The Newcastle upon Tyne Hospitals NHS Foundation Trust

Asepsis Policy

<table>
<thead>
<tr>
<th>Version No</th>
<th>2.3</th>
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<tbody>
<tr>
<td>Effective from</td>
<td>22 December 2016</td>
</tr>
<tr>
<td>Expiry Date:</td>
<td>22 December 2019</td>
</tr>
<tr>
<td>Date Ratified:</td>
<td>8 December 2016</td>
</tr>
<tr>
<td>Ratified by:</td>
<td>Infection Prevention and Control Committee</td>
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1 Introduction

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

Maintaining asepsis is an essential element in preventing HCAIs when undertaking procedures where the body’s natural defences are compromised.

2 Policy Scope

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

3 Aim of Policy

This policy covers the principles of asepsis which underpins all clinical procedures. 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. Preventing infection is therefore important in all environments wherever health care is practised.

4 Duties (Roles and Responsibilities)

- The Trust is responsible for ensuring that policies, education, training and procedures are in place to minimise the risk of infection.

- Line managers are responsible for ensuring that policies, procedures and education and training are made available to any staff who will undertake any procedure that require an Aseptic Non Touch Technique (ANTT).

- Ward Sister/Charge Nurse, Unit /Department/Service Managers are responsible for ensuring that staff are competent in ANTT and that appropriate guidance is available and clearly displayed in suitable areas for all staff to view e.g. in treatment rooms and clinic rooms.
• All clinical staff are responsible for ensuring they complete appropriate education and training.

• All staff are responsible for ensuring that they achieve and maintain competency in the principles of ANTT.

• All staff are responsible for ensuring that the staff they supervise comply with and have been assessed as competent in ANTT.

5 Definitions

Definitions used in this policy are:

**Healthcare Associated Infections (HCAIs)** are infections resulting from medical care or treatment in hospital (in- or out-patient), nursing homes, or the patient’s own home, which are not present or incubating prior to the medical care or treatment.

6 Asepsis

6.1 Aims of Asepsis

The aim of asepsis is to prevent the introduction of potentially pathogenic microorganisms into susceptible sites, when the body’s natural defences are breached. This can occur during procedures such as, cannulation, wound dressings, urinary catheterisation and surgery. Ensuring asepsis is maintained during procedures reduces the risk of infection.

6.2 Airborne Contamination

To minimize the risk of contamination by airborne micro-organisms, whenever possible procedures requiring ANTT 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 aseptic field may be compromised and also maintains 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 and 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. Additionally, electric fans must be switched off, windows closed and numbers of personnel within the area kept to a minimum.

In the non-clinical community setting or patient’s home, a risk assessment must be made to reduce the risk as far as possible e.g. requesting removal of pets from the area.
6.3 **Aseptic Non-Touch Technique (ANTT)**

ANTT is a framework which gives the principles necessary to maintain asepsis during a wide range of clinical procedures. Adhering to ANTT ensures that any clinical practitioner has the knowledge and skills to perform aseptic interventions correctly.

For an aseptic technique to be safe and effective, the staff member must risk-assess every procedure for approach of aseptic technique 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 Principles**

**Aseptic Non-Touch Technique (ANTT)** is a framework which provides a practice structure to minimise variation and develop competence in the principles necessary to maintain asepsis.

**Key-sites** are any breaches in the patient’s bodily defences. Examples include the urinary meatus during urinary catheterisation, puncture sites in the skin during the insertion of a cannula or injection, and open wounds.

**Key-parts** are sterile pieces of equipment which come into contact with key-sites or other sterile key-parts. Examples include the connection of the intravenous line to a cannula, or the connection of a catheter to a collection bag. Contamination of these poses a significant risk of infection to the patient.

**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 Aseptic Fields** are created at the point where two key parts touch.

**Critical Aseptic Fields** are large aseptic working areas which are ‘sterile’. These fields are considered to be key-parts themselves and therefore must be protected from contamination at all times, e.g. operating theatre trays.

