

Aseptic Technique Procedure Audit Tool for Care Homes

Name of Practitioner: Date of Assessment:

To assess the competency of a practitioner undertaking **either** a urinary catheterisation procedure **or** a wound dressing, select and complete the appropriate audit tool below. The assessor should then complete the Competency Assessment form to determine if the practitioner is competent. A copy of the results should be kept locally for good practice assurance and as evidence for CQC requirements.

Aseptic technique procedure audit tool - urinary catheterisation		Yes	No	N/A
<i>The practitioner should perform the aseptic technique procedure demonstrating that the principles of asepsis are adhered to.</i>				
1.	The procedure is explained and discussed with the resident and verbal consent obtained.			
2.	The practitioner undertaking the procedure is bare below the elbows (BBE) and any cuts/grazes are covered with a waterproof dressing.			
3.	Hands are decontaminated, using the correct technique, with liquid soap and warm water and dried with paper towels or an alcohol handrub is used and allowed to dry.			
4.	The surface to be used for the sterile field is decontaminated with a detergent wipe or detergent and warm water and dried with paper towelling.			
5.	All equipment is obtained for the procedure; sterile items are checked to ensure they are sterile, intact and within the expiry date.			
6.	The resident is positioned comfortably for the procedure without undue exposure, thighs and pelvis are covered with paper towelling.			
7.	If the resident is incontinent, non-sterile gloves are worn and the perineum is cleaned with soap and warm water using a disposable cloth and dried. Gloves are then removed.			
8.	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.			
9.	A disposable apron is put on.			
10.	The outer packaging of the sterile pack is opened and contents removed using a sliding action ensuring that the inner pack is not touched.			
11.	The sterile pack is opened using only the corners of the paper.			

Aseptic technique procedure audit tool - urinary catheterisation		Yes	No	N/A
12.	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.			
13.	Sterile normal saline is opened and poured into the gallipot, items required are removed from the packaging and placed on the sterile field ensuring the outer packaging does not come into contact with the sterile field.			
14.	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.			
15.	Sterile gloves are put on without contaminating the outer surface of the gloves.			
16.	The sterile sheets are placed across the thighs and under the resident's perineum.			
17.	The urethral meatus/orifice is cleaned with sterile normal saline using downward strokes.			
18.	Single use anaesthetic gel is inserted into the urethra and used as per manufacturer's instructions.			
19.	Ensure the catheter is not contaminated, hold the catheter by the protective sleeve.			
20.	Sterile urinary catheter is inserted (a new catheter must be used for each attempt).			
21.	Sterile syringe with sterile water is used to inflate the balloon using the correct amount for the balloon size and the catheter is attached to a sterile closed drainage bag. The catheter tube is secured using a retaining strap.			
22.	Waste is disposed of in the waste bag; gloves then apron are removed and disposed of in the waste bag. 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.			
23.	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.			
24.	The resident is left in a comfortable position, maintaining dignity.			
25.	The surface used for the sterile field is decontaminated with a detergent wipe or detergent and warm water and dried with paper towelling.			
26.	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.			
27.	The procedure is documented in the resident's records.			

Aseptic technique audit tool - wound dressing		Yes	No	N/A
1.	The procedure is explained and discussed with the resident and verbal consent obtained.			
2.	The practitioner undertaking the procedure is bare below the elbows (BBE) any cuts/grazes are covered with a waterproof dressing.			
3.	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.			
4.	The surface to be used for the sterile field is decontaminated with a detergent wipe or detergent and warm water and dried with paper towelling.			
5.	All equipment is obtained for the procedure, sterile items are checked to ensure they are intact, sterile, and within the expiry date.			
6.	The resident is positioned comfortably for the procedure so that the wound is easily accessible without exposing the resident unduly.			
7.	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.			
8.	A disposable apron is put on.			
9.	The outer packaging of the sterile pack is opened and contents removed using a sliding action ensuring that the inner pack is not touched.			
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 sterile pack is opened using only the corners of the paper.			
12.	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.			
13.	If required, sterile normal saline is opened and poured into the gallipot, items required are removed from packaging and placed on the sterile field ensuring the outer packaging does not come into contact with the sterile field.			
14.	Loosen the adhesive or tape on the existing dressing to aide removal.			
15.	Non-sterile gloves are put on to remove the dressing, the dressing is disposed of in the waste bag, and gloves are removed and disposed of in the waste bag.			
16.	Hands are decontaminated, using the correct technique, with liquid soap and warm running water and dried with paper towels			

Aseptic technique audit tool - wound dressing		Yes	No	N/A
	or an alcohol handrub is used and allowed to dry.			
17.	Sterile gloves are put on without contaminating the outer surface of the gloves.			
18.	The sterile sheet is arranged near the wound site, and the procedure is carried out, including cleaning of the skin where applicable, maintaining a sterile field throughout the procedure.			
19.	Apply the principle of 'a clean hand to a dirty hand'.			
20.	Waste is disposed of in the waste bag; gloves then apron are removed and disposed of in the waste bag. 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.			
21.	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.			
22.	The resident is left in a comfortable position, maintaining dignity.			
23.	The surface used for the sterile field is decontaminated with a detergent wipe or detergent and warm water and dried with paper towelling.			
24.	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.			
25.	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 (March 2015) *The Royal Marsden Hospital Manual of Clinical Nursing Procedure 9th Edition. 3.10 Aseptic technique example: changing a wound dressing (Procedure)* [online] Available at www.rmmonline.co.uk.
- Royal Marsden (March 2015) *The Royal Marsden Hospital Manual of Clinical Nursing Procedure 9th Edition. 5.7 Urinary catheterisation: male (Procedure)* [online] Available at www.rmmonline.co.uk.
- Royal Marsden (March 2015) *The Royal Marsden Hospital Manual of Clinical Nursing Procedure 9th Edition. 5.8 Urinary catheterisation: female (Procedure)* [online] Available at www.rmmonline.co.uk.

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