

**Aseptic Technique Policy**

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# Introduction

Aseptic technique is a process designed to protect clients during invasive clinical procedures using infection prevention and control measures to minimise the presence of pathogenic microorganisms. This is achieved by identifying and protecting key sites and key parts, consistently applying the following principles:

* good hand hygiene
* correct and appropriate use of personal protective equipment (PPE)
* using sterile equipment, or appropriately cleaning and allowing to dry, key parts to a standard that ensures they are aseptic before use
* use of a non-touch technique throughout.

# Policy Statement

[Company Name] has a legal requirement to prevent and control infections under the Health and Social Care Act 2008.

This policy is designed to help prevent healthcare-acquired infections from the introduction of microorganisms by using an aseptic non-touch technique when performing procedures that bypass the body’s natural defences.

# Scope

This policy and the procedures apply to all staff undertaking any client contact that bypasses the body's natural defences and increases the risk of infection.

[Company Name] are required to have an Infection Prevention and Control Lead responsible for guiding and supporting all staff when dealing with infection prevention and healthcare-acquired infections. They are also responsible for ensuring that the content of this policy remains current and in line with the standards of best practice.

# Definitions

**Aseptic technique:** ensures that only uncontaminated equipment and fluids come into contact with susceptible body sites.

**Aseptic non-touch technique (ANTT):** the practice of avoiding contamination by not touching key elements, such as the tip of a needle, the seal of an intravenous connector after it has been decontaminated, or the inside surface of a sterile dressing where it will be in contact with the wound.

# Procedures

[Company Name] require the strict use of an ANNT whenever a procedure is being carried out that involves contact with a part of the body or an invasive device where introducing micro‐organisms could increase the risk of infection. While using an ANNT, the extent to which drapes, protective clothing and appropriate environments are also used is dependent on the type of procedure and its complexity, for example (this list is not exhaustive):

* [delete as appropriate relevant to your service] large drapes and maximal barrier precautions are always required for surgical procedures, central venous, peripheral venous and vascular catheter insertions
* sterile gloves, a plastic apron and small drapes should be used in wound dressings, urethral catheter insertions and intravenous (IV) drug administrations via a centrally invasive line
* clean non-sterile gloves and a plastic apron are adequate for phlebotomy and IV peripheral drug administrations.

Staff are responsible for maintaining their competence, skills and knowledge in infection prevention and control by attending mandatory education events and/or completing any additional training. They must then be able to demonstrate their understanding by applying the infection prevention and control principles in this policy. Any deficits in knowledge, resources, equipment and facilities or incidents that could result in transmitting infection, including near misses, must be reported to the Registered Manager and/or the Infection Prevention and Control lead, if they are not the same person.

Staff have a responsibility to not provide care while they are at risk of transmitting infectious agents to others, and if in doubt they must consult the Registered Manager or Infection Prevention and Control Lead.

# Stages of Aseptic Technique

**Hand decontamination**

Hands must be decontaminated in line with the Infection Prevention and Control Policy. This can be undertaken either by washing with soap and water, or with the use of an alcohol-based hand rub. Hand hygiene must be performed before the preparation of sterile equipment and may also need to be repeated immediately before the procedure if the hands have become contaminated.

**Storage of equipment**

All sterile equipment must be stored in a clean and dry environment, ideally out of direct sunlight and in a manner that enables staff to locate it easily.

**Preparing equipment**

A suitable surface should be prepared in a clean area, preferably away from any handwash basins, to prevent contamination of the prepared equipment. The surface should be cleansed with either an antibacterial wipe or water-based disinfectant. At this stage, either a sterile field can be created with a dressing pack, or all necessary equipment should be gathered and arranged in a manner that protects the sterility of the key parts. All packaging must be inspected to ensure it is intact with no visible damage, and expiry dates should be checked to ensure the equipment remains in date.

**Consent**

As with any client interaction, it is essential to inform the client before undertaking any procedure and to obtain consent. If the client is unable to provide consent and a decision is made in their best interests, this should be guided by the Mental Capacity Act 2005 and clearly documented in the client’s records (please see [Company Name]’s Consent Policy for further information).

**Environment**

All procedures should be carried out in a location and manner that maintains client privacy and dignity.

**Maintaining a sterile field**

A sterile field needs to be maintained for the entirety of the procedure and can be achieved through the careful opening of sterile packets that includes the use of corners only when opening a dressing pack and carefully opening and placing sterile equipment onto the sterile field. This avoids contamination of sterile equipment and sterile surfaces on the inside of the packaging.

**Equipment disposal**

At the end of the procedure, all waste must be appropriately and carefully disposed of.

Sharps must not be passed directly from hand to hand, and handling should be kept to a minimum. Used standard needles must not be bent, broken or recapped before disposal and all sharps should be discarded immediately by the person generating the sharps waste into a sharps’ container conforming to current standards. Sharps containers:

* must be in a safe position, safe height, away from public or patient / service user /client access and out of the reach of children
* must not be used for any other purpose than the disposal of sharps
* must not be filled above the fill line
* must be disposed of when the fill line is reached
* should be temporarily closed when not in use
* should be disposed of every three months even if not full.

All other healthcare waste must be segregated immediately by the person generating the waste into the appropriate colour-coded storage or waste disposal bags. When all waste has been disposed of safely and apron and gloves, if worn, have been removed, the hands should be decontaminated, and the procedure should be clearly documented in the client’s records.

# Monitoring

All outbreaks, serious untoward incidents and other significant healthcare-acquired infections will be monitored and investigated by the Infection Prevention and Control Lead and reported on as appropriate to the local Health Protection Unit. Where trends in healthcare-acquired infections resulting from an inappropriate aseptic technique are noted, additional training will be provided to the appropriate staff.

# Related Policies and Procedures

* Consent Policy and Procedures
* Infection Prevention and Control Policy and Procedures

# Legislation and Guidance

**Relevant Legislation**

* Department of Health: The Health and Social Care Act 2008; Code of Practice on the prevention and control of infections and related guidance
* Health Protection Agency: Health Care Associated Infection Operational Guidance and Standards for Health Protection Units, 2012
* NHS England and NHS Improvement: Standard infection control precautions; national hand hygiene and personal protective equipment policy, March 2019

**Guidance**

* NICE Guidance: <https://www.nice.org.uk/guidance/cg139>
* Nursing Times: <https://www.nursingtimes.net/infection-prevention-and-control/principles-of-asepsis-1-the-rationale-for-using-aseptic-technique-14-04-2020/>
* Department of Health: The Health and Social Care Act 2008; Code of Practice on the prevention and control of infections and related guidance
* Association of Safe Aseptic Practice: <https://www.antt.org/resources.html>
* WHO Guidance [World Hand Hygiene Day (who.int)](https://www.who.int/campaigns/world-hand-hygiene-day)
* Health Protection Agency: Health Care Associated Infection Operational Guidance and Standards for Health Protection Units, 2012
* NHS England and NHS Improvement: Standard infection control precautions; national hand hygiene and personal protective equipment policy, March 2019

# Summary of Review

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