Sterile technique for minor skin procedures

SOP | DRM-SOP-002

Document type	SOP
Title	Sterile technique for minor skin procedures
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Prepared by	{{roles.quality_lead.name}}, Quality lead
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Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	Standard 54 (Dermatology and Skin Clinics), criterion 54.2
Evidence basis	E-006, E-009
Status of this document	Recommended best-practice model. A hospital may adopt, adapt or replace it with an equivalent that meets the same criteria.

At a glance: what to do

1. Biopsies, excisions and other minor skin procedures use sterile technique (PRO-SOP-005).
2. Hand hygiene is done before each procedure (HH-SOP-001).
3. Instruments are single-use or sterilised to the standard, and sharps are disposed of at once.
4. Each procedure is audited for technique (PRO-FRM-005).

Stop and get help straight away if: a skin procedure is started without sterile technique, or reusable instruments are used without sterilisation.

1. Purpose

To make sure minor skin procedures are done with sterile technique, to prevent infection (54.2).

2. Scope

Applies to	Clinical and support staff in the hospital
Locations	All wards, clinics and departments of {{facility.legal_name}}
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions and abbreviations

Term	Meaning in this SOP
Clinical lead	The doctor or nurse in charge of the area at the time

4. Background and rationale

To make sure minor skin procedures are done with sterile technique, to prevent infection (54.2).

5. Responsibilities

Role	Duties in this SOP	Competence needed
Dermatologist	Carries out procedures under the technique and audits them	Clinical lead
Nurse	Sets up the sterile field and checks the instruments	Dermatologist

6. Equipment, materials and resources

Item	Specification or standard	Check before use
Records and forms named in this document	Current version	Checked before use

7. Safety and infection prevention

- Stop and call for help if a patient is at immediate risk. Do not delay urgent care to complete paperwork.

8. Before you start

- Confirm the forms and equipment named in this document are available and current.

9. Procedure

Follow the steps in order. Where a step says "If", take the action for the case that applies. Do not skip a step. If a step cannot be done, use section 11 and section 12.

Step	Action	How to do it	Key point
1	Prepare.	• Do hand hygiene and set up the sterile field. • Check that instruments are single-use or sterilised.	Prepared.
2	Procedure.	• Carry out the procedure with sterile technique and dispose of sharps at once.	Done.
3	Audit.	• Audit a sample of procedures each month (PRO-FRM-005).	Audited.

Decision points

- No decision points in this procedure.

10. Special situations

Situation	What to do
Out of hours	Follow the same steps. Use the on-call contact on the wall of the area.

11. Problems and escalation

- Any serious problem goes to the duty clinical lead at once and to the clinical director the same day.

12. Monitoring and compliance

What is checked	Target	How often	Who	If the target is missed
Procedures with sterile technique observed	100%	Monthly	Clinical lead	Retrain and re-audit
Instruments sterilised or single-use	100%	Each procedure	Nurse	Stop the procedure

13. Records

Record	Where it is kept	Kept for
Record named in this document	Patient record or the area file	{{facility.records_retention_years}} years

14. Training and competence

- Staff are trained in this document at induction and refreshed each year, with a recorded competency check.

15. Related documents

ID	Title	Relationship
PRO-SOP-005	Sterile technique and infection control in procedures (existing, reused)	SOP
PRO-FRM-005	Sterile technique audit record (existing, reused)	Record

16. Evidence

ID	Source and status
E-006	ASF Policy Framework v1.2. Adapted.
E-009	ASF Expert Committee consensus.

EC = ASF Expert Committee consensus. Items marked EC are reviewed by the Committee each year.

17. Change history

Version	Date	What changed	Approver and signature
1.0	{{document.effective_date}}	First version	Pending Expert Committee approval