



NON -TOUCH ASEPTIC TECHNIQUE POLICY

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Revision History

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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
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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 2017)

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 July 2020

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.
- Open the sterile field using the corners of the paper only
- Decontaminate hands as per the hand hygiene guidelines.
- Use non-sterile gloves to minimise aeroionisation of micro-organisms and carefully remove the dressing and place immediately in disposal bag.
- Expose the wound for the minimum time to avoid contamination and maintain temperature.
- Decontaminate hands again.
- Put on sterile gloves for the procedure.
- Perform the procedure including skin preparation where applicable, avoiding contamination of sterile equipment and vulnerable site.
- If the wound is showing signs of infection, a swab should be taken.
 - ✓ 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 aprons.
- 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*. 5th Edition. London. Blackwell Scientific Publications

Dougherty L & Lister S (Eds) 2017 *The Royal Marsden Hospital Manual of Clinical Nursing Procedures* 9th 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

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

STAGE ONE – INITIAL ASSESSMENT

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

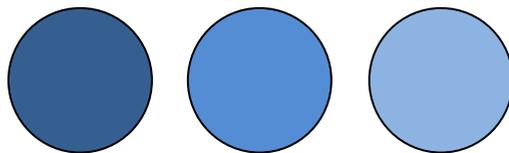
If your assessment is likely to have an adverse impact, is there an alternative way of achieving the organisation's aim, objective or outcome

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

Please complete details:

Name	
Designation	
Place of work	
Task/tasks being performed	

Essential Steps to safe, clean care



Aseptic Technique

Knowledge Skills Framework

Aseptic Technique –All clinical staff

Aim: To prevent contamination of wounds or other susceptible sites by organisms that could cause infection

Risk elements –

- Principles
- Hand hygiene and PPE
- Preparation
- Procedure

Observation	Aseptic Technique Review Tool	%	Knowledge Demonstrated			Comments
			Yes	No	N/A	
	Staff should demonstrate knowledge of:					
Principles	<ul style="list-style-type: none"> Dressing clean wounds prior to known infected cases 	25%				Knowledge/Skills successfully demonstrated
	<ul style="list-style-type: none"> Dressing to be carried out behind curtains or in a clean treatment room etc. 	25%				
	<ul style="list-style-type: none"> Ensure the persons privacy and dignity by only exposing the area required for as short a time as possible 	25%				
	<ul style="list-style-type: none"> Close windows and doors where the procedure is to be carried out 	25%				
Infection Control Hand Hygiene	In accordance with the ECCH hand hygiene policy, have hands been:	20%				Knowledge/Skills successfully demonstrated
	<ul style="list-style-type: none"> Decontaminated prior to each episode of care, using the seven step hand washing technique with soap and water? 					
	<ul style="list-style-type: none"> After each episode of care, using the seven step hand washing technique with soap and water? 	20%				
	Are hands/wrists free from:	5%				
	<ul style="list-style-type: none"> Jewellery other than a plain wedding band? 					
	<ul style="list-style-type: none"> Watches/bangles? 	5%				
	Are nails:	5%				
<ul style="list-style-type: none"> Short and clean 						
<ul style="list-style-type: none"> Free from nail varnish/false nails 	5%					
Personal Protective Equipment	Does the staff member wear the appropriate protective equipment?	20%				Knowledge/Skills successfully demonstrated
	<ul style="list-style-type: none"> Single use, plastic aprons? 					
	<ul style="list-style-type: none"> Sterile gloves when carrying out invasive procedures, eg contact with sterile sites. 	20%				
Preparation	<ul style="list-style-type: none"> Check packs are sterile (undamaged, intact, dry and autoclaved correctly) and in date 	10%				
	<ul style="list-style-type: none"> Trolley/tray/ is cleaned with soap and water or detergent wipes and dried thoroughly with paper towels. Community staff to use a suitable clean dry surface. 	10%				
	<ul style="list-style-type: none"> Equipment required is placed on bottom shelf of clean trolley 	10%				
	<ul style="list-style-type: none"> Trolley is taken to patient 	10%				

	<ul style="list-style-type: none"> Valid consent is obtained 	20%				Knowledge/Skills successfully demonstrated
	<ul style="list-style-type: none"> Sterile dressing pack outer packaging is removed without contamination and pack opened using only the corners of the paper 	20%				
	<ul style="list-style-type: none"> Items that are required are carefully placed on the sterile field ensuring the outer packaging does not come into contact with sterile field 	10%				
	<ul style="list-style-type: none"> Is a disposable clinical waste bag open and placed near area to be redressed or attached to trolley 	10%				
Procedure	<ul style="list-style-type: none"> Non sterile gloves to be donned and previous dressing removed 	10%				Knowledge/Skills successfully demonstrated
	<ul style="list-style-type: none"> Non sterile gloves are removed and disposed of in clinical waste bag. Decontaminate hands correctly 	10%				
	<ul style="list-style-type: none"> Put on appropriate gloves for the procedure 	10%				
	<ul style="list-style-type: none"> The procedure is carried out using a non-touch technique following the Royal Marsden Aseptic Technique guidelines? 	10%				
Safe disposal of waste	<ul style="list-style-type: none"> Dispose of single use items as per waste policy 	10%				
	<ul style="list-style-type: none"> Is the patient made comfortable? 	10%				
Documentation	<ul style="list-style-type: none"> Clean the trolley with hot soapy water and dry thoroughly 	10%				
	<ul style="list-style-type: none"> Remove gloves and apron as dispose of as per waste policy 	10%				
	<ul style="list-style-type: none"> Decontaminate hands using the seven step hand washing 	10%				

	technique with soap and water	%				
	<ul style="list-style-type: none"> Are all areas of documentation completed appropriately and accurately? 	10%				

Shaded areas are high risk sections and must be complied with. If the answer box is greyed out, the answer is Yes or No and cannot be N/A.

Add up total percentage and divide by number of section applicable, to give final percentage figure.

Principles -----%
 Hand hygiene & PPE -----%
 Preparation -----%
 Procedure -----%
 = -----% Divide by number of sections. **Final percentage -----%**

Signature of Clinician being assessed:

Name Block Capitals:

Designation:

Date:

Assessor Signature:

Name Block Capitals:

Designation:

Date:

References:

Dougherty, L. Lister, S. (2004) The Royal Marsden Hospital Manual of Clinical Nursing Procedures sixth ed.: Blackwell: Oxford

Department of Health (2007) Essential steps to safe, clean care. Crown: London

East Coast Community Healthcare Infection Prevention Policies on Catheter, Hand Hygiene, Standard Precautions, Aseptic Technique, and Waste are to be found on ECCHO intranet site http://softweb/ecchintranet/Home/FormsGuidance.aspx?udt_575_param_index=E and www.eastcoastch.co.uk

Adapted from Essential Steps to Safe Clean Care audit tool developed by Bradford and Airedale PCT.