Standard operating procedure (SOP) · PRO-SOP-005 · Version 1.0 · Approved by the ASF Expert Committee

Supports: 11.7

At a glance

- Each injection and procedure uses sterile technique: hand hygiene, sterile field, single-use needles and gloves (HH-SOP-001).
- Single-use items are never reused.
- Sterile technique is audited each month (PRO-FRM-005).
- 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 the facility
When	Whenever the activity described is carried out
Does not apply to	Activities covered by another document listed in section 15

3. Definitions

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

4. Background

Every injection breaks the skin, which is the body’s main barrier to infection. Sterile technique for each one is the simplest way to prevent infection from the procedure itself.

5. Responsibilities

Role	Responsibility	Competence
Infection control lead	Audits and trains the team	Nurse
Practitioner	Uses sterile technique for every procedure	Clinician

6. Materials and equipment

Item	Requirement	Condition
Records and forms named in this document	Current version	Checked before use

7. Safety

- 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

Step 1. Prepare.

- Hand hygiene, sterile field and single-use items before each procedure (HH-SOP-001).

Key point: Every procedure.

Step 2. Do not reuse.

- Use single-use items once and dispose of them at the point of use.

Key point: Single use.

Step 3. Audit.

- Audit each practitioner each month on PRO-FRM-005.

Key point: Audited monthly.

10. Decision points

- No decision points in this procedure.

11. Special situations

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

12. Escalation

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

13. Monitoring

Measure	Target	Frequency	Owner	If not met
Procedures with sterile technique observed	95%	Monthly	Infection control lead	Escalate to medical director

14. Records

Record	Kept in	Retention
Record named in this document	Patient record or the area file	the period set by the facility’s records policy years

15. Training

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

16. Related documents

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

17. Evidence

Reference	Note
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.

18. Change history

Version	Date	What changed	Approval
1.0	the date of approval	First version	set Expert Committee approval

E-learning for this document

- Hand Hygiene and Standard Precautions (T-06)
- Ophthalmology & Day Surgery Safety (AMB-15)

References

- Accréditation Sans Frontières (2026). ASF Policy Framework v1.2. (E-006)
- Accréditation Sans Frontières (2026). ASF Expert Committee consensus on Standard 1. (E-009)

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