Aseptic Technique Policy

Authorities

Author: Sue Dailly, Lead Nurse Infection Prevention and Control

Sponsor: Paula Shobbrook, Chief Nurse & Director of Infection Prevention and Control

Reviewer(s): Infection Prevention and Control Committee
Nursing & Midwifery Policy Group,

Approval body: Policy Approval Group

Document Control Information

Type: Policy

Scope: Major

Trust Reference Number: CP060 (NP033)

Issue Number: 3

Status: Final

Effective Date: November 2010

Review Date: November 2013

Disposal Date: November 2033

Document Authorisation Control

Prepared By: Sue Dailly
Lead Nurse Infection Prevention and Control

Authorised Officer
Dr Chris Gordon
Acting Chief Executive

Signature:

Signature:
DOCUMENT CONTROL

Document Amendments

<table>
<thead>
<tr>
<th>Number</th>
<th>Details</th>
<th>By Whom</th>
<th>Date</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Amended to match Trust policy for the management of controlled documents and NHSLA Standard 1.4.9.c</td>
<td>Sue Dailly lead Nurse IC</td>
<td>January 2008</td>
</tr>
<tr>
<td>2</td>
<td>Reviewed as per 3 year policy</td>
<td>Lesley Hollister ICN</td>
<td>November 2010</td>
</tr>
</tbody>
</table>

Review Timetable

<table>
<thead>
<tr>
<th>Date</th>
<th>Reason</th>
<th>By Whom</th>
<th>Date Completed</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2013</td>
<td>Three year review cycle for policy document</td>
<td>ICN</td>
<td></td>
</tr>
</tbody>
</table>

Distribution List

<table>
<thead>
<tr>
<th>No</th>
<th>Title</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>All employees Winchester Eastleigh Healthcare NHS Trust via WECHT intranet</td>
</tr>
<tr>
<td>2</td>
<td>WECHT website for public consultation</td>
</tr>
<tr>
<td>3</td>
<td></td>
</tr>
<tr>
<td>4</td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
</tr>
<tr>
<td>7</td>
<td></td>
</tr>
</tbody>
</table>

Authorities

| Author: | Sue Dailly  Lead Nurse Infection Prevention and Control |
| Sponsor:| Paula Shobbrook  Chief Nurse & Director of Infection Prevention and Control |
| Date    | November 2010 |

Document Control Information

| Type: | Policy |
| Scope: | Major |
| Reference: | CP060 |
| Issue Number: | 3 |
| Status: | Final |
RELATED TRUST POLICIES

OP001  Trust Policy on the management of controlled documents
CPr007  Pre and post insertion care of PEG
CPr028  Urinary catheterisation
CP036  Guideline for the placement and management of PICC lines
CPr043  Guidelines for the use of sterile maggots in wound management
CP063  Sharp debridement of wounds
CP073  Hand hygiene Policy
CP076  Standard Precautions Policy
CP107  Single Patient Use Devices Policy
CP130  Mental Capacity
LP20  Guidelines for Central Venous Access Device
## Contents

<table>
<thead>
<tr>
<th>Section</th>
<th>Title</th>
<th>Page</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.0</td>
<td>Purpose</td>
<td>5</td>
</tr>
<tr>
<td>2.0</td>
<td>Scope</td>
<td>5</td>
</tr>
<tr>
<td>3.0</td>
<td>Introduction</td>
<td>5</td>
</tr>
<tr>
<td>4.0</td>
<td>Roles And Responsibilities</td>
<td>6</td>
</tr>
<tr>
<td>5.0</td>
<td>Aseptic Technique Definitions</td>
<td>7</td>
</tr>
<tr>
<td>6.0</td>
<td>When An Aseptic Technique Should Be Used</td>
<td>8</td>
</tr>
<tr>
<td>7.0</td>
<td>Principles Of Aseptic Technique</td>
<td>8</td>
</tr>
<tr>
<td>8.0</td>
<td>Training</td>
<td>9</td>
</tr>
<tr>
<td>9.0</td>
<td>Monitoring Compliance</td>
<td>10</td>
</tr>
<tr>
<td>10.0</td>
<td>Definitions</td>
<td>10</td>
</tr>
<tr>
<td>11.0</td>
<td>Symbols And Their Meanings</td>
<td>11</td>
</tr>
<tr>
<td>12.0</td>
<td>References</td>
<td>12</td>
</tr>
<tr>
<td>Appendix</td>
<td>Equality Impact Assessment Tool</td>
<td>13</td>
</tr>
</tbody>
</table>
1.0 PURPOSE

