

Aseptic technique competency: Annual Assessment Tool for Care Homes

Name of person being assessed		Job title	
Name of assessor		Date of assessment	
Procedure type, e.g. urinary catheterisation, simple wound care, complex wound care, other (please state)			

Staff undertaking aseptic techniques should be assessed annually for their level of competency using the competency assessment criteria below, this should form part of the person's personal development plan/appraisal. A copy of their results should be kept locally for good practice assurance and as evidence for CQC requirements.

Only assessors with evidence of aseptic technique competence can assess staff. The assessor must include theory and practice questions throughout.

Level of competency:

0. The person is not competent, demonstrating little or no evidence of understanding the principles of asepsis, and/or is unable to apply theory into practice.
1. The person is developing competence, demonstrating some evidence of understanding the principles of asepsis, but further knowledge is required and/or further supervision is required to apply theory into practice.
2. The person is competent, demonstrating in-depth understanding of the principles of asepsis, is able to apply theory into practice without supervision and critically evaluate their practice.

A person that is assessed as level 0 or 1 for any of the competency assessment criteria should be provided with the opportunity to improve their knowledge and skills to achieve level 2 and be reassessed. The person must achieve level 2 on the date assessed for **all** the competency assessment criteria before a declaration of competence can be made.

Competency assessment criteria		Level of competency	Comments
Knowledge statements			
1.	Describes the purpose of an aseptic technique. <i>To minimise the risk of contaminating a susceptible site, e.g. wound or device entry site.</i>		
2.	Describes examples of when an aseptic technique should be used. <i>Insertion of urinary catheter, dressing wounds less than 48 hours old, dressing surgical wounds, dressing deep wounds leading to a cavity or sinus, dressing burn wounds, dressing the wounds of residents who are immunosuppressed or have diabetes.</i>		
3.	Describes the circumstances when a staff member should not undertake an aseptic technique. <i>Any staff who have not been trained and assessed as competent and/or those with a confirmed or suspected respiratory infection or septic lesion.</i>		
Practical competency observations			
4.	Takes action to reduce airborne contamination in the area where the procedure is to be performed. <i>Closes windows, turns off fans, avoids performing procedure for at least 30 minutes after bed making or domestic cleaning.</i>		

Competency assessment criteria		Level of competency	Comments
5.	Keeps exposure of the susceptible site to a minimum.		
6.	Demonstrates the correct technique for hand decontamination before, during and after the aseptic technique procedure. <i>Is 'Bare below the elbows'. Any cuts or grazes are covered with a waterproof dressing. Cleans hands using the correct technique with liquid soap, warm running water and dries with paper towels or uses an alcohol handrub and allows to air dry.</i>		
7.	Correctly gathers and prepares equipment required for procedure. <i>Confirms all sterile packs are in date and there is no evidence of damaged packaging or moisture penetration. Cleans the surface to be used with detergent wipes or general purpose neutral detergent and water, from top to bottom, clean to dirty. Large and flat surfaces are cleaned using an 'S' shaped pattern, starting at the point furthest away, overlapping slightly, but care is taken not to go over the same area twice. The surface is then allowed to air dry or dried with paper towels. If disinfection is required, disposable disinfectant wipes are used and the surface allowed to air dry to achieve the correct contact time. Alternatively, a '2 in 1' detergent and disinfectant wipe is used.</i>		
8.	Correctly puts on personal protective equipment. <i>Wears disposable apron, facial protection, if there is a risk of splashing to the face, and sterile gloves.</i>		
9.	Takes action to ensure that only sterile items come into contact with the susceptible site. <i>Opens packs and fluids with care to establish and maintain a sterile field. Uses non-sterile gloves or waste bag to remove used dressing or catheter. Positions waste bag to avoid contamination of sterile field during procedure. Ensures contaminated/non-sterile items are not placed in the sterile field. Correct putting on and use of sterile gloves. Does not reuse single use items.</i>		
10.	Demonstrates safe disposal of sharps and infectious/offensive waste, associated with an aseptic technique procedure.		
11.	Correctly decontaminates the trolley or surface following use.		
12.	Correctly removes personal protective equipment. <i>Following the procedure removes PPE (gloves off first, disposed of, cleans hands, then apron removed, disposed of, cleans hands, and, if worn, facial protection removed and disposed of or decontaminated) and then hands cleaned.</i>		
13.	Maintains the resident's privacy, dignity and comfort throughout the procedure.		
14.	Communicates effectively with the resident. <i>Seeks consent and provides clear explanations at all stages of the procedure.</i>		

References

Royal Marsden NHS Foundation Trust (2020) *The Royal Marsden Hospital Manual of Clinical and Cancer Nursing Procedures 10th Edition*

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