

# Procedure and incidents during placement



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This reflective piece will be about a procedure that took place whilst on placement and will look at infection control whilst doing an aseptic non-touch technique (ANTT). Using Atkins and Murphys 1993 model of reflection (Rolfe, G et al 2001). I have used this model as it helped me become aware of my actual thoughts and feelings regarding the situation, and more focused when analyzing it.

### Description

I visited a lady who had bilateral leg wounds that needed to be dressed daily, the leg dressings that had been put on the day before were heavily exudated, the lady who I am going to call Jane to protect her identity as per NMC 2004 was adamant that she had kept her legs raised. The nurse that I was working with said that she would dress the legs this time and when I visited again I would do the dressings. The nurse opened the sterile packaging of gloves and placed it on the floor, this was to be her sterile field. The dressings and bandages that she required were opened and placed onto the sterile field and the nurse placed an apron over her uniform. The sterile gloves were put on and she proceeded to remove the dressings that were on Jane's legs, once the dressing had been removed these were placed into the waste bag.

The nurse then proceeded to assess the wound and then redress it without changing her gloves, by not changing her gloves which were originally sterile these will now have become contaminated by handling the soiled dressing and would contaminate the new dressings and the wound.

### Stage One

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Whilst watching the nurse change the dressing this made me question what I had been taught in University about ANTT. The procedure that we were taught in university is from The Royal Marsden 2008. This made me feel uncomfortable and question that the patient would be at risk from healthcare associated infections (HCAI).

## Stage Two

The reason for aseptic technique is to maintain asepsis and helps to protect the patient from HCAI it also protects the nurse from any of the patient's body fluids and toxic substances (Department of Health (DOH) 2005). Elderly people are more at risk of infection which is caused by organisms that invade the immunological defence mechanisms as their immune systems are less efficient ( Calandra 2000) ANTT is used to ensure that when a healthcare professional handles sterile equipment only the part of the equipment that will not contact the wound is handled (Preston 2005). When doing the ANTT procedure this involves ensuring that consent has been gained from the patient and they are aware of what the procedure will be, the environment and the equipment is prepared, hand-washing takes place, personal protective equipment is used and a sterile field is maintained. In a Primary Care setting one of the biggest problems is infection that enters the body through a tear in the skin, this may be through a leg ulcer. A small number of microbes are sufficient enough for an infection to be caused, this may then be difficult to treat with antibiotics and what may have been a trivial problem may end up becoming a significant problem (DOH 2007). Nurses should assess the risk of transmission of infections from one person

to another and plan their nursing care accordingly before they commence any form of action (Chalmers & Straub 2006).

Hand washing prior to ANTT has been found to be the most important procedure for preventing infections, hands can be the biggest route of transmission of infection if not washed correctly (Akyol et al 2006). There have been recent studies that show that hand washing is rarely carried out in a satisfactory manner and 89% of staff misses some part of their hand surface during hand washing (Mcardle et al 2006). Handwashing should be done prior any procedure, this can be achieved by three different methods:-

Soap and water this is effective in removing physical dirt or any soiling and micro-organisms liquid soap is more efficient than a soap bar (Ehrenkrantz, 1992).

Anti-microbial detergent which is effective in removing physical dirt and is more effective than soap in removing micro-organisms (Ehrenkrantz, 1992).

Alcohol based hand rubs, these are not as effective as the above in removing dirt or soil but are more effective in destroying transient bacteria (Storr, J, Clayton-Kent, S, 2004).

An aseptic procedure should be done in a clean environment and any equipment used should be sterile and disposable or decontaminated after each use and the nurse should ensure that the equipment is free from dust and any other soilage (DOH 2003). Whilst the nurse does ANTT procedure it is essential that her hands, even though they have been washed, do not contaminate the sterile field or the patient, this is achieved by the nurse

using sterile gloves she needs to be aware however that gloves can be damaged during use and may no longer be sterile (Kelsall et al 2006).

The aim of wearing sterile gloves is to reduce the risk of cross-infection from nursing staff to patients and to also reduce the transient contamination of the hands by micro-organisms from one patient to another (infection control Nurses Association (ICNA) 2002). The ICNA recommend that before a patient is treated a comprehensive risk assessment is taken to determine the most appropriate glove type for the task to be undertaken. It has been suggested that sterile gloves are only necessary if the nurse's hands come into contact with the patient's sterile body area, they argue that non-sterile gloves provide adequate infection control if hands decontamination has been done effectively (Hollinworth and Kingston 1998). Factors that need to be considered when making the choice between aseptic or clean technique for wound care is the setting where the dressing is to be done, the immune status of the patient, this is influenced by age, medication, type of wound, location and depth of wound and the invasiveness of the procedure (APIC 2001).

Hartley (2005) reports that aseptic technique is not being carried out to a high standard and this could be related to the theory-practice gap or complacency in the professional field. Improving the skill based care needs to be the main focus on post-registration education this includes which gloves to choose, maintaining a sterile field with the risk of non-touch technique and also developing assessment protocols (Preston 2005).

Stage 3

During my time on placement I cleaned and redressed a lot of wounds and I ensured that I used the Aseptic non touch Technique that was taught to me whilst at University. I ensured that I gained the consent of the patient prior to any procedure taking place and also maintained the client's privacy and dignity whilst carrying out the procedure.

Whilst being on placement I have learnt that staff change the dressing on wounds using the aseptic non-touch technique differently to how I was taught in university but when questioning them why they do something a certain way they have a rationale for it. I will continue to clean and redress wound in the way I have been taught and believe that this is the way forward in fighting wound infections.