CareVille
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Aseptic Technique Policy

CM02

Date Written	
Author(s)	
Version	
Date Signed Off	
Reviewed by	

Date: [ ]

Review Data

Initial Production

Name	Role/Department	RACI	Date

R = Responsible for writing the policy; A = Accountable; C = Consulted; I = Informed

Change History

Version	Date	Details of Change	Author

Emergency Contact Details

Name	Email	Mobile

CQC Fundamental Standards

Regulation Number	Regulation Details
Regulation 12: Safe care and treatment	Care and treatment must be provided in a safe way for service users including assessing the risk of, and preventing, detecting and controlling the spread of, infections.

Key Lines of Enquiry

KLOE	How this applies to Aseptic Technique
Safe	Ensuring that the risk of contamination is minimised promotes the overall safety of the service.

Related Documents

This policy should be read in conjunction with our:

- HS12 - Hand Washing Policy
- HS01 - Health and Safety Policy
- CM24 - Infection Control Policy
- CM25 - Medication Administration Policy

Policy Statement

Policy Aims

This Policy is maintained by Careville Ltd to ensure that Service Users receive the highest quality of service possible and that due regard is taken for their well-being and safety when clinical procedures such as wound care or management of indwelling devices is carried out.

Careville Ltd's policy is to stipulate that strict adherence to proper professional standards, aseptic technique and good infection prevention and control practices are upheld by all staff during appropriate clinical procedures.

An aseptic technique is used to carry out a procedure in a way that minimises the risk of contaminating an invasive device, e.g., urinary catheter, or a susceptible body site such as the bladder or a wound.

Key Question: When Should an Aseptic Technique be Used?

The following are some examples of when an aseptic technique should be used, but is not an exhaustive list:

- when inserting, maintaining or dressing an invasive device, e.g., urinary catheter, wound drain
- when infusing sterile fluids and medication
- when dressing wounds, e.g. surgical wounds,burns
- dressing deep wounds that lead to a cavity or sinus
- if the Service User is immuno suppressed, diabetic or at high risk of infection.

Who should undertake an aseptic technique?

Only staff trained and competent in an aseptic technique should undertake this procedure.

Adherence to the principles of asepsis (as described below) plays a vital role in preventing the transmission of infection in any environment. It is the responsibility of each member of staff who undertakes an aseptic technique to understand the meaning of these principles and to incorporate them into their everyday practice.

Education, training and assessment of aseptic technique should be provided for all persons before undertaking such procedures.

In keeping with good practice, Careville Ltd will arrange and maintain a schedule of peer audits to monitor competency and a record of training and audit will be available.

Staff undertaking an aseptic technique should be free from infection, e.g., colds, sore throats, septic lesions.

The principles of asepsis/aseptic technique

Asepsis is defined as the absence of pathogenic (harmful) organisms. The principles of asepsis/aseptic technique are:

- Reducing activity in the immediate vicinity of the area in which the procedure is to be performed
- Keeping the exposure of a susceptible site to a minimum
- Checking all sterile packs to be used for evidence of damage or moisture penetration
- Ensuring all fluids and materials to be used are in date
- Not re-using single use items
- Ensuring contaminated/non-sterile items are not placed in sterile fluid
- Ensuring appropriate hand decontamination prior to procedure
- Protecting uniform/clothing with a disposable apron
- Using sterile gloves

