking this procedure. Within this Trust this policy is divided into three categories (table below) depending on the procedure.

## 2. Scope of Policy

Aseptic, aseptic non-touch or clean technique may be performed by any healthcare worker who is required to perform such procedures in line with their role and who is assessed as competent in the technique according to this clinical practice and applies to both medical and surgical procedures.

## 3. Definitions

*Medical asepsis* aims to minimise the risk of contamination by microorganisms, and prevent their transmission by applying standard principles of infection prevention.

*Surgical asepsis* is a more complex process, including procedures to eliminate microorganisms from an area (thus creating an aseptic environment), and is practised in operating theatres and for invasive procedures, such as the insertion of a catheter. Asepsis is the prevention of microbial contamination of living tissue/fluid or sterile materials by excluding, removing or killing micro-organisms. The fundamental principle of asepsis is to prevent sepsis. (Loveday, 2014)

The definitions for the three categories are as follows:

Aseptic Technique	An aseptic technique ensures that only uncontaminated equipment and fluids come into contact with susceptible body sites. It should be used during any clinical procedure that bypasses the body's natural defences. Using the principles of asepsis minimises the spread of organisms from one person to another. Aseptic technique involves meticulous hand hygiene, use of a sterile field, sterile examination gloves for the application of a sterile dressing and sterile instruments
Aseptic technique non touch technique	A method of manipulating vulnerable sites which do not require direct contact but are required to remain sterile throughout the procedure. This method involves meticulous hand hygiene, clean (non-sterile) gloves and sterile equipment for the purpose of accessing a sterile line or body site without having direct contact with that site once it has been disinfected
Clean technique	A method used to prevent or reduce the risk of transmission of micro-organisms from one person to another or one site to another (e.g. wound to catheter). A clean technique involves meticulous hand hygiene, maintaining a clean environment by preparing a clean field, using clean (non-sterile) gloves, sterile equipment and prevention of direct contamination of equipment/dressings

## 4. Responsibility and Duties

**4.1** The policy applies to all multidisciplinary healthcare professionals in the Hospital environment who are involved in undertaking procedures that require an aseptic technique

**4.2** Matrons will ensure concordance with the policy as part of their quality audit.

**4.3** Ward managers will ensure that healthcare staff are competent in this practice

**4.4** The Deputy Directors of Nursing are responsible to ensure that the policy is implemented in a consistent manner across the Trust.

**4.5** The Department Managers will ensure the policy is implemented across their areas

**4.6** The Trust Board are responsible for monitoring the policy. The lead for Tissue Viability will provide the Trust Board with audit information to assist with this process

## 5. Policy Detail

**5.1** Indications for which technique to follow are set out in table below.

	<b>Aseptic Technique</b>	<b>Aseptic Non-Touch Technique</b>	<b>Clean Technique</b>
<b>Examples of Procedures</b>	Care of wounds healing by primary intention which are less than 48 hours (e.g. surgical wounds, Hickman line sites less than 48 hours old)	Any line manipulation including intravenous infusion/Central line/Hickman line/PICC	Care of chronic wounds healing by secondary intention
	Care of supra-pubic catheter and PEG insertion sites less than 48 hours since insertion	Change of drainage bottles including wound and chest drainage bottles	Care of wounds healing by primary intention which are more than 48 hours old
	Bladder washout	Insertion of peripheral IV devices	Care of supra-pubic catheter and PEG insertion site more than 48 hours since insertion
	Urinary catheter insertion	Administration of IV drugs	Removal of IV devices, drains and similar devices
	PICC line insertion	Taking of blood cultures	
	Insertion of drains	Taking a catheter specimen of urine (CSU)	

### 5.2 Dressing Trolleys

It is essential that equipment such as trolleys are cleaned on a daily basis and after becoming contaminated with either a detergent solution (dried carefully with paper towels) or sanitising wipes (left to air dry) This will remove a high proportion of micro-organisms, including bacterial spores. Prior to use for aseptic technique, trolleys should be wiped over with either a sanitising wipe (and left to air dry) or alcohol

based solution using a clean paper towel. (Do not use hand sanitising gel for trolley disinfection as this contains emollients). Trolleys used for aseptic procedures must not be used for any other purpose. Trolleys must be washed as above once a day and after infected cases. When cleaning trolleys clean from top to bottom starting with the top shelf, wiping side-to-side from back to front, then side bars & legs. Clean bottom shelf in same way. Shelves should be flipped to clean underside but smooth side remains uppermost. Continue with legs below bottom shelf and wheels