**General Aseptic Fields** are small clean working areas which are ‘non-sterile’ and promote rather than maintain asepsis, e.g. a cleaned plastic procedure tray.
Effective **hand hygiene** is an essential component to prevent infection when undertaking ANTT. Prior to any procedure requiring asepsis, hands must be washed with an antiseptic solution using the correct technique.

In community settings where antiseptic solution is not available, soap and water followed by alcohol sanitising gel should be used.

Further information on hand hygiene can be found in the **Hand Hygiene Policy**.

Re-useable aseptic fields such as plastic trays designated for this purpose, must be cleaned prior to and after each use, from the inside to the outside with Clinell universal wipes and left to air dry.

All packs/single use equipment e.g. dressing packs, syringe packs etc. must be intact, in date and with no visible signs of contamination.

In acute settings when preparing for an aseptic technique, a designated dressing trolley must be used. Whenever possible 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. They must be cleaned with Clinell universal wipes at the start of the day, when visibly soiled and between each use. If used in isolation areas they must be cleaned with 1,000ppm chlorine solution, as per the Trust **Isolation Policy**

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. Every effort should be made to minimise the risk of contamination of the aseptic field and any barriers to maintaining asepsis should be documented in patient’s notes.

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

Standard and Surgical ANTT require different aseptic field management.

**6.4.1 Standard ANTT** is the technique of choice when 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’ aseptic field. **Non-sterile gloves are used** as it is possible to undertake a procedure without directly touching or contaminating key-parts or sites. An apron must be worn if there will be physical contact.

Standard ANTT only requires a **standard aseptic field**, and a non-touch technique is used to protect identified ‘micro-critical’ aseptic fields and key-parts/sites.
6.4.2 ‘Micro-critical’ aseptic fields are created where two key parts touch. Such fields are often protected by caps, hubs, needles etc. to maintain asepsis at the contact points. These caps and covers have been sterilised and provide an optimum aseptic field for key-parts.

6.4.3 Surgical ANTT is required when 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 aseptic field needs to be managed as a critical aseptic field (i.e. only sterile equipment can come into contact with the aseptic field). Sterile gloves must be used as it is not possible to undertake a procedure without directly touching or contaminating key-parts or sites. An apron or sterile gown will be worn during surgical ANTT. A sterile gown is required if there is a risk of contamination of the aseptic field or any key parts, such as during surgery or insertion of a central line.

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

7 Training

All Trust staff are responsible for accessing Infection Prevention and Control (IPC) Policies in order to ensure correct management of their patients. The principles of ANTT are incorporated within the IPC mandatory training e-learning programmes for clinical staff.

All staff who undertake procedures requiring asepsis must be assessed as competent in ANTT. Competency documents can be found on the Saving Lives website under Asepsis.

ANTT photographic guidelines should be used to assist staff when undertaking procedures requiring ANTT. These and further information on correct practice when undertaking invasive procedures can be found on the Saving Lives intranet page.

8 Equality and Diversity

The Trust is committed to ensuring that, as far as is reasonably practicable, the way we provide services to the public and the way we treat our staff reflects their individual needs and does not discriminate against individuals or groups on any grounds. This policy has been appropriately assessed.
9 Monitoring compliance

The organisation continues to strive to achieve 100% compliance with this policy and its intended outcomes. Where this is not met an action plan will be formulated and agreed by the overseeing committee and reviewed by them until completion. Please see the table below for standards and monitoring arrangements:

<table>
<thead>
<tr>
<th>Standard / process / issue</th>
<th>Monitoring and audit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Method</td>
</tr>
<tr>
<td>Compliance with ANTT competency</td>
<td>Medical staff compliance data</td>
</tr>
<tr>
<td></td>
<td>Medical staff compliance data</td>
</tr>
<tr>
<td>Knowledge of the principles of ANTT</td>
<td>Clinical Assurance Tool</td>
</tr>
<tr>
<td></td>
<td>The Essential Steps Programme</td>
</tr>
<tr>
<td></td>
<td>Mandatory Training Data</td>
</tr>
</tbody>
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10 Consultation and review

This policy has been reviewed by the members of the Infection Prevention and Control Team, the Trust Lead for ANTT and IPCC, it will be reviewed every three years or when significant changes make earlier review necessary.

