POLICY FOR ASEPTIC TECHNIQUE AND ASEPTIC NON TOUCH TECHNIQUE

Please be aware that this printed version of the Policy may NOT be the latest version. Staff are reminded that they should always refer to the Intranet for the latest version.

<table>
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<th>Purpose of Agreement</th>
<th>To provide Solent NHS Trust staff with clear guidance on the generic use of Aseptic Procedures in the prevention and control of healthcare associated infection. It will provide healthcare workers with evidence based guidelines on how and when to apply an aseptic technique</th>
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1.0 INTRODUCTION

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 state 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 (criterion 9).

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 and Control Team.

2.0 SCOPE AND DEFINITIONS

2.1 This document applies to all directly and indirectly employed staff within Solent NHS Trust and other persons working within organisations in line with Solent NHS Trust’s Equal Opportunities Document.

Definitions

2.2 Asepsis - being free from pathogenic micro-organisms.

2.3 Aseptic technique – defined as a means of preventing or minimising the risk of introducing harmful micro-organisms into the body when undertaking clinical procedures.

2.4 ANTT- Aseptic Non Touch Technique. This is a method of working where the practitioner follows the principles of asepsis to ensure that the sterile component (key part), for example, a needle, does not come into contact with 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.

2.5 Sterile - free from any micro-organisms.

2.6 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, wound.

2.7 Key part – parts of the sterile equipment that will come into contact with the key site on the client i.e. wound dressing, needle, and scalpel.

3.0 ROLES AND RESPONSIBILITIES

3.1 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.

3.2 Service Managers/leads have the responsibility to ensure personnel comply with this and related policies.

3.3 Service Managers/leads have the responsibility to ensure that the correct training and equipment is supplied to those undertaking the procedure.

3.4 Service Managers/leads have the responsibility ensure that any local policies/guidelines developed by their service/area to supplement/support this policy are approved by the Infection Prevention and Control Committee.

4.0 BACKGROUND

4.1 There is a direct link between standards of aseptic technique and healthcare associated infection (DH 2003). Policies clarifying correct aseptic technique have therefore been implemented and, in conjunction with other infection prevention and control principles HCAIs appear to be reducing (DH 2010).

4.2 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.

4.3 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).

4.4 Using an aseptic or aseptic non-touch technique will contribute to effective infection prevention and control. This policy sets out the principles of each of these two techniques, including when to apply them, in order to ensure that staff are aware of their 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.

5.0 ASEPTIC TECHNIQUE

5.1 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.

5.2 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.

5.3 **Components of Aseptic Technique**

These include:
- Hand decontamination
- 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

6.0 **ASEPTIC NON TOUCH TECHNIQUE (ANTT)**

6.1 ANTT is a set of clinical guidelines which 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 (Pratt et al 2007).

6.2 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.

6.3 If a procedure demands that key parts need to be touched then sterile gloves are to be worn in an attempt 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.

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

6.5 It is essential to ensure that hands, even though they have been decontaminated, do not contaminate the sterile equipment or the patient.
6.6 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?’ 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.

6.7 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

7.0 HAND HYGIENE (DECONTAMINATION)

7.1 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.

7.2 Hand decontamination using a good technique at the right time is essential.

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

7.4 Perform hand hygiene in accordance with Trust Hand Hygiene Policy, for the majority of procedures this will entail washing hands with soap and water followed by alcohol based hand rub. For high risk invasive procedures such as minor surgery staff must use an approved antiseptic hand cleanser i.e. 2-4% Chlorhexidine, 5-7% Providine Iodine or 1% Triclosan antimicrobial from a dispenser.

8.0 PERSONAL PROTECTION EQUIPMENT (PPE)

8.1 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.

8.2 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 non touch aseptic technique is used (see 6.0).
• Clean non sterile gloves are adequate for phlebotomy as long as a non touch aseptic technique is used.

9.0 PREPARING THE PATIENT/SERVICE USER FOR A CLINICAL PROCEDURE

9.1 Good 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.

9.2 **Skin preparation for surgical procedures:** The site should be clean and may need to be washed with soap and water. The site should then be decontaminated with an appropriated antiseptic solution.

10.0 CREATING AND MAINTAINING AN ASEPTIC FIELD

10.1 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.

10.2 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.

10.3 **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.

11.0 USE OF A SAFE OPERATIVE TECHNIQUE

11.1 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.

11.2 Meticulous attention to preventing and controlling bleeding, and gentle tissue handling to avoid trauma during procedures can reduce the risk of infection.

12.0 CREATING A SAFE ENVIRONMENT

12.1 Specific rooms should be designated for performing surgical procedures and for processing used instruments and other items (DH 2007). Limiting the traffic and activities in these areas will lower the risk of infection. To maintain a safe environment:

• Limit the number of people who enter these areas
• Close doors and windows during procedures, to minimise dust and eliminate insects
• 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.

12.2 Wherever possible ‘safer’ needle devices should be used to protect the staff member and the patient from inoculation injury.