Good Practice

- Use standard precautions.
- Dispose of single use items after use. Do not re-use.
- Dispose of single use items after the service user's treatment (single use items can be decontaminated and re-used again on the same service user, but cannot be used on another service user).
- Store sterile equipment in clean, dry conditions, off the floor and away from potential damage. Dispose of waste as per local policy.
- Avoid exposing or dressing wounds or performing an aseptic procedure for at least 30 minutes after bed making or domestic cleaning to allow any dust particles to settle.
- Staff should be 'Bare Below the Elbows' (see Hand Hygiene Policy).
- Maintain a sterile field throughout the procedure.
- Decontaminate hands by washing with liquid soap and warm water or by applying alcohol handrub, using the recommended technique.
- Decontaminate the working surface to be used with detergent and warm water or detergent wipes and dry.
- Assemble sterile procedure packs, e.g. dressing packs and equipment, check all items are in date and packaging is intact.
- Ensure any windows are closed and fans switched off.
- Explain and discuss the procedure with the service user.
- Ensure service user is positioned both comfortably and so the area to be exposed is accessible without undue exposure.
- Put on disposable apron.
- If an old dressing is in place, loosen the tape/adhesive securing it, but leave in place.
- Decontaminate hands with alcohol handrub.
- Open sterile procedure pack outer packaging, sliding the contents onto the top shelf of the trolley (or working surface).
- Open the sterile field by using the corners of the paper.
- Add any extra items without compromising the sterile field.
- Decontaminate hands with alcohol handrub.
- Lift the plastic waste disposal bag from the sterile field carefully by its open end and holding one edge of the opening end, place the other hand into bag, hence covering the hand with a sterile 'glove'.

- Using the sterile 'glove', arrange sterile items on the sterile field.
- With sterile 'glove' still in place, remove the old dressing from wound. Invert the 'glove', removing it from hand ensuring the old dressing is left inside it.
- Attach the bag to the trolley, below the top shelf or on a nearby surface if in a service user's home.
- Avoid exposing the wound for longer than the minimum time to prevent air born contamination and to maintain optimal wound temperature.
- Apply alcohol handrub and put on sterile gloves ensuring hands do not contaminate outer surface of the glove.
- Perform the procedure, including cleaning of the skin where applicable.
- Ensure equipment is discarded if it becomes contaminated.
- Dispose of all used items, including soiled dressings, into the plastic waste disposal bag and seal.
- Discard disposal waste bag into infectious waste bag.
- Remove gloves and apron, discard into infectious waste bag.
- Decontaminate hands with alcohol handrub.
- Decontaminate the working surface with detergent and warm water or detergent wipe.
- Decontaminate hands with liquid soap and warm water or apply alcohol handrub.
- Complete appropriate documentation.

Non-touch Technique (Clean Technique)

This is a modified aseptic technique that can be used for undertaking procedures on vulnerable sites that are not sterile, but there is a need to avoid the introduction of microorganisms to the site.

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Key Question: When should a non-touch technique be used?

- dressing open wounds that are healing, e.g., pressure sores, leg ulcers, dehisced wounds, dry wounds, simple grazes and removing sutures
- end otrachealsuction
- removal of an indwelling urinary catheter
- emptying a urinary catheter drainage bag
- vaginal examination (in the absence of instrumentation).

The aim is to avoid contamination by not touching key elements, e.g. the inside surface of a sterile dressing, end of a sterile connection or other item that will be in contact with a susceptible site.

A disposable apron should be worn. Non-sterile gloves can be worn, as they are usually for the protection of staff rather than the service user. Tap water rather than sterile saline can be used for the cleaning of wounds.

Please note: if wounds enter deeper sterile body areas, then an ASEPTIC TECHNIQUE must be used. If the risk assessment shows the service user to be high risk, then an aseptic technique must be used.

If two procedures are being undertaken, e.g. suction and a wound dressing, change gloves and decontaminate hands between each procedure.

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Key Points to Take Away

- An aseptic technique is used to carry out a procedure in a way that minimizes the risk of contaminating an invasive device, e.g. urinary catheter, or a susceptible body site such as the bladder or a wound.
- Only staff trained and competent in an aseptic technique should undertake this procedure
- In keeping with good practice, Careville Ltd will arrange and maintain a schedule of peer audits to monitor competency and a record of training and audit will be available.
- Staff undertaking an aseptic technique should be free from infection, e.g., colds, sore throats, septic lesions.

Policy Review

A Director will review this policy at least once a year to make any updates needed.

Authorisation and Signature

This Policy is the authorised version agreed by the Directors of Careville Ltd. All employees are expected to follow this policy and failure to do so could result in disciplinary action.

Director's Signature

Director