

# The Newcastle upon Tyne Hospitals NHS Foundation Trust

## Asepsis Policy

Version No :	2.1
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Date Ratified:	
Ratified by:	

### 1. Introduction

The Newcastle upon Tyne Hospitals NHS Foundation Trust is committed to minimising and reducing the risk of Healthcare Associated Infections (HAIs) and providing a safe environment where patients can be confident that best practice is being followed at all times.

### 2. Policy Scope

This policy applies to all healthcare professionals working within the organisation, including medical staff, nurses, allied health professionals and students.

### 3. Aim of Policy

This policy covers the principles of asepsis. The purpose of this policy is to prevent the introduction of potentially pathogenic micro-organisms into susceptible sites, either directly or indirectly, by healthcare staff. Clinical care is provided in a variety of settings in both hospital and community. Patients are discharged earlier from hospital and receive invasive treatment in their own home. Preventing infection is therefore important in all environments wherever health care is practised

### 4. Duties (Roles and Responsibilities)

- It is the responsibility of the Organisation to ensure that policies, education, training and procedures are in place to minimise the risk of infection.
- It is the responsibility of line managers to ensure that policies, procedures and access to education and training are made available to any staff who will undertake any procedure that will breach the natural body's defences.
- Ward Sister/Charge Nurse, unit /department/Service Managers will be responsible to ensure that Aseptic Non-Touch Technique (ANTT) guideline posters are clearly displayed in suitable areas for all staff to view e.g. in treatment rooms and clinic rooms.
- All staff must complete on-line Saving Lives training of which ANTT is a key component. This is also incorporated into Mandatory training for clinical staff.
- All staff are responsible for ensuring that they achieve and maintain competency in the principles of ANTT in their daily practices.

- All staff are responsible in ensuring that the staff they supervise also comply with the principles identified in this policy and that the practitioners are deemed competent to practice, following assessment by competent peers.

## 5. Definitions

Definitions used in this policy are;

**Healthcare Acquired Infection (HCAI)** is an infection which is not present or incubating when admitted to a hospital or health care facility.

**Aseptic Non-Touch Technique [ANTT]** is an umbrella term for an aseptic practice framework intended to be used for all clinical procedures. Clinical procedures vary in their technical difficulty and subsequent clinical risk.

**Key-sites:** Any breaches in the patient's bodily defences. Examples include urethra during urinary catheterisation, the skin during insertion of cannula, puncture sites and open wounds.

**Key-parts:** Any equipment which comes into contact with other aseptic key parts or key sites. Examples include the connection of the intravenous line to a cannula, or the connection of a catheter to a collection bag.

**Standard ANTT** is the technique of choice when it is possible to undertake a procedure without directly touching or contaminating key-parts or key-sites. This procedure is short in duration.

**Surgical ANTT** is the technique of choice when it is not possible to undertake a procedure without directly touching or contaminating key-parts or key-sites. This procedure is technically complex and involves an extended procedure time.

**'Micro-critical' asepsis fields** are created where two key parts touch.

**'Critical' asepsis fields**, this is a large aseptic working area and becomes a key-part itself, and therefore must be protected from contamination at all times. E.g. operating theatre.

## 6. Asepsis

### 6.1 Principles of Asepsis

When the skin is breached the potential for acquisition of a HCAI is increased. Patients have a right to be protected from preventable infection and all healthcare staff have a duty to safeguard the well being of their patients. Principles of ANTT should be implemented during any invasive procedure that bypasses the body's natural defences in order to reduce the risk of a healthcare associated infection.