13.0 COMMUNITY SETTING

13.1 In the community setting or patient’s home the healthcare worker does not have the luxury of a dedicated dressing trolley however a suitable surface for the sterile field to be placed remains crucial.

13.2 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.

13.3 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.

14.0 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

15.0 RECOMMENDED TECHNIQUE APPLICABLE FOR COMMONLY PERFORMED PROCEDURES

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Technique</th>
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<td>Cannulation – peripheral and central</td>
<td>Aseptic</td>
</tr>
<tr>
<td>Indwelling urinary, Catheter insertion</td>
<td>Aseptic</td>
</tr>
<tr>
<td>Insertion of invasive medical devices</td>
<td>Aseptic</td>
</tr>
<tr>
<td>Intermittent urethral catheterization</td>
<td>Aseptic non-touch in patient’s home Aseptic in healthcare setting</td>
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<tr>
<td>Inter Uterine Device insertion</td>
<td>Aseptic /ANTT</td>
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<tr>
<td>IV medication preparation for immediate use &amp; administration</td>
<td>Aseptic non-touch</td>
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<tr>
<td>Suprapubic catheter Insertion</td>
<td>Aseptic</td>
</tr>
<tr>
<td>Suction-Laryngeal Endotracheal Tracheostomy</td>
<td>Aseptic non-touch</td>
</tr>
<tr>
<td>Wound care for wounds healing by primary or secondary intention.</td>
<td>Aseptic/Aseptic non-touch depending on wound assessment and intervention required</td>
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16.0 NEEDLE-FREE DEVICES (Community and Healthcare Setting)

16.1 Needle free infusion systems have been introduced into clinical practice to reduce the incidence of sharps injuries and the potential for the transmission of blood borne pathogens to healthcare workers.

• The introduction of new intravascular devices that include needle free devices should be monitored for an increase in the occurrence of device associated infection. If an increase in infection rates is suspected, this should be reported to the Infection Control Team and to the Medicines and Healthcare products Regulatory Agency. [http://www.mhra.gov.uk](http://www.mhra.gov.uk)
• If needle free devices are used, the manufacturer’s recommendations for changing the needle free components must be followed.
• When needle free devices are used, healthcare workers should ensure that all components of the system are compatible and secured, to minimise leaks and breaks in the system.

16.2 When needle free devices are used, the risk of contamination should be minimised by decontaminating the access port before and after use with a single use application of 2% Chlorhexidine gluconate in 70% Isopropylalcohol, unless contraindicated by the manufacturer’s recommendations, in which case
an aqueous solution should be used. **An aseptic non-touch technique must be used for accessing the system.**

**17.0 TRAINING**

17.1 All training undertaken must be recorded on the Organisational Learning Module (OLM) of the Electronic Staff Record (ESR) taken from signing in sheets. Monitoring of attendance will be carried out by the Learning and Development Department. Please refer to the Induction and Mandatory Training Policy section 5.7.4. Non attendance will be managed according to the procedure detailed in the Learning and Development Policy at section 3.9.

17.2 It is vital that all staff carrying out aseptic techniques are trained to do so and maintain best and up to date practice.

17.3 All staff undertaking aseptic technique must have successfully passed the annual 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 or a member of the IPCT.

17.4 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 Corporate Induction and hand hygiene competency in the clinical area.

17.5 All clinical staff must undertake and pass an annual infection prevention module via online training to ensure a basic level of infection prevention knowledge.

17.6 All registered nursing staff will receive foundation training in aseptic techniques as part of the curriculum pre-registration. Their competence should be assessed on an annual basis by a competent person (this will usually be a matron, senior member of the team or nurse specialist) using the competency assessment tool(Appendix 2).

17.7 Staff who are not professionally registered with a clinical professional body (i.e. Health Care Assistants) will require training at service level by a competent member of staff. Training should include all aspects of the aseptic procedure (Appendix 1). Following training the individual should be observed carrying out an aseptic technique and the competency document (Appendix 2) 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.

**18.0 EQUALITY & HUMAN RIGHTS IMPACT ASSESSMENT**

18.1 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 3.

19.0 MONITORING OF THE EFFECTIVENESS OF THIS POLICY

19.1 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 and Control team. High Impact Intervention tools are in the process of becoming embedded into practice and will be requested by the Infection and Control Team as auditable documents.

19.2 Service managers will be responsible for ensuring that any serious untoward incidents relating to the use of an Aseptic technique are investigated and appropriate actions fed back to the author of this policy.

20.0 REVIEW

20.1 This Policy may be reviewed at any time at the request of either staff side or management, but will automatically be reviewed every three years.