### 5.3 Aseptic Technique

In order to undertake the procedure the following equipment will be required:

Dressing trolley (decontaminated before use)

Disposable apron

Non sterile gloves if required (e.g. for removal of previous dressing)

Sterile examination gloves

Sterile dressing pack

Alcohol hand gel (or access to hand washing basin)

Additional sterile equipment/dressings as required dependant on the procedure being undertaken

Clinical waste bag

Face protection (if risk of splash)

Sharps container (if required)

Action	Rationale
1. Explain procedure to patient	To reassure patient, obtain consent and co-operation with procedure
2. Close windows and turn off any fans half an hour before commencing the procedure. Avoid exposing or dressing wounds or performing any other aseptic procedure for at least 30 minutes after bed making or domestic cleaning has concluded	To allow any airborne organisms to settle before the sterile field (and in the case of a dressing, the wound) is exposed
3. Accompany patient to treatment room or draw curtains around bed.	To ensure patient privacy
4. Remove any extraneous items from the area (e.g. unnecessary equipment, visitors' chairs) and ensure that the site of the procedure is accessible.	To allow easy access to the patient.
5. Decontaminate hands using correct hand washing technique.	To reduce risk of cross infection.
6. Put on apron	Personal protection
7. Gather equipment and place on lower shelf of dressing trolley.	To allow access to top of trolley and ensure top of trolley remains uncontaminated.
8. Return to patient (if moved away).	To begin procedure.
9. Ensure clinical waste bag and sharps container (if required) are in an easily accessible position on the trolley, either on the lower shelf or attached to the side of the trolley.	To enable waste/sharps to be disposed of promptly.
10. Check the pack is sterile (i.e. the pack is undamaged, intact, dry and autoclave coding is brown)	To ensure that only sterile products are used.
11. Open dressing pack onto upper surface of dressing trolley by tearing outer	To prevent contamination of the pack.

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packaging and allowing the pack to drop, untouched, onto the surface of the trolley.	
<b>12.</b> Decontaminate hands using alcohol gel	To minimise contamination of the pack contents or sterile field.
<b>13.</b> Using minimal contact open the pack touching the edges of the sterile field only.	To minimise contamination of the pack contents or sterile field.
<b>14.</b> Open additional sterile equipment by tearing the packs and allowing the equipment to drop onto the sterile field.	To prevent contamination of the equipment.
<b>15.</b> If lotion cleansing sachet is used (e.g. Normasol), use an alcohol swab along the 'tear area' of lotion sachet before opening the sachet and pouring the lotion into gallipots or indented plastic tray.	To minimize risk of contamination of lotion.
<b>16.</b> Put on non-sterile gloves	To reduce the risk of cross infection
<b>17.</b> Remove existing dressing if in place and dispose of in clinical waste bag.	To allow access to the procedure site. To ensure waste is safely disposed of.
<b>18.</b> Decontaminate hands, preferably using alcohol hand gel.	To reduce the risk of cross infection. Use gel to avoid leaving the patient and minimise patient anxiety.
<b>19.</b> Put on sterile gloves touching only the cuff of the glove.	To reduce the risk of cross infection.
<b>20.</b> Arrange sterile equipment with gloved hands.	To organise area.
<b>21.</b> Continue with procedure.	Refer to specific practice being undertaken
<b>22.</b> On completion of procedure dispose of any sharps used directly into sharps container, reserve any reusable items for return to the Sterile Services Department; dispose all paper and single use items into the clinical waste bag, tie, and place in larger clinical waste bin.	To prevent inoculation injury and ensure waste is correctly disposed of.
<b>23.</b> Wipe trolley with detergent and water or detergent wipe, rinse and dry.	To render the trolley clean.
<b>24.</b> If body fluids are present then follow cleaning with Trust recommended solution containing 10,000ppm available chlorine (Covclor/Presept) or Chlorine dioxide (Tristel) .	To prevent transmission of blood borne viruses.
<b>25.</b> Remove gloves and dispose of as clinical waste.	To ensure waste is correctly disposed of.
<b>26.</b> Decontaminate hands using correct hand washing technique.	To reduce risk of cross infection and presence of accelerators and latex proteins on skin.

