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ASEPTIC TECHNIQUE

CHALLENGES IN THE AMBULANCE SETTING



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ACKNOWLEDGEMENT OF COUNTRY

Today, I am on the land of the Wurundjeri Woiwurrung and Bunurong / Boon Wurrung peoples of the Kulin.

We acknowledge the Traditional Owners of Country throughout Australia and recognise their continuing connection to land, their spirituality, history and culture. We pay our respects to Elders past, present and emerging.



History



<https://saambulance.sa.gov.au/about-us/history/>



By Unknown author -
<http://collections.slsa.sa.gov.au/resource/B+35261>, Public Domain,
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2023 -SA Ambulance corporate Comms stock image

SA AMBULANCE SERVICE COUNTRY STATIONS



ABOUT SAAS TODAY

SA AMBULANCE SERVICE

METROPOLITAN STATIONS



ASEPTIC TECHNIQUE – BARRIERS

PERCEIVED BARRIERS

Not relevant - we do emergencies

We don't have time

Not a hospital

No space for trays or trolleys

ACTUAL BARRIERS

Perceived Barriers

Training and education

Engagement and resourcing

ACCREDITATION

In 2018, SAAS was the first ambulance service in Australia to be accredited against the NSQHS Health Service Standards. SAAS remains the only state ambulance service in Australia to be accredited and is now working towards accreditation for a third time.



Posted by SA Ambulance Service - Twitter 2018

ASEPTIC TECHNIQUE EXPECTATIONS

PIVC Clinical Care Standard:

Ensure competency Indicator 3:

Evidence of a locally approved policy that ensures healthcare professionals are competent in PIVC insertion, monitoring, and removal.

The policy should specify the:

- Competency a clinician must demonstrate to insert a PIVC, including for more complex and technology-assisted insertions
- Competency a clinician must demonstrate to monitor and remove PIVCs
- Organisation's process to assess and monitor the ongoing competency of clinicians, including for more complex insertions
- Organisation's process to assess adherence to the policy.

Quality statements

- 1 Assess intravenous access needs**
A patient requiring medicines or fluids is assessed to identify the most appropriate route of administration for their clinical needs.
- 2 Inform and partner with patients**
A patient requiring intravenous access receives information and education about their need for the device and the procedure. Their consent is obtained and they are advised on their role in reducing the risk of device-related complications.
- 3 Ensure competency**
A patient's PIVC is inserted and maintained by clinicians who are trained and assessed as competent in current evidence-based practices for vessel health preservation and preventing device-related complications, relevant to their scope of practice. Insertion by a clinician working towards achieving competency is supervised by a clinician who is trained and assessed as competent.
- 4 Choose the right insertion site and PIVC**
A patient requiring a PIVC is assessed to identify the most suitable insertion site and PIVC (length and gauge) to meet their clinical needs and preferences for its location.
- 5 Maximise first insertion success**
The likelihood of inserting a PIVC successfully on the first attempt is maximised for each patient, according to the health service organisation's process for maximising first-time insertion success.
- 6 Insert and secure**
A clinician inserting a patient's PIVC uses standard precautions, including aseptic technique. The device is secured and a sterile, transparent, semipermeable dressing is applied unless contraindicated.
- 7 Document decisions and care**
A patient with a PIVC will have documentation of its insertion, maintenance and removal, and regular review of the insertion site.
- 8 Routine use: inspect, access and flush**
A patient's PIVC and insertion site is inspected by a clinician for signs of complications at least once per shift or every eight hours, when accessing the device, and if the patient raises concerns. Standard precautions including aseptic technique are used when performing site care and accessing the PIVC. Patency is checked and flushing is performed at intervals according to local policy to assess device function and minimise risk of device failure.
- 9 Review ongoing need**
The ongoing need for a patient's PIVC is reviewed and documented at least daily, or more often if clinically indicated.
- 10 Remove safely and replace if needed**
A patient with a PIVC will have it removed when it is no longer needed or at the first sign of malfunction or local site complications. A new PIVC will be inserted only if ongoing peripheral vascular access is necessary, consistent with the replacement recommendations in the current version of the *Australian Guidelines for the Prevention and Control of Infection in Healthcare*.

