

POLICY FOR ASEPTIC TECHNIQUE AND ASEPTIC NON TOUCH TECHNIQUE

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

Please fill the table below:

Amend No	Issued	Page	Subject	Action Date
1	March 2018	8	Clarity has been provided on skin preparation prior to phlebotomy.	Immediate
2	March 2018	3	A summary of key points of the policy has been provided.	Immediate
3	March 2018	5	Additional definitions added for clarity.	Immediate
4		9	Clarity has been provided for community staff on what to do if asepsis is compromised in a patient's home environment.	
5		10	Further explanation has been added on needle safe devices available for Solent staff.	
6		11	Training requirements have now been agreed.	

Review Log

Include details of when the document was last reviewed:

Version Number	Review Date	Name of reviewer	Ratification Process	Reason for amendments
2	June 2014	A Bishop	Policy sub committee	Review date
3	March 2018	B Carter	Policy sub committee	Review date
4	March 2021	D Larkins	Chair's action – approved expiry extension to September 2021	No material changes to policy, this remains clinically accurate and true
5	June 2021	B Carter	Chair's action – approved expiry extension to December 2021	No material changes to policy, this remains clinically accurate and true
6	August 2021	D Larkins	Chair's action – approved expiry extension to March 2022	No material changes to policy, this remains clinically accurate and true

SUMMARY OF POLICY

The purpose of this policy is to provide guidance on aseptic and clean procedures to healthcare staff using a non-touch technique, to reduce the risk of microbial contamination within everyday practice. For quick reference the guide below is a summary of actions required. This does not negate the need for the document author and others involved in the process to be aware of and follow the detail of this policy.

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

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

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

The principle is that:

- You cannot infect a key part if it is not touched
- Any key part must only come into contact with other key parts.
- Non-key parts should be touched with confidence

Remember to...

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

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

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ASEPTIC AND ASEPTIC NON TOUCH TECHNIQUE POLICY

1. INTRODUCTION & PURPOSE

- 1.1 Asepsis is an essential Infection Prevention and Control (IPC) measure used to minimise the transmission of harmful micro-organisms during invasive procedures.
- 1.2 The Health and Social Care Act 2010 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 over arching Trust Policy and health professionals may wish to aid compliance with the policy by developing local guidelines for clinical procedures specific to their clinical practice/service. Services such as Dentistry may work to national practices and guidelines. Local guidelines are to be agreed by the Infection Prevention Team (IPT).

2. SCOPE AND DEFINITIONS

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

Definitions

- 2.2 Asepsis - being free from pathogenic (harmful) micro-organisms.
- 2.3 Aseptic technique(AT) – is defined as a means of preventing or minimising the risk of introducing harmful micro-organisms into the body when undertaking clinical procedures.
- 2.4 Aseptic field – an aseptic field is an area created to control the environment around the procedure and protect the key parts and key sites. Often this can be achieved by placing a sterile towel/s around the procedure site and on the surface that will hold sterile instruments and other items such as dressings.
- 2.5 Aseptic Non Touch Technique (ANTT) - This is a 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. If the procedure is complex or the patient is immunocompromised, sterile gloves must be worn.
- 2.6 Sterile - free from any micro-organisms. Once a sterile pack has been opened, the contents are no longer considered sterile.
- 2.7 Key site – a body area or invasive device on the client where pathogenic micro-organisms may enter the body and cause infection i.e. urinary catheter, cannula, wound.

- 2.8 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.
- 2.9 Pathogenic microorganism – a microorganism that is capable of causing harm.
- 2.10 Transient microorganisms – microorganisms on the surface of the skin which come and go as we touch things and move around. They are easily removed by hand washing.

3. PROCESS/REQUIREMENT

3.1 Background

- 3.1.1 Policies clarifying correct aseptic technique have therefore been implemented and, in conjunction with other infection prevention and control principles HCAs appear to be reducing (DH 2010).
- 3.1.2 The development of ward and community based aseptic practice was originally centred on wound management. As healthcare workers took on increasing roles and responsibilities of intravenous therapies and other invasive medical devices e.g. urinary catheters and peripherally inserted central catheters (PICC) aseptic practices have become more applicable to more procedures.
- 3.1.3 When the normal defences of the body are breached, the tissues are vulnerable to invasion by micro-organisms. The aseptic technique aims to prevent micro-organisms on hands, surfaces or equipment from being introduced to such susceptible sites. It should also prevent micro-organisms from the patient being transferred to staff or other patients (Wilson 2006).
- 3.1.4 Using an aseptic or aseptic non-touch technique will contribute to effective infection prevention and control. 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.

