Aseptic Technique Policy

Responsible Directorate:	Public Health
Responsible Director:	Dr Judith Hooper
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Committee:	Governance Committee

NICE GUIDANCE
Once NICE guidance is published, health professionals are expected to take it fully into account when exercising their clinical judgment. However, NICE guidance does not override the individual responsibility of health professionals to make appropriate decisions according to the circumstances of the individual patient in consultation with the patient and/or their guardian or carer.

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Author:	Sue Ross
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Performance Indicators:	1. To reduce the incidence of cross infection 2. Essential steps audit

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Policy Statement

NHS Kirklees will ensure that staff are aware of and follow appropriate procedures relating to aseptic technique to provide safe care to patients.

1. Introduction

Patients have a right to be protected from healthcare associated infections (HCAIs) and staff have a duty to safeguard the well-being of their patients.

An aseptic technique must be implemented during any invasive procedure that bypasses the body's natural defences, e.g. the skin and mucous membranes, or when handling equipment such as intravenous cannula and urinary catheters that are used during these procedures.

2. Associated policies & procedures

- NHS Kirklees Hand Decontamination Policy
- NHS Kirklees Standard Universal Precautions Policy
- NHS Kirklees Records Management Policy
- NHS Kirklees Incident Reporting
- Health and Safety Policy
- COSHH
- NHS Kirklees Waste Management Guideline
- Use of Disinfectants and Antiseptics Policy

3. Aims and objectives

The key aims of this policy are:

- To ensure staff understand the term aseptic technique and how these principles protect patients and staff.
- To ensure staff understand the principles of asepsis and when an aseptic technique should be employed.

4. Scope of the Policy

This policy must be followed by all NHS Kirklees employees who are developing policy and procedural documents or developing guidance for colleagues. It must be followed by all staff who work for NHS Kirklees, including those on temporary or honorary contracts, bank staff and students.

Breaches of this policy may lead to disciplinary action being taken against the individual.

Independent contractors are responsible for the development and management of their own procedural documents and for ensuring compliance with relevant legislation and best practice guidelines. Independent contractors are encouraged to seek advice and support as required.

5. Accountabilities and Responsibilities

The Chief Executive (CE) is accountable for ensuring that effective arrangements for the prevention and control of infection are in place within NHS Kirklees.

The Director of Infection Prevention and Control has responsibility to provide assurance to the Board and to have direct accountability for ensuring staff are provided with an aseptic technique policy.

The Infection Prevention and Control team will:

Ensure this policy is reviewed as required, and work with Heads of Services to implement necessary changes in practice.

Heads of Service are:

Responsible for ensuring that the healthcare professionals undertaking aseptic techniques adhere to policy.

Employees will:

- Cooperate and assist with the implementation of this policy
- Bring to the notice of management problems and failings associated with the application of this policy.
- Attend training as required.
- Make themselves aware of, and follow safe systems of work.
- Seek specialist advice as necessary.

6. Causation of Infection

Infection is caused by organisms which invade the host's immunological defence mechanisms, although susceptibility to infection may vary from person to person.

The most usual means for spread of infection include:

- Hands of the staff involved
- Inanimate objects, e.g. instruments and clothes
- Dust particles or droplet nuclei suspended in the atmosphere

A risk assessment must be carried out to establish if the patient is at increased risk of infection as an individual's ability to resist an infection depends on many factors which must all be considered

- General health status, underlying disease
- Nutritional state
- Immunosuppressive drugs
- Previous exposure to infection
- Patients undergoing surgery or instrumentation
- Immune status
- Prior drug therapy of broad spectrum antibiotics

7. Aseptic Technique Principles

- Avoid performing an aseptic technique, for at least 30 minutes after bed making or domestic cleaning.
- Assemble all appropriate sterile items for the procedure.
- Prepare the environment and equipment including decontamination of the working surface - the area can be cleaned with a detergent wipe.
- A disposable plastic apron which is impermeable to bacteria must be worn during aseptic procedures. An impermeable plastic apron offers more protection than a cotton gown which allows bacteria and moisture to pass through.
- Wash hands before commencing procedure with liquid soap and water followed by alcohol rub. (Alcohol content must be greater than 70% for efficacy). Alcohol rubs cannot be used on visibly soiled hands.

- Ensure non sterile gloves are worn to remove the dressing. The dressings must be removed carefully as a large amount of micro organisms are shed into the air.

- Expose the wound for the minimum time to avoid contamination and maintain temperature of the wound bed.

- Decontaminate hands again after removing dressing/gloves using products above.

- Alcohol-based handrub, whilst not effective in removing physical dirt or soiling, is more effective in destroying transient bacteria than more time-consuming hand-wash methods. (Refer to Hand Decontamination Policy.)

- Hands that are visibly soiled or potentially contaminated with dirt or organic matter must be washed first with liquid soap and running water before using alcohol-based hand rub. (Refer to Hand Decontamination Policy.)