1.1 The purpose of this policy is to reduce the risk of infection transmission both to and from patients and staff undertaking a procedure which requires an Aseptic Technique. It is a key policy in relation to ensuring the safety of and reducing the risk of harm to patients and staff.

1.2 Aseptic technique is one of a number of procedures that contributes to preventing Health Care Associated Infections (HCAIs). HCAI encompass any infection by an infectious agent that is acquired as a consequence of a person’s treatment by the NHS or which is acquired by a healthcare worker in the course of their duties (DH Health Act 2008).

1.3 Aseptic technique is a practice or procedure undertaken for a patient which is designed to ensure the freedom from microbial contamination. It is a method used to prevent contamination of wounds and other susceptible sites by organisms that could cause infection. This can be achieved by ensuring that only sterile equipment and fluids are used during invasive medical and nursing procedures and that the insertion technique reduces the risk of infection.

2.0 SCOPE

2.1 This policy extends to cover all Winchester and Eastleigh Healthcare NHS Trust (WEHCT) employees who carryout or assist with aseptic techniques.

2.2 This policy complements professional and ethical guidelines and the NMC Code of Professional Conduct 2008.

2.3 This policy has been ratified in line with the trust policy OP001 The Management of Controlled Documents.

3.0 INTRODUCTION

The Health Act 2008 requires that ‘The Trust must have a policy for aseptic technique.’

Ayliffe et al (2000) suggests there are two types of asepsis: medical and surgical asepsis. Medical or clean asepsis reduces the number of organisms and prevents their spread: surgical or sterile asepsis includes procedures to eliminate micro-organisms from an area and is practiced by nurses in operating theatres and treatment areas. Prevention of post operative wound infections relies on flawless aseptic technique in the operating theatre and on the wards.
4.0 DUTIES, ROLES AND RESPONSIBILITIES

4.1 Chief Executive Officer
The Chief Executive Officer (CEO) has overall responsibility for the strategic and operational management of the Trust, including Infection prevention and control. The CEO has overall responsibility for ensuring the Trust has appropriate strategies and policies in place to ensure the Trust continues to work to best practice and complies with all relevant legislation. The CEO has a responsibility to ensure there are adequate finances and systems in place to ensure that protective clothing and education is provided for all staff.

4.2 Line Managers
Line managers are responsible for ensuring adequate dissemination and implementation of this policy. They are responsible for identifying any training needs on the implementation of new or updated policies. They are responsible for ensuring adequate facilities and resources are available to adhere to this policy.

Line managers have a responsibility to ensure they allow staff time to attend infection prevention and control education sessions, also that there is adequate provision of protective equipment for all staff in the department. Managers have a responsibility to ensure the staff on their ward, whether visiting or not, follow this policy, and if not, this is followed up with education or if necessary disciplinary procedures will need to be commenced.

4.3 Infection Prevention and Control
The Infection Prevention and Control Team (IPCT) are responsible for updating this policy and ensuring it represents best practice and is based on current evidenced based information.

4.4 Trust Employees
All staff are responsible for ensuring their compliance to this policy to ensure the safety of all patients, staff, visitors and contracted staff to this Trust. Information regarding the failure to comply with this policy e.g. lack of training or inadequate equipment must be reported to the line manager and the incident reporting system used where appropriate. If patient or staff safety is compromised as a result of the revised policy, staff must inform their line manager and ensure that a risk assessment is completed and reported through divisional risk forums and the Trust Risk Co-Ordinator.

Trust employees have a responsibility to attend infection prevention and control education and read and follow the Trust infection prevention and control policies.
4.4 All Trust employees have a responsibility to follow the policy and challenge and report those who fail to follow Trust policies.