CONTEXTUALIZING ASEPTIC TECHNIQUE FOR AMBULANCE



TIME CRITICAL



SEMI-CRITICAL



NOT TIME CRITICAL

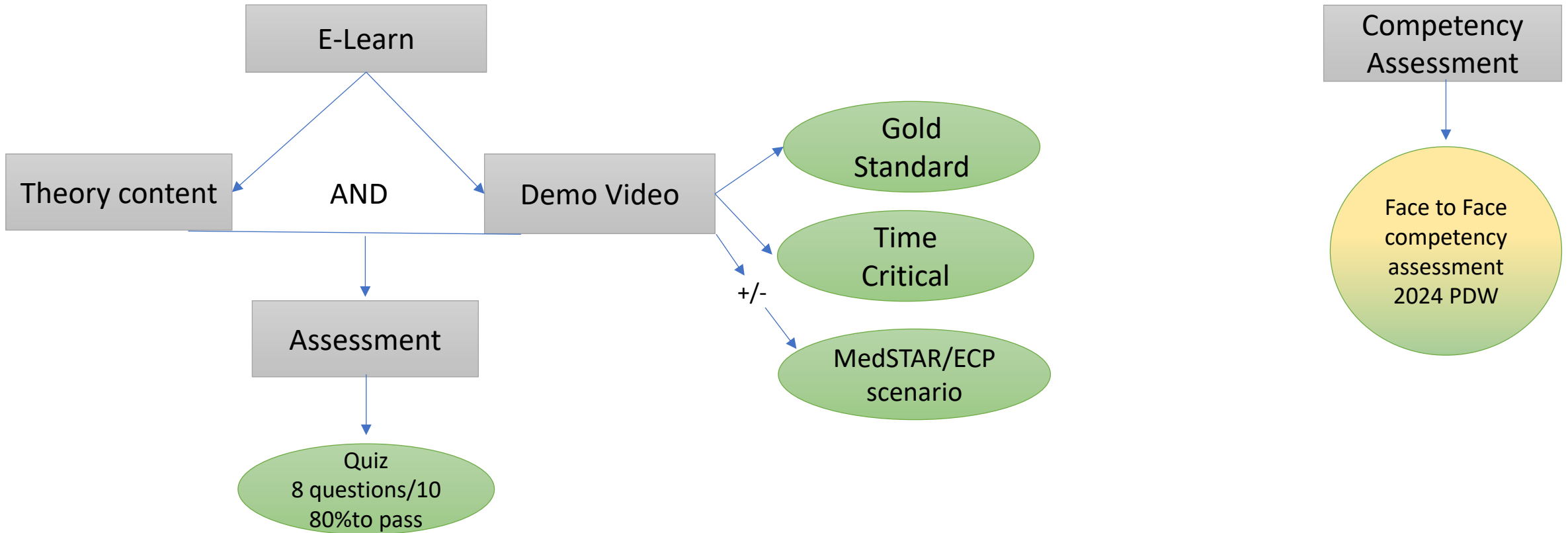
CONTEXTUALIZING ASEPTIC TECHNIQUE FOR AMBULANCE

ASEPTIC FIELDS

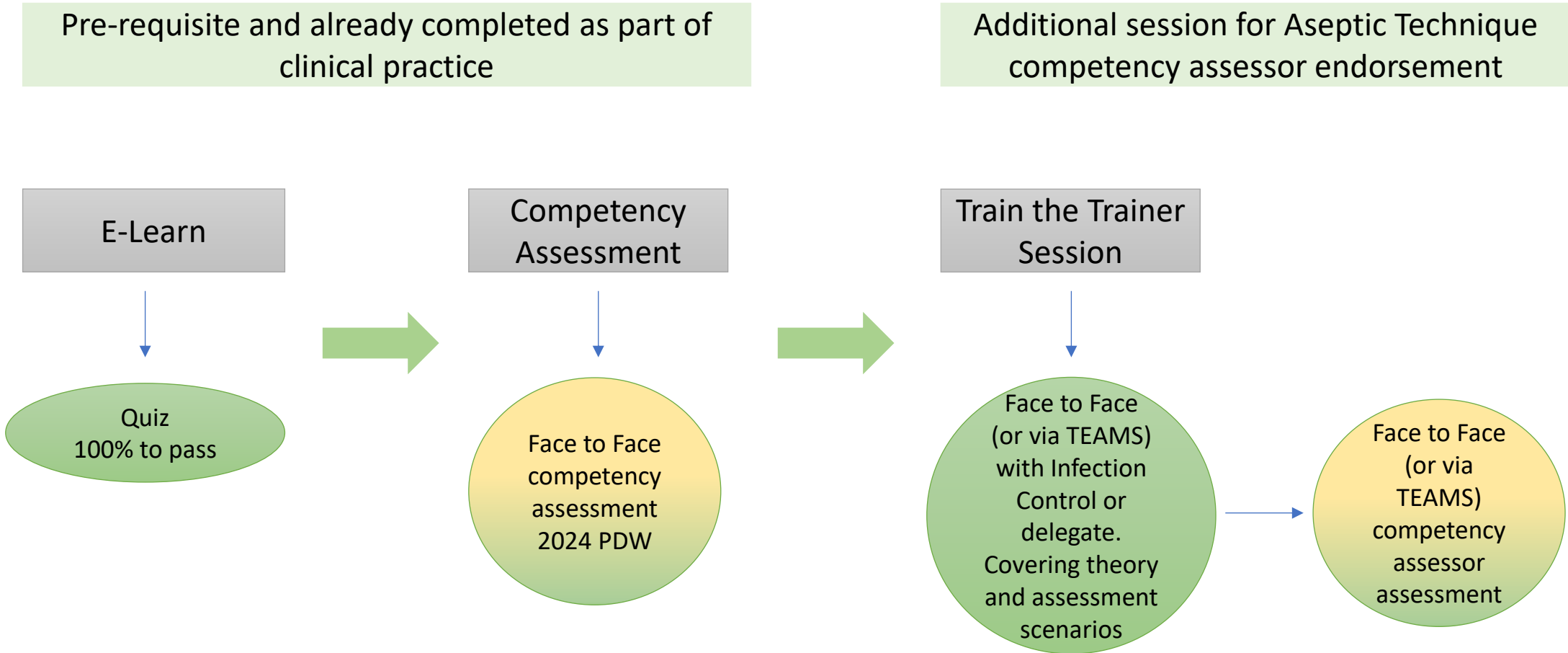


Aseptic Technique E-Learning and competency assessment

Process for mandatory E-Learning and 2024 PDW Competency assessment



Aseptic Technique Train the Trainer Pathway




Aseptic Technique Train the Trainer Pathway

- Train the trainer is provided by Infection Control Coordinator or delegate
- Pre-requisites for train the trainer:
 - Hand Hygiene
 - AT Theory AND competency assessment

AT Theory is a pre-requisite for AT competency assessment

- Each trainer
 - undertakes AT procedure (PIVC)
 - assess another trainer
 - provide relevant feedback including corrective feedback
 - complete documentation
 - update SAAS record system (to be confirmed)
- Time required for assessment is approximately 10 – 15 minutes per person.



Face to Face
competency
assessor
assessment

ASEPTIC TECHNIQUE COMPETENCY ASSESSMENT



- AT Theory is a pre-requisite for AT competency assessment
- Each attendee at PDW 2024 to undertake assessment against PIVC .

All SAAS clinicians inserting PIVC's have been educated and competency assessed for aseptic technique in 2024.



QUESTIONS?



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