11 Implementation

Matrons/Sisters/Charge Nurses and Clinical Leads should ensure that staff are aware of this policy. This policy is available for staff to access via NUTH intranet.

12 Bibliography

13 Associated Policies

- Cleaning and disinfection procedure
- Hand hygiene policy
- Standard Precautions policy
The Newcastle upon Tyne Hospitals NHS Foundation Trust

Equality Analysis Form A

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

PART 1

1. Assessment Date: 16.12.16

2. Name of policy / strategy / service:
   Asepsis policy

3. Name and designation of Author:
   Allison Sykes, Practice Development Lead Infection Prevention and Control

4. Names & designations of those involved in the impact analysis screening process:
   Ashley Price, Director of Infection Prevention and Control

5. Is this a:
   Policy [yes]  Strategy [ ]  Service [ ]

   Is this:
   New [ ]  Revised [yes]

   Who is affected
   Employees [yes]  Service Users [yes]  Wider Community [ ]

6. What are the main aims, objectives of the policy, strategy, or service and the intended outcomes? (These can be cut and pasted from your policy)
   Policy on the principles of aseptic non touch technique (ANTT) and when they must be implemented to minimise the risk of healthcare associated infections when undertaking invasive procedures.

7. Does this policy, strategy, or service have any equality implications?  Yes [x]  No [ ]

   If No, state reasons and the information used to make this decision, please refer to paragraph 2.3 of the Equality Analysis Guidance before providing reasons:
### 8. Summary of evidence related to protected characteristics

<table>
<thead>
<tr>
<th>Protected Characteristic</th>
<th>Evidence, i.e. What evidence do you have that the Trust is meeting the needs of people in various protected Groups</th>
<th>Does evidence/engagement highlight areas of direct or indirect discrimination? If yes describe steps to be taken to address (by whom, completion date and review date)</th>
<th>Does the evidence highlight any areas to advance opportunities or foster good relations. If yes what steps will be taken? (by whom, completion date and review date)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Race / Ethnic origin (including gypsies and travellers)</td>
<td>Provision of Interpreting service and leaflet translation&lt;br&gt;E&amp;D Training for staff</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Sex (male/ female)</td>
<td>Male and female practitioners are available to promote the dignity of patients when required</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Religion and Belief</td>
<td>Chaplaincy service provided with links to leaders of major faiths</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Sexual orientation including lesbian, gay and bisexual people</td>
<td>No relevant good practice</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Age</td>
<td>Innovations to support people with Dementia&lt;br&gt;Nurse Specialist Dementia Care available for further advice and support</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Disability – learning difficulties, physical disability, sensory impairment and mental health. Consider the needs of carers in this section</td>
<td>Provision of BSL Signers and Deaf Blind Guides&lt;br&gt;Provision of LD Liaison Nurse</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Gender Re-assignment</td>
<td>No relevant good practice</td>
<td>No</td>
<td>No</td>
</tr>
<tr>
<td>Marriage and Civil Partnership</td>
<td>No relevant good practice</td>
<td>No</td>
<td>No</td>
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<tr>
<td>Maternity / Pregnancy</td>
<td>No relevant good practice</td>
<td>No</td>
<td>No</td>
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</tbody>
</table>
9. Are there any gaps in the evidence outlined above? If 'yes' how will these be rectified?

No

10. Engagement has taken place with people who have protected characteristics and will continue through the Equality Delivery System and the Equality Diversity and Human Rights Group. Please note you may require further engagement in respect of any significant changes to policies, new developments and or changes to service delivery. In such circumstances please contact the Equality and Diversity Lead or the Involvement and Equalities Officer.

Do you require further engagement? Yes [ ] No [x]

11. Could the policy, strategy or service have a negative impact on human rights? (E.g. the right to respect for private and family life, the right to a fair hearing and the right to education?)

No

PART 2

Name: Allison Sykes / Ashley Price

Date of completion: 16.12.16

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