5.0 Asepsis & Aseptic Technique Definitions

5.1 Asepsis is the method by which we prevent microbial contamination during clinically invasive interventions.

5.2 Aseptic technique is the procedure undertaken in relation to the type of asepsis. There are two types of asepsis.

5.3 Surgical Asepsis. This would include procedures that would be deployed in operating theatres (Ayliffe et al 2000) to eliminate micro-organisms from an area. Aseptic technique techniques are methods that have been developed to ensure that only uncontaminated objects/fluids make contact with sterile/susceptible sites. Surgical wounds dressings must be changed using an aseptic technique.

5.4 Medical Asepsis. This reduces the number of organisms and prevents their spread. Medical Asepsis would be used when changing or applying wound dressings.

The National Institute for Clinical Excellence (NICE) Clinical Guideline on Surgical Site Infection (2008), states that it is acceptable for patients to shower 48 hours after surgery, providing the wound is sufficiently healed or covered with a waterproof dressing.

The NICE guideline also states that it is acceptable to cleanse surgical wounds (48 hours post surgery) with tap water for wounds that have separated/dehisced.' This is defined as separation of the edges of a sutured wound when it would be expected to have healed by primary intention, because of infection, delayed healing or following surgical drainage of a wound abscess. Such wounds are classed as ‘dirty. Whilst the patient is in hospital, sterile Normal saline 0.9% should be used for all wound cleansing. If dressings are required post discharge, a thorough assessment by District Nurses, of the patients home environment is essential as to whether saline or tap water is used for wound cleaning.

Cleaning clean, healing wounds with tap water is not acceptable. 0.9% sterile normal saline and an aseptic technique must be used.

5.5 Clean/Non-touch Technique. A clean technique is a modified aseptic
technique. The use of sterile equipment and environments is not as critical as it is for asepsis. The clean technique also uses a non-touch technique i.e. you do not touch the ends of the sterile connections or other items which will touch the susceptible site. However, you can wear clean rather than sterile gloves unless you need to handle sterile items. A clean technique should only be used after a risk assessment.

5.6 Procedures where you may use a clean technique are (following a risk assessment) are applying dressings to wounds healing by secondary intention e.g. a leg ulcer that has existed for 6 weeks, attending to a dressing covering a tracheotomy site or endo-tracheal suction.

6.0 When an Aseptic Technique Should be Used

6.1 Inserting, re-siting or dressing an invasive device e.g. intravenous line, urinary catheter or wound drain.

6.2 When dressing acute wounds healing by primary intention e.g. surgical wounds.

6.3 When a clean technique is insufficient in relation to the patients risk-assessment for example when invasive procedures are taking place outside of a theatre environment such as lumbar punctures, insertion of central lines and chest drains.

6.4 WEHCT uses The Royal Marsden Hospital Manual of Clinical Nursing Procedures as the guidance for carrying out aseptic technique.

7.0 PRINCIPLES OF ASEPTIC TECHNIQUE

7.1 Infection is essentially transmitted from the hands and bodies of other people or from our own body e.g. from hands, bowel, skin or mouth. A contaminated environment can provide dust or liquid reservoirs of micro-organisms which may cause harm to vulnerable people e.g. patients who are immuno-compromised, have surgical or chronic wounds or who have surgical devices in-situ.

7.2 Avoid exposing or dressing wounds or performing an aseptic procedure for at least 30 minutes after bed making or domestic cleaning.

7.3 Assemble all appropriate sterile items before the procedure.
7.4 Prepare the setting including decontamination of the working surface to be used with detergent and water (or a disinfectant wipe) and dry.

7.5 A disposable plastic apron should be worn over clothing.

7.6 Remove hand jewellery and watches. Wash hands thoroughly by wetting the hands and wrists with warm running water. Use the hand washing technique on the wall or in the Infection Prevention and Control policy CP076 Standard Precautions so that all surfaces have contact with the surgical scrub i.e. Hibiscrub®. Rinse hands and dry well with paper towels.