3.2 Aseptic Technique

- 3.2.1 Aseptic technique can be applied in any clinical setting, hospital or in the patient's/service user's home. In a shared care environment such as a health centre or G.P surgery where multiple patients may be seen in one day this increases the risk of transmission of infection. In such premises aseptic procedures should be carried out in a designated treatment room which is suitable for the task, with surfaces that can be cleaned easily and effectively and suitable hand washing facilities.
- 3.2.2 This technique minimizes the risk of harmful pathogens entering the body via wounds or central venous access devices or during invasive procedures. Some examples of situations that require aseptic technique include: minor surgery, nail surgery, insertion of intravenous lines (IV) or urinary catheters, suturing, wound care, assisted delivery etc. Please note this list is not exhaustive.

3.2.3 Components of Aseptic Technique

These include:

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

3.3 Aseptic non Touch Technique (ANTT)

3.3.1 ANTT aims to prevent contamination of susceptible sites by micro-organisms that could cause infection. This is achieved by using sterile products, while ensuring that the sterile component (**key part**), for example, a needle, does not come into contact with non-sterile surfaces (Pratt et al 2013).

3.3.2 Key parts and key sites are essential elements in ANTT. Key sites include wounds and insertion sites e.g. catheters, central venous access devices, veins (in phlebotomy). Key parts are the aseptic parts of the equipment involved in the procedure that need to have direct contact with other aseptic key parts of the patient, key sites or liquid infusions. If key parts become contaminated they can provide a direct route for the transmission of pathogens.

3.3.3 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.

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

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

3.3.6 The aim is for asepsis not sterility. The individual healthcare professional needs to decide between sterile or non sterile field/gloves and simply ask themselves 'can I do this procedure without touching key-parts?'

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

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

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

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

3.4 Hand Hygiene (Decontamination)

- 3.4.1 Effective hand decontamination results in significant reduction in the carriage of harmful micro-organisms on the hands (NICE 2012). In all clinical settings, hand hygiene is the most important component of good infection prevention & control practice.
- 3.4.2 Hand decontamination using a good technique at the right time is essential.
- 3.4.3 Staff must adhere to 'Bare Below the Elbows' to reduce the risk of contamination from soiled clothing and ensure wrists are included in achieving adequate hand hygiene.
- 3.4.4 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.
- 3.4.5 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. When undertaking aseptic technique initial hand hygiene should, whenever available, be soap and water followed by alcohol gel.

3.5 Personal Protective Equipment (PPE)

- 3.5.1 PPE is worn to protect the health care worker from exposure to blood or body fluids. However, when carrying out aseptic technique the aim is also to protect the patient from micro-organisms carried by the health care worker.
- 3.5.2 The extent and type of protective equipment will also depend on the type of procedure and its complexity. For example:
- Maximal barrier precautions, including a sterile gown, sterile gloves and a large drape are always required for surgical procedures and placement of central venous access devices.
 - Gloves (ANTT= non sterile; basic aseptic technique = sterile gloves) and a plastic apron for wound dressing procedures.
 - Clean non sterile gloves and a plastic apron are adequate for I.V drug administration as long as a ANTT is used (see 6.0).
 - Clean non sterile gloves are adequate for phlebotomy as long as ANTT is used and must be worn.

3.6 Preparing the Patient/Service User for a Clinical Procedure

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

3.7 Creating and Maintaining an Aseptic Field

3.7.1 Sterile items are to be used in aseptic techniques. Sterilized equipment is sterile for as long as it remains in the undamaged packaging or reaches a use-by date. Once opened, therefore, any sterile items are then deemed to be aseptic rather than sterile.

3.7.2 ANTT and Aseptic technique is centred on all clinical procedures. The aim is to maintain asepsis and prevent contamination of the equipment or environment and thus stop pathogenic micro-organisms from entering the patient.

3.7.3 To maintain asepsis:

- Do not place sterile items near open windows or doors.
- Only place sterile items within your aseptic field.
- Do not contaminate sterile items when opening, dispensing, or transferring them.
- Do not touch key parts with non sterile gloves.
- Be conscious of where your body is at all times, and move within or around the aseptic field taking care not to contaminate equipment or the aseptic field.

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

3.8 Use of a Safe Operating Technique

3.8.1 Good, safe, careful operative techniques can minimise the risk of infection. Post procedure infections are more likely to occur:

- In tissue that has been damaged due to rough or excessive manipulation during the procedure.
- In damaged tissue which heals more slowly and is susceptible to infection.
- When excessive bleeding occurs, because this increases susceptibility to invasion by micro-organisms.