If at any point sterile gloves become contaminated by accidentally touching the patient or any other non-sterile area, they must be replaced.

#### 5.4 Aseptic Non-Touch Technique

In order to undertake this procedure the following equipment will be required:

Clean dressing trolley, procedure or sharps tray

Alcohol hand gel or access to hand wash basin

Alcohol wipe

Additional sterile equipment/dressings as required dependant on the procedure being undertaken

Non-sterile gloves

Disposable apron

Alcohol impregnated swab

Sharps bin (if needed)

Action	Rationale
1. Explain procedure to patient	To reassure patient, obtain consent and co-operation with procedure
2. Accompany patient to treatment room or draw curtains around bed if necessary	To ensure patient privacy.
3. Remove any extraneous items from the area (e.g. unnecessary equipment, visitors' chairs) and ensure that the site of the procedure is accessible.	To allow easy access to the patient.
4. Decontaminate hands using correct hand washing technique.	To reduce risk of cross infection.
5. Put on apron	Personal protection
6. Select an appropriate item to use as an aseptic field e.g.: dressing trolley, large flat tray or sharps tray.	To hold equipment and sharps tray (if used)
7. Disinfect tray using an alcohol wipe (if visibly soiled first use detergent and water and dry	To reduce risk of contamination of equipment.
8. Gather equipment.	
9. Return to patient (if moved away).	To begin procedure.
10. Put on non-sterile gloves.	To protect the health care worker against contact with blood or body fluids and to reduce the risk of cross infection.
11. Using an alcohol impregnated swab clean the site of the procedure (e.g. injection port of central line, skin etc) and allow to dry.	To disinfect the site of entry and reduce the risk of inoculation of micro organisms due to the procedure.
12. Prepare drugs/equipment on tray avoiding contact with key areas which are required to remain sterile (e.g. needles for injecting solutions)	To organise workspace and prevent contamination of sterile equipment/fluids/drugs.
13. Continue with procedure, avoiding contamination of areas that have been disinfected or invasive components of the equipment that are to have contact with disinfected areas (e.g. the skin and cannulated area of a peripheral IV	To prevent contamination of sterile equipment/fluids/drugs.

cannula).	
14. During the procedure dispose of any sharps used directly into the sharps container.	To reduce the risk of inoculation injury.
15. Apply sterile dressing (if appropriate).	To reduce the risk of micro organisms entering the site following the procedure.
16. Dispose all paper and single use items as clinical waste.	To ensure waste is safely disposed of.
17. Clean tray with detergent and water (follow with 10,000ppm available chlorine (Covclor/Presept) if blood or body fluids are present) or Chlorine dioxide (Tristel) ..	To reduce the risk of cross infection. (To prevent transmission of blood borne viruses.)
18. Remove gloves and dispose of as clinical waste.	To ensure waste is safely disposed of.
19. Decontaminate hands using correct hand washing technique.	To reduce the risk of cross infection.

### 5.5 Clean Technique

In order to undertake this procedure the following equipment may be required:

Visibly clean surface

Non-sterile gloves

Disposable apron

Alcohol hand gel (or access to hand washing basin)

Additional sterile equipment/dressings as required dependant on the procedure being undertaken

Small clinical waste bag

Face protection (if risk of splash)

Sharps container (if required)

Action	Rationale
1. Explain procedure to patient	To reassure patient, obtain consent and co-operation with procedure.
2. Accompany patient to treatment room or draw curtains around bed	To ensure patient privacy.
3. Remove any extraneous items from the area (e.g. unnecessary equipment, visitors' chairs) and ensure that the site of the procedure is accessible.	To allow easy access to the patient.
4. Decontaminate hands using correct hand washing technique.	To reduce risk of cross infection.
5. Put on apron	Personal protection
6. Gather equipment needed.	
7. Return to patient (if moved away).	To begin procedure.
8. Ensure clinical waste bag and sharps container (if required) are in an easily accessible position.	To enable waste/sharps to be disposed of promptly.
9. Open equipment and place on clean and disinfected surface	
10. Put on non-sterile gloves.	To protect the health care worker against contact with blood or body fluids and to reduce the risk of cross infection
11. Remove previous dressing (if required) and place in clinical waste bag.	To allow access to the site