21.0 LINK TO OTHER POLICIES:

21.1 Hand Hygiene Policy;
Sharps Safety Policy;
Standard Precautions Policy.
Learning and Development Policy
Induction and Mandatory Training Policy
Decontamination Policy

22.0 REFERENCES, SOURCES & FURTHER READING MATERIAL


APPENDIX I

GUIDELINES FOR CARRYING OUT A WOUND DRESSING USING AN ASEPTIC TECHNIQUE

1. Explain and discuss the procedure with the patient, ensuring privacy as much as possible.
2. Trolleys should be cleaned with detergent and water then dried to remove any debris, alternatively wipe using a detergent wipe.
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.
6. Position the patient.
7. Decontaminate hands
8. Apply disposable apron.
9. Apply clean gloves if required.
10. Loosen the dressing tape.
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 in order to arrange the contents of the dressing pack. This may then be used to carefully remove the used dressing (a large amount 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.
   **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 (6th 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, 6th Edition).
# Aseptic Technique Competency Document

**Name:** ……………………………………………………………………..  
**Date of assessment:** ……………………………………………………..

**Role:** ……………………………………………………………………..  
**Date of previous assessment (if applicable):** …………………………….

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<th>Competency required:</th>
<th>Competency Achieved</th>
<th>Sign &amp; Date</th>
</tr>
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<tbody>
<tr>
<td>The individual has:</td>
<td></td>
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</table>

1. Carried out a risk assessment prior to commencing the procedure considering any additional steps which may be required to ensure prevent risk of infection. For example is there increased risk to the patient in relation to this procedure, is the patient immunocompromised? Or is a wound swab required?

2. Explained and discussed the procedure with the patient, ensuring privacy as much as possible.

3. Ensured any trolley used is cleaned with detergent and water then dried to remove any debris, alternatively wipe using a detergent wipe.

4. Assembled all necessary equipment, make sure that all the packaging of sterile equipment is intact and in date.

5. Placed a dispenser of alcohol hand gel on the lower shelf of the trolley, to allow hands to be decontaminated during the aseptic procedure.

6. Prepared the area and positioned the patient.

7. Applied PPE as required, including disposable apron and clean gloves if required.

8. Loosened the dressing tape.

9. Removed gloves (if used); washed and dried hands or used alcohol gel to cleanse hands.

10. Opened the dressing pack and, using the corners of the paper, created a sterile field. (A hand may be placed in the
sterile, disposable bag in order to arrange the contents of the dressing pack. This may then be used to carefully remove the used dressing (a large amount of micro-organisms are shed into the air)).

11. Inverted the bag, ensuring that the contents remain within, and attach to the dressing trolley, using the adhesive strip. Decontaminated hands again if required.

12. Ensured 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.

13. Put on sterile gloves, carry out the procedure, remove PPE and wash hands.

14. Ensured all waste is disposed of according to the waste disposal policy.

15. Make sure that the patient is comfortable. Washed and dried hands thoroughly.

16. Documented the procedure appropriately.

**Name of Assessor:**

Please ensure a copy of this competency document is kept on the individual’s personal file, and a copy is maintained for the individual’s personal evidence of competence.
## APPENDIX 3

### EQUALITY AND HUMAN RIGHTS IMPACT ASSESSMENT

<table>
<thead>
<tr>
<th>Step 1 – Scoping; identify the policies aims</th>
<th>Answer</th>
</tr>
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<tbody>
<tr>
<td>1. What are the main aims and objectives of the document?</td>
<td>To provide Solent NHS Trust staff with clear guidance on the generic use of Aseptic Procedure in the prevention and control of healthcare associated infection. It will provide healthcare workers with evidence based guidelines on how and when to apply an aseptic technique</td>
</tr>
<tr>
<td>2. Who will be affected by it?</td>
<td>All staff and patients/service users of Solent NHS Trust services.</td>
</tr>
<tr>
<td>3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?</td>
<td>Compliance with: &gt; Health &amp; Social Care Act 2008</td>
</tr>
<tr>
<td>4. What information do you already have on the equality impact of this document?</td>
<td>This document is unlikely to have an adverse equality impact</td>
</tr>
<tr>
<td>5. Are there demographic changes or trends locally to be considered?</td>
<td>Not aware of any local incidents which would have increased local population susceptibility to infections .e.g. public health incident.</td>
</tr>
<tr>
<td>6. What other information do you need?</td>
<td>None</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Step 2 - Assessing the Impact; consider the data and research</th>
<th>Yes</th>
<th>No</th>
<th>Answer (Evidence)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Could the document unlawfully against any group?</td>
<td></td>
<td>X</td>
<td></td>
</tr>
<tr>
<td>2. Can any group benefit or be excluded?</td>
<td>X</td>
<td></td>
<td>Of potential benefit to all patient/service users.</td>
</tr>
<tr>
<td>3. Can any group be denied fair &amp; equal access to or treatment as a result of this document?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Can this actively promote good relations with and between different groups?</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Have you carried out any consultation internally/externally with relevant individual groups?</td>
<td>X</td>
<td></td>
<td>Internal consultation.</td>
</tr>
<tr>
<td>6. Have you used a variety of different methods of consultation/involvement</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mental Capacity Act implications</td>
<td>X</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Will this document require a decision to be made by or about a service user? (Refer to the Mental Capacity Act document for further information)</td>
<td>X</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If there is no negative impact – end the Impact Assessment here.
24.03.2014: At this time no negative impact identified. At this time positive impact identified- Compliance with Health & Social Care Act 2008 and would minimise infection risk and increase safety for patient/ service users and staff groups.