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

3.9 Creating a Safe Environment

3.9.1 Specific rooms should be designated for performing invasive 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. If window needs to be open a fly screen needs to be fitted.
- Before a new patient is brought into the room, clean and decontaminate (as appropriate) all surfaces that may have been contaminated during the last procedure including examination couches, dressing trolleys, and examination /operating lamps. Refer to Solent NHS Trust Decontamination policy.

3.9.2 Wherever possible 'safer' needle devices should be used to protect the staff member and the patient from inoculation injury.

3.10 Community Setting

- 3.10.1 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. If the clinician feels there is no alternative this must be clearly documented.
- 3.10.2 The healthcare worker must ensure that they have a clean surface to arrange the dressing equipment, e.g. a table or chair, placing the sterile field on the floor is not best practice.
- 3.10.3 Where practitioners do not feel they are able to maintain an adequate sterile field they must undertake and document a risk assessment and any mitigating actions taken to minimize the risk to the patient. Staff should consider if alternative settings are more suitable or indeed feasible i.e. GP practice or other clinic facilities.

3.11 Essential Actions for all Procedures

- Dispose of single use items after one use
- Decontaminate re-usable items according to local policy and manufacturer's instructions
- Store sterile equipment in clean, dry conditions, off the floor
- Dispose of waste as per local policy
- Minimise interventions that result in breaking closed systems e.g. manipulation of IV lines and urinary catheters

3.12 Recommended Technique for Commonly Performed Procedures

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

3.13 Needle-Free Devices (Community and Healthcare Setting)

3.13.1 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 Prevention Team and to the Medicines and Healthcare products Regulatory Agency.
<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.

3.13.2 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% Isopropyl alcohol, 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.**

4. ROLES AND RESPONSIBILITIES

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

- 4.7 All staff have individual responsibility to comply with standard precautions of infection prevention and control as applicable to their everyday practice.

5. TRAINING

1. All mandatory training undertaken must be recorded on the Electronic Staff Record (ESR) taken from signing in sheets. Monitoring of attendance will be carried out by the Learning and Development Department.
- 5.2 It is vital that all staff carrying out aseptic techniques are trained to do so and maintain best and up to date practice.
- 5.3 All staff undertaking aseptic technique must have successfully passed the 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 IPT.
- 5.4 All staff new to Solent NHS Trust will receive an introduction to Infection Prevention and Control within one month of their start date, this will be in the form of Corporate Induction and hand hygiene competency in the clinical area.
- 5.5 All clinical staff must undertake and pass an annual infection prevention module via on line training to ensure a basic level of infection prevention knowledge.
- 5.6 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 (for example; a matron, senior member of the team, nurse specialist or link advisor) using the competency assessment tool (Appendix B).
- 5.7 Staff who are not professionally registered with a professional body (i.e. Health Care Assistants) will require training at service level by a competent member of staff (i.e. Registered Nurse competent in aseptic technique and ANTT). Training should include all aspects of the aseptic procedure (Appendix A). Following training the individual should be observed carrying out an aseptic technique and the competency document (Appendix B) must be completed. Once all competencies are completed to the required standard this must be signed off by both parties and a copy kept on the individual's personal file.

6. EQUALITY IMPACT ASSESSMENT AND MENTAL CAPACITY

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

7. SUCCESS CRITERIA/MONITORING EFFECTIVENESS

- 7.1 Service managers will ensure the policy has been implemented within their areas. The Service will monitor effective practice through the High Impact Interventions (DH 2010.) with support from the Infection Prevention Team. High Impact Intervention tools are in the

process of becoming embedded into practice and will be requested by the Infection Prevention Team as auditable documents.

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

8. REVIEW

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

9. REFERENCES AND LINKS TO OTHER DOCUMENTS

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

Ayliffe et al, 2000. Control of Hospital Infection: A Practical Hand book 4th edition. London: Arnold Publishers.

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

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

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Pratt, RJ et al. 2013. Epic3: national evidence-based guidelines for preventing Healthcare Associated Infections in NHS hospitals in England. Journal of Hospital Infection. (65), Suppl 1, S1-S64.

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

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

This policy should be used with reference to the:

- Hand Hygiene Policy
- Sharps Safety Policy
- Standard Precautions Policy
- Learning and Development Policy
- Decontamination Policy
- Induction and Essential Training Policy

APPENDIX A

GUIDELINES FOR CARRYING OUT A WOUND DRESSING USING AN ASEPTIC TECHNIQUE

1. Explain and discuss the procedure with the patient, 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/lotions into containers on the sterile field using a non-touch technique. Ensure that sterile gloves are available and ready for use.
15. Put on sterile gloves.
16. Carry out the procedure.
17. Remove PPE and clean hands.
18. Ensure that all waste is disposed of according to the waste disposal policy
19. Make sure that the patient is comfortable.
20. Wash and dry hands thoroughly.
21. Document the procedure.