12. Remove gloves and dispose as clinical waste	To ensure waste is correctly disposed of
13. Decontaminate hands and reapply clean non-sterile gloves	To reduce the risk of cross infection
14. Carry out the procedure.	
15. On completion of procedure dispose of any sharps used directly into sharps container, reserve any reusable items for return to the Sterile Services Department, dispose of all paper and single use items into the clinical waste bag, tie and place in large clinical waste bin.	To prevent inoculation injury and ensure waste is correctly disposed of.
16. If surface requires cleaning use detergent and water or a detergent wipe.	To render the area clean.
17. If body fluids were present then follow cleaning with 10,000ppm available chlorine (Covclor/Presept) or Chlorine dioxide (Tristel) ..	To prevent transmission of blood borne viruses.
18. Remove gloves and dispose of as clinical waste.	To ensure waste is safely disposed of.
19. Decontaminate hands using correct hand washing technique.	To reduce risk of cross infection and presence of accelerators and latex proteins on skin.

## 6. Equality requirements

The content of the policy has no adverse impact on equality and diversity. A copy of the completed checklist form is found in Appendix 1.

## 7. Financial risk assessment

The policy was reviewed to ascertain if there would be any increased financial expenditure as a result of it's implementation. No cost impact was identified see Appendix 4

## 8. Consultation

### Key individuals involved in developing the document

Name	Designation
Lisa Hill	Senior Nurse Tissue Viability
Heather Gentry	Lead Nurse Infection Prevention and Control
Sue Pitts	Infection Prevention and Control Nurse Specialist
Karen Smallman	Infection Prevention & Control Nurse Specialist
Elaine Bethell	Lead Nurse Tissue Viability

### Circulated to the following individuals for comments

Name	Designation
Wendy Hayes	Consultant Nurse for Vascular
Julie Day	Leg Ulcer Nurse Specialist
Mr Pereira	Consultant Orthopaedic Surgeon
Dan Nash	Theatre Manager
Judy Belcher	Tissue Viability Nurse
Liz Coxwell	Tissue Viability Nurse
Matrons	Trust wide

## 9. Approval process

The policy was ratified by the matrons group and ratification process has been completed and found in Appendix 2

## 10. Implementation Arrangements

An implementation plan has been completed and is found in Appendix 3.

## 11. Dissemination process

**11.1** The lead for Tissue Viability will oversee the effective communication of the approved policy to all relevant staff. This includes highlighting policy and it's information at training sessions.. See Appendix 3 for the process of dissemination. The policy is accessible via the policy link on the Trust Intranet

**11.2** Staff may print key documents at need but must be aware that these are only valid on the day of printing and must refer to the Intranet for the latest version. Hard copies must not be stored for local use as this undermines the effectiveness of an intranet based system.

**11.3** Individual members of staff have a responsibility to ensure they are familiar with all key documents that impinge on their work and will ensure that they are working with the current version of a key document. Therefore, the Intranet must be the first place that staff look for a key document.

**11.4** Line managers are responsible for ensuring that a system is in place for their area of responsibility that keeps staff up to date with new key documents and policy changes.

**12. Training and awareness**

These procedures will only be undertaken by Healthcare Staff who have undergone specific training in these practices and can demonstrate evidence of competence (see Appendix 6 for competency framework).

Clinicians must accept accountability for maintaining their competence through regular clinical experience and supporting theoretical knowledge (NMC2001).

The Lead Nurse for Tissue Viability and Lead Nurse for Infection Prevention and Control will alert Matrons and Ward / Department Managers that the policy has been updated

The guideline policy will be available via the Trust Intranet

### 13. Monitoring Tool

This should include realistic goals, timeframes and measurable outcomes.

How will monitoring be carried out?

Who will monitor compliance with the guideline?

Page/ Section of Key Document	Key control:	Checks to be carried out to confirm compliance with the policy:	How often the check will be carried out:	Responsible for carrying out the check:	Results of check reported to: <i>(Responsible for also ensuring actions are developed to address any areas of non-compliance)</i>	Frequency of reporting:
	<b>WHAT?</b>	<b>HOW?</b>	<b>WHEN?</b>	<b>WHO?</b>	<b>WHERE?</b>	<b>WHEN?</b>
Appendix 4 & 5	Medical clinical leads, Ward and departmental managers to verify all clinical staff have completed their aseptic technique competency	Medical clinical leads, Ward and departmental managers to inform IPC Team of all staff completing competency, IPC Team to keep register of staff pending ability to add to ESR record	Annual	Ward Manager with designated IPC Nurse	Lead Infection Prevention & Control (IPC) Nurse and Lead Tissue Viability Nurse	Annual

**14. Development of the Policy**

The policy was developed in consultation with senior healthcare staff involved in undertaking aseptic technique. It intends to provide healthcare staff with a clear framework for ascertaining the difference between and undertaking aseptic, aseptic non-touch and clean techniques.

