

## Aseptic technique procedure Audit Tool for Care Homes

Action	<ul style="list-style-type: none"> <li>To annually assess the competency of a person undertaking <b>either</b> a urinary catheterisation procedure <b>or</b> a wound dressing, select and complete the appropriate Audit Tool below.</li> <li>The person should then complete the 'Aseptic technique competency Assessment Record' form to determine if the practitioner is competent</li> <li>In the event of non-compliance, action plans should be produced and reviewed regularly.</li> <li>Completed audit tools should be kept locally for good practice assurance and as evidence for CQC requirements.</li> </ul>
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Name of person being assessed		Job title	
Name of assessor		Date of assessment	

Aseptic technique procedure Audit Tool - urinary catheterisation		Yes	No	N/A
<i>The person should perform the aseptic technique procedure demonstrating that the principles of asepsis are adhered to.</i>				
1.	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.			
2.	Check that all equipment required for the procedure and sterile items, are available, within expiry date and intact.			
3.	The procedure is explained and discussed with the resident and verbal consent obtained where possible.			
4.	The person undertaking the procedure is 'Bare Below the Elbows' (BBE) and any cuts/grazes are covered with a waterproof dressing.			
5.	Clean hands using the correct technique, with liquid soap and warm running water and dried with paper towels.			
6.	Clean the surface with pH neutral detergent, e.g. Hospec, and water or detergent wipes and dry it with paper towels, using an 'S' shaped pattern from clean to dirty, top to bottom, taking care not to go over the same area twice. If disinfection is also required, use disposable wipes saturated with 70% isopropyl alcohol and allow to dry.			
7.	Ensure that all windows are closed and any fans in the area are turned off. The resident is positioned comfortably for the procedure so that the wound is easily accessible without exposing the resident unduly.			
8.	Clean hands using the correct technique, with liquid soap and warm running water and dried with paper towels or an alcohol handrub is used and allowed to dry.			

Aseptic technique procedure Audit Tool - urinary catheterisation		Yes	No	N/A
9.	A disposable apron is put on.			
10.	Hands are decontaminated, using the correct technique, with liquid soap and warm running water and dried with paper towels or an alcohol handrub is used and allowed to dry.			
11.	The outer packaging of the sterile pack is opened and contents removed using a sliding action onto the cleaned surface, ensuring that the inner pack is not touched.			
12.	The sterile pack is opened using only the corners of the paper.			
13.	Open any other packs, tipping their contents gently onto the centre of the sterile field.			
14.	Clean hands with an alcohol handrub.			
15.	The disposable waste bag from the pack is used to cover the hand like a sterile 'glove' to arrange the contents of the dressing pack on the sterile field. The waste bag is then positioned so that contamination of the sterile field does not occur during the procedure.			
16.	Sterile normal saline is opened and poured into the gallipot.			
17.	Clean hands with an alcohol handrub.			
18.	Put on sterile gloves.			
19.	Apply the principle of 'a clean hand and a dirty hand' maintaining a sterile field throughout the procedure.			
20.	Clean the urethral meatus using sterile normal saline.			
21.	Insert a lubricant or anaesthetic gel from a single use container directly into the urethra. If anaesthetic gel is used, leave to act for the manufacturers recommended time.			
22.	A new catheter should be used after each unsuccessful attempt.			
23.	Catheter balloons must only be filled with sterile water.			
24.	Attach the catheter to a sterile closed drainage bag.			
25.	The resident is left in a comfortable position, maintaining dignity.			
26.	Waste is disposed of in the waste bag; gloves removed and disposed of, clean hands, then apron removed and disposed of, clean hands. The waste bag is disposed of in a yellow and black offensive/hygiene waste bag, or if the resident has a known or suspected infection, disposed of in an orange infectious waste bag.			
27.	The surface used for the sterile field is decontaminated (see point 6).			
28.	Clean hands with liquid soap and warm running water and dried with paper towels or alcohol handrub used an allowed to dry.			
29.	The procedure, catheter details, etc., is documented in the resident's records and/or catheter passport.			