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

Full details of Clinical Nursing Procedures can be found in the Royal Marsden Hospital Manual of Clinical Nursing Procedures (9th 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, 9th Edition](#)).

SERVICE/SPECIALTY COMPETENCY TOOL

VERSION : 1
Date: May 2018

Name:

Team:

Line Manager/Professional Lead:

Date Competency Pack Commenced:

Date Completed:

About this competency tool

Guidance

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

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

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

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

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

Accountability

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

Producing Evidence

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

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

Index

Theory = Theoretical knowledge and observation
 Observation = Observation of skill being performed by expert
 Observed = Observed performing skill and feedback given
 Signed off = Signed by registered professional as competent

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

Signature Record

Print Name		Designation		Signature		Initials	
Print Name		Designation		Signature		Initials	
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A Competency Statement: Preparation		Theory	Observation	Observed	Self-Assessment	Level Expected	Level Reached	Evidence and Comments	Date Signed Off	Signed Off
Author:	Date of sign off:									
A1	Ability to complete a risk assessment prior to commencing the procedure considering any additional steps which									

	may be required in order to prevent the risk of infection.									
A2	Able to explain the procedure to the patient, whilst maintaining privacy as much as possible.									
A3	Demonstrates the correct procedure to clean the trolley using detergent or detergent wipes and adequately dries the trolley afterwards to remove all dirt.									
A4	Assembles all necessary equipment, making sure the packaging of sterile equipment is intact and in date.									
A5	Places a dispenser of alcohol hand gel on the lower shelf of the trolley, to allow hands to be decontaminated during the aseptic procedure.									

B Competency Statement: Point of Care		Theory	Observation	Observed	Self-Assessment	Level Expected	Level Reached	Evidence and Comments	Date Signed Off	Signed Off
Author:	Date of sign off:									
B1	Prepares the area and positions the patient.									
B2	Applies PPE as required, including disposable apron and clean gloves if required.									
B3	Loosens the dressing tape.									
B4	Removes gloves (if used); washes and dries hands with soap and water or uses alcohol gel to cleanse hands.									
B5	Opens the dressing pack and, using the corners of the paper, creates a sterile field. (A hand may be placed in the									

	sterile, disposable bag 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).									
B6	Inverts the bag, ensuring that the contents remain within, and attaches it to the dressing trolley, using the adhesive strip. Decontaminates hands again if required.									
B7	Ensures that all necessary items are assembled onto the sterile field including any lotions that may be required. Tips fluids/lotions into containers on the sterile field using a non-touch technique. Ensures that sterile gloves are available and ready for use.									
B8	Puts on sterile gloves, carries out the procedure, removes PPE and washes hands									

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

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

APPENDIX C

EQUALITY AND HUMAN RIGHTS IMPACT ASSESSMENT

Step 1 – Scoping; identify the policies aims	Answer		
1. What are the main aims and objectives of the document?	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		
2. Who will be affected by it?	All staff and patients/service users of Solent NHS Trust services.		
3. What are the existing performance indicators/measures for this? What are the outcomes you want to achieve?	Compliance with: > Health & Social Care Act 2008		
4. What information do you already have on the equality impact of this document?	This document is unlikely to have an adverse equality impact		
5. Are there demographic changes or trends locally to be considered?	Not aware of any local incidents which would have increased local population susceptibility to infections. e.g. public health incident.		
6. What other information do you need?	None		
Step 2 - Assessing the Impact; consider the data and research	Yes	No	Answer (Evidence)
1. Could the document unlawfully against any group?		x	
2. Can any group benefit or be excluded?	X		Of potential benefit to all patient/service users.
3. Can any group be denied fair & equal access to or treatment as a result of this document?		X	
4. Can this actively promote good relations with and between different groups?		X	
5. Have you carried out any consultation internally/externally with relevant individual groups?		X	Internal consultation.
6. Have you used a variety of different methods of consultation/involvement		X	
Mental Capacity Act implications			
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)		X	
External Considerations			
8. What external factors have been considered in the development of this policy?			Please see Solent NHS Trust's Equality Diversity and Human Rights Policy
9. Are there any external implications in relation to this policy?		X	
10. Which external groups may be affected positively or adversely as a consequence of this			All patients and visitors

policy being implemented?			
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If there is no negative impact – end the Impact Assessment here.

08.02.2018: At this time no negative impact identified.