The policy will be reviewed every 2 years in order to ensure the information remains evidenced-based and up-to-date.

## Appendix 1

## Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	<b>Does the policy/guidance affect one group less or more favourably than another on the basis of:</b>		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Transgender	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
	• Disability - learning disabilities, physical disability, sensory impairment & mental health problems	No	
2.	<b>Is there any evidence that some groups are affected differently?</b>	No	
3.	<b>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</b>	No	
4.	<b>Is the impact of the policy/guidance likely to be negative?</b>	No	
5.	<b>If so can the impact be avoided?</b>	NA	
6.	<b>What alternatives are there to achieving the policy/guidance without the impact?</b>	NA	
7.	<b>Can we reduce the impact by taking different action?</b>	NA	

If you have identified a potential discriminatory impact of this key document, please refer it to Assistant Manager of Human Resources, together with any suggestions as to the action required to avoid/reduce this impact.

For advice in respect of answering the above questions, please contact Assistant Manager of Human Resources.

## Appendix 2 - Plan for Dissemination of Key Documents

To be completed by the key document author and attached to any document which guides practice when submitted to the appropriate committee for consideration and approval.

<b>Title of document:</b>	Aseptic technique policy		
<b>Date finalised:</b>	July 2008 Revised April 2010 April 2012 July 2015	<b>Dissemination lead: Print name and contact details</b>	Elaine Bethell, Lead Nurse Tissue Viability Ext.33177
<b>Previous document already being used?</b>	yes		
<b>If yes, in what format and where?</b>	Aseptic technique policy on Trust Intranet		
<b>Proposed action to retrieve out-of-date copies of the document:</b>	To remove from intranet and notify ward managers and Matrons of action and request they disseminate this information		
<b>To be disseminated to:</b>	<b>How will it be disseminated, who will do it and when?</b>	<b>Paper or Electronic</b>	<b>Comments</b>
Matrons	Lead Nurse for Tissue Viability or Lead Nurse IPC after ratification of the document	Electronic	
Ward and department managers	Matrons after receipt of document from Lead Nurse for Tissue Viability or Lead Nurse IPC after ratification of the document	Electronic	
Ward and department healthcare workers	Ward / department managers after receipt of document from Matrons	Electronic	
Tissue Viability Link Nurses	Lead Nurse for Tissue Viability or Lead Nurse IPC after	Electronic	

	ratification of the document		
Facilities (technical services and estates)	Lead Nurse for Tissue Viability or Lead Nurse IPC after ratification of the document	Electronic	
Lead for allied healthcare professionals	Lead Nurse for Tissue Viability or Lead Nurse IPC after ratification of the document	Electronic	
Infection prevention	Lead Nurse for Tissue Viability or Lead Nurse IPC after ratification of the document	Electronic	

**Dissemination Record - to be used once document is approved.**

<b>Date put on register / library of procedural documents</b>		<b>Date due to be reviewed</b>	July 2017
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<b>Disseminated to: (either directly or via meetings, etc)</b>	<b>Format (i.e. paper or electronic)</b>	<b>Date Disseminated</b>	<b>No. of Copies Sent</b>	<b>Contact Details / Comments</b>

## Appendix 3

## Financial Risk Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
Other comments:		

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration before progressing to the relevant committee for approval

## Appendix 4

## Aseptic Technique Competency Questionnaire

Name-----

Designation-----

Ward/Dept \_\_\_\_\_

Answers to the questions are available via the Tissue Viability Dept

Can you briefly outline the difference between Aseptic Technique and Aseptic non touch technique (ANTT)

Which of the following procedures should be performed using an aseptic, aseptic non touch technique or a clean procedure?