All interventions incorporating an element of asepsis, including those within the Saving Lives High Impact Interventions, must utilise an appropriate

aseptic technique. Trust standard infection and prevention control practices must also be followed and further guidance on these can be found at:

**Hyperlinks to:**

**Saving Lives High Impact Interventions**

**Infection control standard precautions**

**Hand hygiene policy**

**Cleaning and Disinfection Procedure**

## **6.2 Airborne contamination**

To minimize the risk of contamination by airborne micro organisms whenever possible procedures requiring an aseptic technique must take place in a treatment room. These rooms are designed to ensure that the air quality is better than in other areas of the general ward environment. In addition, treatment rooms may provide more space than at bedsides where the sterile field may be compromised; this also allows patient confidentiality, privacy and dignity.

If it is not possible to use a treatment room, aseptic procedures should not be performed whilst activities that may disperse a large number of micro-organisms into the air are underway e.g. low level or high level cleaning around the patient area, bed making. If the procedure must be done at the bedside then it should not be performed within 30 minutes of potential airborne dispersal of micro-organisms e.g. changing of bed linen. Additionally electric fans must be switched off, windows closed and numbers of personnel within the area kept to a minimum.

## **6.3 Aseptic Non-Touch Technique [ANTT]**

- It is universally recognised that failures in aseptic practice are at the root of healthcare-associated infections and that many of these failings relate to poor standards of aseptic technique.
- It has been established that health care organisations must standardise aseptic practice and monitor standards and procedures.
- ANTT is an umbrella term for an aseptic practice framework intended to be used for all clinical procedures. Clinical procedures vary in their technical difficulty and subsequent clinical risk.
- For an aseptic technique to be safe and efficient, the staff member must risk assess every procedure for the level of aseptic technique and infection and prevention control precautions required to maintain asepsis.
- The ANTT practice framework uses a simple and standard risk assessment to identify and protect **key-parts** and **key-sites**. This risk assessment will determine whether the clinical procedure requires a **'Surgical'** or **'Standard'** approach to ANTT.

## **6.4 ANTT procedure**

When preparing for an aseptic technique a designated dressing trolley must be used. These trolleys must only be used for aseptic procedures and not be used for any other purpose. Trolleys must be kept in designated clean clinical areas and NOT in the dirty utility rooms on the ward.

In the community environment or patient's home, a risk assessment must be made to establish a safe working area in which asepsis can be maintained .i.e a designated trolley or area in the home environment. Every effort should be made to minimise the risk of contamination of the aseptic field.

**Personal protective equipment (PPE) will be worn, appropriate to the procedures below**

Standard and Surgical-ANTT require different aseptic field management.

**Standard ANTT** is the technique of choice when procedures meet all of the following criteria:

- **Non-sterile gloves must be used** as it is possible to undertake a procedure without directly touching or contaminating key-parts or sites.
- The procedure is technically simple, short in duration (approximately < 20 minutes), involving small key-sites and a minimal numbers of key-parts. In this instance there is no requirement for a 'critical' asepsis field as is required in a surgical ANTT approach. Subsequently, aseptic technique is considerably simplified and typically involves non-sterile gloves.
- Standard-ANTT will employ a '**standard**' asepsis field, utilising a non-touch technique to protect identified '**micro-critical**' asepsis fields and key-parts/sites.

**'Micro-critical' asepsis fields** are created where two key parts touch. Such fields are often protected by caps, hubs and needles etc. to maintain asepsis at the contact points. This often understated approach is given new emphasis in ANTT, because the inside of such caps and covers have been sterilised and provide an optimum all-encompassing asepsis field for key-parts.

**Surgical ANTT** is demanded when procedures meet one or more of the following criteria:

- **Sterile gloves must be used** as it is not possible to undertake a procedure without directly touching or contaminating key-parts or sites.

The procedure is technically complex, involving an extended procedure time (approx >20 mins), and/or a large open key-site, with large or numerous key-parts. Consequently, the main asepsis field needs to be managed as a '**critical**' asepsis field (i.e. only sterilized aseptic equipment can come into contact with the aseptic field).

**'Critical' asepsis fields** are particularly appropriate when undertaking open and invasive procedures which demand large aseptic working areas for extended lengths of time, as in the operating theatre or critical care unit. In such circumstances, the 'critical' asepsis field becomes a key-part itself, and therefore must be protected from contamination at all times.

