



## **NON -TOUCH ASEPTIC TECHNIQUE POLICY**

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## Revision History

Revision Date	Summary of changes	Author(s)	Version Number
March 2010	Policy updated	IPCT	3
December 2012	Policy updated	IPCT	4
December 2014	Policy updated	IPCT	5
September 2016	Policy updated	IPCT	6

## Approvals

This document requires the following approvals either individual(s), group(s) or board.

Name	Title	Date of Issue	Version Number
	JICC	March 2010	3
	IPACC	December 2012	4
	IPACC	December 2014	5
	IPACC	September 2016	6

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## **1. Introduction**

Non-touch aseptic technique is the practice of avoiding contamination by not touching key elements, the inside surface of a sterile dressing where it will be in contact with a wound.

Aseptic technique is required whenever carrying out a procedure that involves contact with a part of the body or an invasive device where introducing micro-organisms may increase the risk of infection. (The Royal Marsden 2014)

Patients have a right to be protected from preventable infection and nurses have a duty to safeguard the well-being of their patients.

The Health and Social Care Act (2012) identified Aseptic technique in its clinical care protocols, stating “clinical procedures should be carried out in a manner that promotes the principle of asepsis. Education, training and assessing in the aseptic technique should be provided to all persons undertaking such procedure, the technique should be standardised across the organisation” and that “audits should be undertaken to monitor compliance with the technique.”

## **2. Scope**

This policy is for all staff employed either directly or indirectly by ECCH who are trained in this technique. This policy also applies to Agency staff. These staff may work within ECCH premises or patients’ own homes.

## **3. Policy Statement**

This policy will be implemented to ensure that safe practice and every effort is undertaken to keep the patient as free from micro-organisms as possible.

## **4. Responsibilities**

It is the responsibility of all staff to ensure that they comply with the Health and Social Care Act (2008) and adhere to best practice as described in this policy.

## **5. Policy Monitoring**

It is the responsibility of all department heads/ professional leads, to ensure that the staff they manage adhere to this policy.

## **6. Review**

This policy will be reviewed by the Infection Prevention & Control team in conjunction with other staff groups in December 2016

## **7. Principles of aseptic technique**

- Avoid exposing or dressing wounds or performing an aseptic procedure for at least 30 minutes after bed making or domestic cleaning.
- Plan to dress clean wounds prior to known infected cases.

- Assemble all appropriate items for the procedure, check items are appropriate to the task and are undamaged intact and dry.
- Prepare the setting including decontamination of the working surface to be used with soap and water then dry if appropriate.
- Explain the procedure to the patient
- A clean plastic disposable apron should be worn over uniform or clothing.
- Decontaminate hands as per the hand hygiene guidelines.
- To minimise aerosolisation of micro organisms carefully remove the dressing using a pair on non-sterile nitrile gloves and then place dressing immediately in disposal bag.
- Expose the wound for the minimum time to avoid contamination and maintain temperature.
- Decontaminate hands again.
- Put on sterile gloves and disposable apron for the procedure.
- Perform the procedure including skin preparation where applicable, avoiding contamination of sterile equipment and vulnerable site.
  - ✓ Use standard precautions
  - ✓ Open the sterile field using the corners of the paper only.
  - ✓ Open single use only items by peeling back method & tip onto the sterile field
  - ✓ Dispose of single-use items after use
- Remove gloves and apron.
- Dispose of waste as per waste policy.
- Decontaminate the working surface.
- Decontaminate hands.

## 8. References

Crow S 1989 Asepsis: an indispensable part of the patient's care plan. Critical Care Nurse Questions, 11(4), 11-15

Department of Health. 2008. The Health and Social care Act (2012): Code of Practice for the NHS on the Prevention and Control of Healthcare Associated Infections and related guidance. DH Publications

Goodinson SM 1990 Keeping the Flora Out. Professional Nurse. 5(11), 572-5

Infection Control Nurses Association. 2003 Asepsis: Preventing Healthcare Associated Infection

Mallett J & Dougherty L (Eds) 2000 The Royal Marsden Hospital Manual of Clinical Nursing Procedures. 5<sup>th</sup> Edition. London. Blackwell Scientific Publications

Dougherty L & Lister S (Eds) 2014 The Royal Marsden Hospital Manual of Clinical Nursing Procedures 9<sup>th</sup> Edition. London. Blackwell Scientific Publications

## 9. Author

Infection Prevention & Control Team

## 15.0 EQUALITY AND DIVERSITY IMPACT ASSESSMENT

Impact Assessments must be conducted for:

- All ECCH policies, procedures, protocols and guidelines (clinical and non-clinical)
- Service developments
- Estates and facilities developments

<b>Name of Policy / Procedure / Service</b>	<b>Non touch aseptic technique</b>
<b>Manager Leading the Assessment</b>	<b>Teresa Lewis</b>
<b>Date of Assessment</b>	<b>17/05/2014</b>

### STAGE ONE – INITIAL ASSESSMENT

<p><b>Q1. Is this a new or existing policy / procedure / service?</b></p> <p><input type="checkbox"/> New</p> <p>√ Existing</p>
<p><b>Q2. Who is the policy / procedure / service aimed at?</b></p> <p><input type="checkbox"/> Patients</p> <p>√ Staff</p> <p><input type="checkbox"/> Visitors</p>
<p><b>Q3. Could the policy / procedure / service affect different groups (age, disability, gender, race, ethnic origin, religion or belief, sexual orientation) adversely?</b></p> <p><input type="checkbox"/> Yes</p> <p>√ No</p> <p><b>If the answer to this question is NO please sign the form as the assessment is complete, if YES, proceed to Stage Two.</b></p>

## Analysis and Decision-Making

Using all of the information recorded above, please show below those groups for whom an adverse impact has been identified.

### Adverse Impact Identified?

Age	Yes/No
Disability	Yes/No
Gender	Yes/No
Race/Ethnic Origin	Yes/No
Religion/Belief	Yes/No
Sexual Orientation	Yes/No

- Can this adverse impact be justified?
- Can the policy/procedure be changed to remove the adverse impact?

If your assessment is likely to have an adverse impact, is there an alternative way of achieving the organisation's aim, objective or outcome

What changes, if any, need to be made in order to minimise unjustifiable adverse impact?