

Aseptic Technique Policy

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RELATED TRUST POLICIES

- CP063 Sharp debridement of wounds
- CPr043 Guidelines for the use of sterile maggots in wound management
- LP20 Guidelines for Central Venous Access Device
- CP036 Guideline for the placement and management of PICC lines
- CPr028 Urinary catheterisation
- CPr007 Pre and post insertion care of PEG

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1.0 PURPOSE

Patients have a right to be protected from preventable infection and healthcare staff have a duty to safeguard the wellbeing of their patients. 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

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

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

This policy has been ratified in line with the Trust Policy on 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

The Chief Executive (CEO) has overall responsibility for the strategic and operational management of the Trust, including Infection 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

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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 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 Trust employees

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 manger 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 manger and ensure that a risk assessment is completed and reported through divisional risk forums and the Trust risk manager.

Trust employees have a responsibility to attend infection control education and read and follow the Trust infection 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 AN ASEPTIC TECHNIQUE SHOULD BE USED WHEN :

- 5.1 Inserting, re-siting or dressing an invasive device e.g. intravenous line, urinary catheter or wound drain.
- 5.2 When dressing acute wounds healing by primary intension e.g. surgical wounds
- 5.3 When a clean technique is insufficient in relation to the patients risk-assessment e.g. sterile body areas are entered e.g. lumbar puncture, there is tracking to deeper areas e.g. chest drain or the patient is immunocompromised.
- 5.4 The Winchester and Eastleigh Healthcare NHS Trust uses The Royal Marsden Hospital Manual of Clinical Nursing Procedures as the guidance for carrying out aseptic technique.

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6.0 PRINCIPLES OF ASEPTIC TECHNIQUE

- 6.1 Avoid exposing or dressing wounds or performing an aseptic procedure for at least 30 minutes after bed making or domestic cleaning.
- 6.2 Assemble all appropriate sterile items before the procedure.
- 6.3 Prepare the setting including decontamination of the working surface to be used with detergent and water (or a detergent wipe) and dry.
- 6.4 A disposable plastic apron should be worn over clothing.
- 6.5 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 Control Standard Precautions Policy CP076 so that all surfaces have contact with the Hibiscrub. Rinse hands and dry well with paper towels.
- 6.6 Carefully remove the dressing – gloves may be needed to be worn for this procedure.
- 6.7 Expose the wound for the minimum time to avoid contamination and maintain wound temperature.
- 6.8 Decontaminate hands again, alcohol gel is adequate if hands are not soiled.
- 6.9 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.
- 6.10 For further details see the Royal Marsden Manual.

7.0 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 what 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.

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Procedures where you may use a clean technique are (following a risk assessment) are applying dressings to wounds healing by secondary intention, attending to a dressing covering a tracheotomy site or endotracheal suction.

8.0 TRAINING

Aseptic technique is taught as part of medical and nurse education. NVQ students are also taught aseptic technique as part of their course.

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.

- Infection control training on basic principles is part of the Trust wide mandatory training scheme for all staff and is monitored via attendance records.
- Training is provided to all staff at induction
- Training is provided to all staff at annual update
- Antibiotic and infection control audits and updates are made quarterly to the Infection Control Committee and sent to every clinical team and ward
- Specialty based training is offered via divisional meetings on an ongoing basis.
- The link nurses participate in a specialist programme of on going training.
- 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.
- e learning for infection 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 EFFECTIVENS OF THE POLICY

- Self assessment competencies will be reviewed annually.
- There is a regular programme of audits, led by the DIPC and co-ordinated by the Infection Control Team, which are reported to the Infection Control Committee e.g. Hand Hygiene, use of Isolation facilities, infection control policy compliance, High Impact Interventions including aseptic technique.
- Divisional audits are reported via the divisions to the Infection Control committee and Integrated Governance Committee
- Serious Untoward Incidents (Infection) are discussed at ICC and reported to the Integrated Governance Committee, Health Protection Agency and Strategic Health Authority
- Training and education attendance is monitored by the Education Centre and reported to individual managers and collectively to the Integrated Governance Committee

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- Monthly reports on infection control and surveillance are taken by the DIPC to the Trust Board.
- Training attendance reports are presented to the Integrated Governance Committee.

10.0 DEFINITIONS

NMC – Nurse and Midwifery Council
CEO – Chief Executive Officer
NVQ – National vocational qualification

DIPC – Director of Infection Prevention and Control
ICC – Infection Control Committee

11.0 REFERENCES

Ayliffe A.J. et al (2000) Control of Hospital infection: a practical handbook, 4th edition., London, Arnold.

Nursing and Midwifery Council (2004) The NMC code of professional conduct: standards for conduct, performance and ethics. London, Nursing and Midwifery Council.

Doughty, L.& Lister, S. (eds) The Royal Marsden Hospital Manual of Clinical Nursing Procedures 6th ed. Oxford, Blackwell Scientific.
This is available via the Trust intranet and is also available the library.

Department of Health (2008) The Health Act 2008

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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.

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

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:

Peter Jenkinson
Head of Corporate Services
Tel No: 01962 825903

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