

Sterile technique and infection control in procedures

Standard operating procedure (SOP) | PRO-SOP-005

Document type	Standard operating procedure (SOP)
Title	Sterile technique and infection control in procedures
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Prepared by	{{roles.quality_lead.name}}, Quality lead
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Effective date	{{document.effective_date}}
Next review	{{document.review_date}} (12 months, or sooner after any incident or change)
Replaces	None (new document)
Standards and criteria supported	Standard 11 (Procedure Units), criterion 11.7
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. Each injection and procedure uses sterile technique: hand hygiene, sterile field, single-use needles and gloves (HH-SOP-001).
2. Single-use items are never reused.
3. Sterile technique is audited each month (PRO-FRM-005).
4. Infection is recorded in the surveillance register (HOS-REG-005).

Stop and get help straight away if: an injection or procedure is given without sterile technique, or a single-use item is reused.

1. Purpose

To stop infection passing through the skin barrier at every injection and procedure (11.7).

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 stop infection passing through the skin barrier at every injection and procedure (11.7).

5. Responsibilities

Role	Duties in this SOP	Competence needed
Infection control lead	Audits and trains the team	Nurse
Practitioner	Uses sterile technique for every procedure	Clinician

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.	• Hand hygiene, sterile field and single-use items before each procedure (HH-SOP-001).	Every procedure.
2	Do not reuse.	• Use single-use items once and dispose of them at the point of use.	Single use.
3	Audit.	• Audit each practitioner each month on PRO-FRM-005.	Audited monthly.

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	95%	Monthly	Infection control lead	Escalate to medical director

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-FRM-005	Sterile technique audit record	Record
HH-FRM-001	Hand hygiene observation audit tool (existing, reused)	Record

16. Evidence

ID	Source and status
E-009	Based on the WHO Guidelines on Hand Hygiene in Health Care (2009) and the WHO Guidelines for Safe Surgical Care (2016).
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