## 7. Training

All staff working on behalf of NUTH, are responsible for accessing IPC Policies in order to assist in the management of their patients. All staff must complete on-line Saving Lives training of which ANTT is a key component. This is also incorporated into Mandatory training for clinical staff.

## 8. Equality and Diversity

This policy applies to all staff undertaking an aseptic technique within the hospital or community environment.

## 9. Monitoring

<b>Standard / process / issue</b>	<b>Monitoring and audit</b>			
	<b>Method</b>	<b>By</b>	<b>Committee</b>	<b>Frequency</b>
Compliance with this policy will be monitored and managed by matrons/clinical cluster leads	ANTT is within the audit framework of the Essential Steps Audit Tool and the Clinical Assurance Tool(CAT)	Matrons/clinical cluster leads	IPCC	Monthly for CAT quarterly for community staff using Essential Steps

## 10. Consultation and Review

This policy has being reviewed by the members of the infection prevention and control committee and the infection prevention and control nurses.

## 11. Implementation of Policy

This Policy is the amalgamation of the Acute and Community IPC Asepsis Policy.

## 12. References

1. Department of Health (2003) *Winning Ways: Working together to reduce healthcare infection in England*. London. The Stationery Office
2. Department of Health (2008). *The Health and Social Care Act. Code of Practice for the NHS on the prevention and control of healthcare associated infections and related guidance*. London. The Stationary Office
3. Dougherty L & Lister M. (2008) *The Royal Marsden Hospital Manual of Clinical Nursing Procedures*. Wiley – Blackwell
4. Gould D (1991) "Skin Bacteria. What is normal?" *Nursing Standard*. September 18 (5) p25-28

5. National Audit Office report on The Management and Control of Hospital Acquired Infection in Acute Trusts in England in 2000. The NAO (2000)

6. Pratt et al. (2007) "epic2: National evidence based guidelines for preventing healthcare-associated infections in NHS hospitals in England." *Journal of Hospital Infection* (2007)65S, S1-S64.

7. Rowley, S., Clare, S. and Macqueen, S. et al (2010) ANTTv2: An updated practice framework for aseptic technique. *British Journal of Nursing (Intravenous Supplement)*. Vol 19, 5, S5-S12.

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**THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST**  
**IMPACT ASSESSMENT – SCREENING FORM A**

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Asepsis Policy	Policy Author:	Jean Law, Sylvia Mills
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of the following: (* denotes protected characteristics under the Equality Act 2010)	NO	
	• 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 difficulties, physical disability, sensory impairment and mental health problems *	NO	
	• Gender reassignment *	NO	
	• Marriage and civil partnership *	NO	
2.	Is there any evidence that some groups are affected differently?	NO	
3.	If you have identified potential discrimination which can include associative discrimination i.e. direct discrimination against someone because they associate with another person who possesses a protected characteristic, are any exceptions valid, legal and/or justifiable?	NO	
4(a).	Is the impact of the policy/guidance likely to be negative? (If “yes”, please answer sections 4(b) to 4(d)).	NO	
4(b).	If so can the impact be avoided?		
4(c).	What alternatives are there to achieving the policy/guidance without the impact?		
4(d)	Can we reduce the impact by taking different action?		

<b>Comments:</b>	<b>Action Plan due (or Not Applicable):</b>
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Name and Designation of Person responsible for completion of this form: ..... Jean Law Senior Infection Control Nurse ..... Date: ..... 30/12/11 .....

Names & Designations of those involved in the impact assessment screening process: ..... Jean Law Senior Infection Control Nurse and Sylvia Mills Infection Control Nurse .....

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

*For advice on answering the above questions please contact Frances Blackburn, Head of Nursing, Freeman/Walkergate, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) [steven.stoker@nuth.nhs.uk](mailto:steven.stoker@nuth.nhs.uk) together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.*