7.7 Carefully remove the dressing – gloves may be needed to be worn for this procedure.

7.8 Expose the wound for the minimum time to avoid contamination and maintain wound temperature.

7.9 Decontaminate hands again, alcohol gel is adequate if hands are not soiled.

7.10 Hands must be inserted into sterile gloves carefully so that the outer surface is not contaminated. Wearing sterile gloves perform the procedure including skin preparation where applicable, avoiding accidental contamination of sterile equipment/vulnerable site.

7.11 If a patient (child or adult) is distressed, agitated or confused, it is advisable to have a second member of staff present during the Aseptic Technique to re-assure the patient and to prevent the patient from contaminating the sterile field with their hands.

7.12 For further details see the Royal Marsden Manual.

8.0 TRAINING

8.1 Aseptic technique is taught as part of medical and nurse education. National Vocational Qualification (NVQ) students are also taught aseptic technique as part of their course.

8.2 Competency self assessment forms for extended roles include aspects of aseptic technique. These should be reviewed annually by the nurse and by their manager during their appraisal.
8.1 Infection prevention and control training (IPCT) on basic principles is part of the Trust wide mandatory training scheme for all staff and is monitored via attendance records.

8.2 IPC Training is provided to all staff at induction

8.3 IPC Training is provided to all staff at annual update

8.4 Antibiotic and infection prevention and control audits and updates are made quarterly to the Infection Prevention and Control Committee (IPCC) and sent to every clinical team and ward

8.3 Specialty based training is offered via divisional meetings

8.6 The link nurses participate in a specialist programme of on going training

8.7 It is the responsibility of individuals and their line managers to ensure attendance at training. The Training Department feedback non attendance to line managers and it is their responsibility to follow up non attenders and ensure their subsequent attendance.

8.8 E learning for infection prevention and control is an acceptable alternative on alternate years once face to face induction is completed. E learning is accompanied by certification which can be used in evidence at appraisal.

9.0 MONITORING OF COMPLIANCE AND EFFECTIVENESS OF THE POLICY

9.1 Self assessment competencies will be reviewed annually.

9.2 There is a regular programme of audits, led by the Director of Infection, Prevention and Control (DIPC) and co-ordinated by the Infection Prevention and Control Team (IPCT), which are reported to the Infection Prevention and Control Committee e.g. Hand Hygiene, use of Isolation facilities, infection prevention and control policy compliance, High Impact Interventions including aseptic technique.

9.3 Divisional audits are reported via the divisions to the Infection Prevention Control committee and Integrated Governance Committee

9.4 Serious Incidents (Infection) requiring investigation are discussed at Infection Prevention Control committee (IPCC) and reported to the Risk Management and Governance Committee, Health Protection Agency, Commissioning Primary Care Trust and Strategic Health Authority
9.5 Training and education attendance is monitored by the Education Centre and reported to individual managers and collectively to the Executive Management Team (EMT).

9.6 Monthly reports on infection prevention and control and surveillance are taken by the DIPC to the Risk Management and Governance Committee, EMT and Trust Board when exceptions occur and closer monitoring is required.

9.7 Training attendance reports are presented to the Integrated Governance Committee.

10.0 DEFINITIONS

CEO – Chief Executive Officer
DIPC – Director of Infection Prevention and Control
NMC – Nurse and Midwifery Council
NVQ – National Vocational Qualification
IPCC – Infection Prevention and Control Committee

11.0 Symbols and their Meanings

11.1 The following symbols can be found on equipment and packaging.

This sign means that this item or the content of the package is to be used only once. e.g. I.V. Cannula is to be inserted once, if the insertion fails, another cannula must be opened.

Date of manufacture, i.e. manufactured during June 2010
The product must not be used after this date
12.0 REFERENCES


Sheffield NHS Aseptic Technique Policy 2010

Wilson, J (2001) Infection Control in Clinical Practice
Appendix 1 - Equality Impact Assessment Tool

To be completed and attached to any controlled document when submitted to the appropriate committee for consideration and approval.

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

If you have identified a potential discriminatory impact of this procedural document, please refer it to the Head of Corporate Services, 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: Board Secretary Tel No: 01962 825903