	Clean	Aseptic	Aseptic non touch
Catheterisation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cannulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chest Aspiration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Joint Aspiration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bone Marrow Biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skin Biopsy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Venesection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insertion of Central Line	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Insertion of Chest Drain	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Bladder Washout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Intubation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Pressure Ulcer Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Leg Ulcer Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Surgical Wound Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Burns Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fungating Wound Dressing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Diabetic Foot Lesion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**For the following questions, answer True or False:**

1. Dressing trolleys must be cleaned from the top to the bottom
2. It is ok to leave a window open or a fan on whilst a dressing is being undertaken
3. Dressings should not be undertaken if bed making is being carried out
4. Equipment required for a dressing is loaded on the top of the trolley
5. After opening the dressing pack and dropping the inner pack on to the top of the dressing trolley, the hands must be decontaminated by either washing with soap and water or using the alcohol hand gel before opening the inner part of the dressing pack
6. Non-sterile gloves are used to re-dress surgical wounds
7. Sterile gloves are used to remove the old dressing
8. Sterile gloves are worn for a clean technique
9. Hands can be decontaminated with hand sanitising gel following removal of gloves
10. Hands should be decontaminated before application of sterile gloves
11. The old dressing is placed straight into the clinical waste bag on the trolley
12. The dressing trolley can be stored in the sluice
13. If wound cleansing is undertaken, the normal saline solution is warmed before application.
14. The packets of normal saline are cleaned with an alcohol wipe before opening

**Appendix 5**

Name:

**Aseptic Technique Competency**

Aim	Criteria	Demonstrated	Self Assessment	Assessed as Competent
To minimise risk of contamination and infection	Select equipment and materials specified for the procedure			
	Identify protective apparel suitable for the procedure			
	Demonstrate procedure for cleaning and setting up dressing trolley			
	Discuss procedure with patient, recognising understanding and ensuring consent			
	Demonstrate technique for hand washing and use of hand gel throughout procedure			
	Open dressing pack and organise equipment to minimise contamination during manipulations			
	Demonstrate and discuss the rationale for application of sterile and non-sterile gloves			
	Demonstrate a non-touch technique procedure			
	Clean trolley after use and dispose of clinical waste			
	Record accurate details in nursing records			

## ASEPTIC TECHNIQUE



### **STEP 1**

*Explain procedure to patient. Ensure pain control/comfortable position. Ensure privacy (screen/curtains around patient). Close window/turn off fans ½ hour before procedure. Do not undertake if bed making/housekeeping are cleaning area. Wash hands with soap and water and put on apron.*

### **STEP 2**

*Daily trolley clean with general purpose detergent, rinse & dry thoroughly using paper towels. Start top shelf, wiping side-to-side from back to front, then side bars & legs. Clean bottom shelf in same way. Shelves should be flipped to clean underside but smooth side remains uppermost. Continue with legs below bottom shelf and wheels. Trolleys should be cleaned between uses, before and after procedure using alcohol based cleanser but if trolley is soiled/infected patient, decontaminate with detergent procedure.*



### **STEP 3**

*Load equipment on lower shelf, including sterile & non-sterile gloves, dressing pack, normal saline, alcohol swab to clean saline sachet, gauze, dressing towel, dressing, forceps, scissors, hand gel, clinical waste bag attached to lower trolley shelf. When moving trolley hold legs & not top shelf. Open dressing pack onto trolley.*



### **STEP 4**

*Wash hands with soap and water before opening inner corners of pack.*



### **STEP 5**

*Hold corners of sterile field when opening back. Open additional equipment on to sterile field.*



### **STEP 6**

*Put on non-sterile gloves, remove old dressing and place in clinical waste bag on trolley.*



### **STEP 7**

*Remove non-sterile gloves before decontaminating using soap & water*



### **STEP 8**

*Apply sterile gloves*



### **STEP 9**

*If cleansing the periwound use clean hand – dirty hand technique. Pick up gauze in one hand.*



### **STEP 10**

*Transfer gauze to other hand*



### **STEP 11**

*Wipe around wound in continuous motion.*



### **STEP 12**

*Place in clinical waste*



### **STEP 13**

*Apply dressing. Do not touch the surface that will be in contact with the wound.*



### **STEP 14**

*Dispose dressing pack & PPE in clinical waste*



### **STEP 15**

*Clean trolley using alcohol detergent wipe as appropriate. Decontaminate hands with soap and water. Store trolley in clean area.*

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