- Ensure CE marked sterile latex/latex free gloves are worn.

- There is insufficient evidence to justify a practice change to non-sterile gloves for aseptic techniques. Efforts must be made when wearing gloves to avoid glove contamination and glove damage.

- All instruments, fluids that come into contact with the wound must be sterile if the risk of contamination is to be reduced.

- Perform the procedure including skin preparation where applicable, avoiding accidental contamination of sterile equipment/vulnerable site.

ALWAYS

- Use standard infection control precautions.

- Ensure Personal Protective Equipment (PPE) is worn to protect the Practitioner's clothing/uniform becoming contaminated with pathogenic micro organisms which may subsequently be transferred to other patients. The Personal Protective Equipment at Work Regulations 1992 requires NHS Kirklees to carry out a risk assessment of the PPE needs of their employees.

- Dispose of single-use items after one use.

- The re-use of single use items must not occur and could result in legal, economic and ethical consequences.

- Store sterile equipment in clean, dry conditions, off the floor and away from potential damage.

- Dispose of waste as NHS Kirklees waste guideline.

	Aseptic technique
Gloves	Sterile latex / non latex
Dressings	Sterile
Technique	No-touch
Hand decontamination	Wash, with a liquid soap OR apply alcohol gel to all areas of physically clean hands
Cleansing solution	Sterile water/saline

Examples of when Aseptic Technique should be performed

Procedure	Technique	Comments
Indwelling urinary catheter insertion	Clean area first with Sterile Water	Use sterile lubricant to reduce trauma. Maintain daily personal hygiene and closed drainage system
Suprapubic catheter	Aseptic	Treat as surgical wound until healed
IUD insertion	Aseptic	Surgical hand decontamination
IV line - Peripheral Central Tunneled	 Aseptic Aseptic Aseptic	Clean with antiseptic solution Disinfect hubs prior to use

8. Equality Impact Assessment

In order to meet these requirements, a single equality impact assessment is used to assess all its policies/guidelines and practices. This Guideline was found to be compliant with this philosophy (see appendix C).

9. Training Needs Analysis

In order to ensure that policies, guidelines and protocols are introduced and work effectively, there is a need to provide adequate training and instruction. As a result, the author of this document has carried out a training needs analysis which has identified the staff who require training, the methodology of training delivery and frequency that the training will be provided. The contents of this policy will be highlighted within the mandatory training sessions.

NHS Kirklees is committed to the training and continuing development of all staff including independent contractors on all relevant issues surrounding aseptic technique.

10. Monitoring Compliance with this Policy

NHS Kirklees will monitor compliance using:

- Essential Steps assessments to ensure key Infection Prevention and Control policies are being implemented.

- Healthcare associated infections due to inadequate asepsis identified after completion of Root Cause Analysis investigations.

11. References

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Cohen H A, Kitai E et al 2002 Handwashing Patterns in two dermatology clinics Dermatology 205 (4) 358 - 61

Health & Safety Executive 1992 Personal Protective Equipment Regulations. Department of Health London

Infection Control Nurses Association 2003 Asepsis: Preventing Healthcare Associated Infection, Fitwise, Bathgate

Lankester B J A, Bartlett G E, 2001 Direct Measurement of bacterial penetration through surgical gowns Journal of Hospital Infection 50 (4) 281 - 5

MHRA 2006 Single Use Medical Devices: Implications and Consequences of Reuse. Department of Health London

National Institute for Clinical Excellence 2003 Infection Control: Prevention of Healthcare Associated Infections in Primary and Community Care Nice London

Raybould L M 2001 Disposable Non Sterile gloves : a policy for appropriate usage Journal of Nursing 10 (17) 1135 – 41

Health and Social Act 2008 - reference

Appendices

A. Definitions

Infection control is the use of evidence based practice, training and education, policies and procedures to prevent or minimise the risk of cross infection, through a managed environment, which minimises the risk of infection to patients, staff and visitors.

Aseptic technique – a no-touch technique used during invasive procedures that by-pass a patients natural defences, or when handling equipment such as intravenous cannula or urinary catheters used during such procedures.

B. Key stakeholders consulted/involved in the development of the policy/procedure

Stakeholders name and designation	Key Participant Yes/No	Feedback requested Yes/No	Feedback accepted Yes/No
Infection prevention and control nurses	Y	Y	
Infection Prevention Committee	Y	Y	
KCHS Standard Operating Procedures Group			

C. Equality Impact Assessment Tool

	Insert Name of Policy / Procedure		
		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?**	N/A	
4.	**Is the impact of the policy/guidance likely to be negative?**	No	
5.	**If so can the impact be avoided?**	N/A	
6.	**What alternatives are there to achieving the policy/guidance without the impact?**	N/A	
7.	**Can we reduce the impact by taking different action?**	N/A	