Name of person being assessed		Job title	
Name of assessor		Date of assessment	

Aseptic technique Audit Tool - wound dressing		Yes	No	N/A
<i>The person should perform the aseptic technique procedure demonstrating that the principles of asepsis are adhered to.</i>				
1.	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.			
2.	Check that all equipment required for the procedure and sterile items, are available, within expiry date and intact.			
3.	The procedure is explained and discussed with the resident and verbal consent obtained where possible.			
4.	The person undertaking the procedure is 'Bare Below the Elbows' (BBE) and any cuts/grazes are covered with a waterproof dressing.			
5.	Clean hands using the correct technique, with liquid soap and warm running water and dried with paper towels.			
6.	Clean the surface with pH neutral detergent, e.g. Hospec, and water or detergent wipes and dry it with paper towels, using an 'S' shaped pattern from clean to dirty, top to bottom, taking care not to go over the same area twice. If disinfection is also required, use disposable wipes saturated with 70% isopropyl alcohol and allow to dry.			
7.	Ensure that all windows are closed and any fans in the area are turned off. The resident is positioned comfortably for the procedure so that the wound is easily accessible without exposing the resident unduly.			
8.	Clean hands using the correct technique, with liquid soap and warm running water and dried with paper towels or an alcohol handrub is used and allowed to dry.			
9.	A disposable apron is put on.			
10.	Loosen the adhesive or tape on the existing dressing to aid removal.			
11.	Hands are decontaminated, using the correct technique, with liquid soap and warm running water and dried with paper towels or an alcohol handrub is used and allowed to dry.			
12.	The outer packaging of the sterile pack is opened and contents removed using a sliding action onto the cleaned surface, ensuring that the inner pack is not touched.			
13.	The sterile pack is opened using only the corners of the paper.			
14.	Open any other packs, tipping their contents gently onto the centre of the sterile field.			
15.	Where appropriate, loosen the old dressing.			
16.	Clean hands with an alcohol handrub.			
17.	The disposable waste bag from the pack is used to cover the hand like a sterile 'glove' to arrange the contents of the dressing pack			

Aseptic technique Audit Tool - wound dressing		Yes	No	N/A
	on the sterile field. The waste bag is then positioned so that contamination of the sterile field does not occur during the procedure.			
18.	If required, sterile normal saline is opened and poured into the gallipot.			
19.	Non-sterile gloves are put on to remove the dressing and dispose of in the waste bag. Remove gloves and dispose of in the waste bag.			
20.	Clean hands with an alcohol handrub.			
21.	Put on sterile gloves.			
22.	Apply the principle of 'a clean hand and a dirty hand'.			
23.	The procedure is carried out, including cleaning of the skin where applicable, maintaining a sterile field throughout the procedure.			
24.	The resident is left in a comfortable position, maintaining dignity.			
25.	Waste is disposed of in the waste bag; gloves removed and disposed of, clean hands, then apron removed and disposed of, clean hands. The waste bag is disposed of in a yellow and black offensive/hygiene waste bag, or if the resident has a known or suspected infection, disposed of in an orange infectious waste bag.			
26.	The surface used for the sterile field is decontaminated (see point 6).			
27.	Clean hands with liquid soap and warm running water and dried with paper towels or alcohol handrub used and allowed to dry.			
28.	The procedure is documented in the resident's records.			

## References:

Loveday HP, et al, epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England *Journal of Hospital Infection* 86S1 (2014) SA-S70

Royal Marsden NHS Foundation Trust (2020) *The Royal Marsden Hospital Manual of Clinical Nursing Procedure 10<sup>th</sup> Edition. 4.11 Aseptic technique example: changing a wound dressing (Procedure)*

Royal Marsden NHS Foundation Trust (2020) *The Royal Marsden Hospital Manual of Clinical Nursing Procedure 10<sup>th</sup> Edition. 6.4 Urinary catheterisation: male (Procedure)*

Royal Marsden NHS Foundation Trust (2020) *The Royal Marsden Hospital Manual of Clinical Nursing Procedure 10<sup>th</sup> Edition. 6.5 Urinary catheterisation: female (Procedure)*

Community Infection Prevention and Control, Harrogate and District NHS Foundation Trust

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