

ASEPTIC TECHNIQUE GUIDANCE

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Please *specify* standard/criterion numbers and tick ✓ other boxes as appropriate

The Strategic Directions 2007-2012 were agreed by the Board of Directors in October 2007 to support the Trust's vision "Respond, Deliver, Enable". The Key Milestones below will ensure there is a shared understanding about what needs to be delivered.

Monitoring Information		Strategic Directions – Key Milestones	
Patient Experience		Waiting	
Assurance Framework		Privacy and Dignity	
Monitor/Finance/Performance		Efficiency and Effectiveness	
Care Quality Commission Outcomes:	8	Delivery of Care Closer to Home	
		Infection Control	✓
NHSLA Risk Management Standards for Acute Trusts			
NHSLA CNST Maternity Clinical Risk Management Standards:			
Other (<i>please specify</i>):			
Note: This policy has been assessed for any equality, diversity or human rights implications			

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1. DEFINITION OF AN ASEPTIC TECHNIQUE

Aseptic technique is a method of working designed to reduce the risk of microbial contamination in a vulnerable body site. This may include, for example, procedures such as undertaking a wound dressing or performing an invasive procedure such as inserting a urinary catheter or preparing an intravenous infusion.

1.1 Principles of Aseptic Technique

- Prepare the setting, including decontamination of the working surface or tray to be used, with detergent and water or detergent wipes and then dry
- Staff undertaking aseptic procedures adhere to the Hand Hygiene Policy and the Uniform and Workwear policy ensuring that they are 'bare below the elbow'.
- Perform hand hygiene in accordance with Hand Hygiene Policy. The type of hand hygiene will depend on the procedure e.g. surgical hand hygiene is required prior to major invasive procedures such as surgery or central venous catheter insertion. Conversely routine hand hygiene with alcohol gel is adequate before wound dressings, IV drug administration or peripheral cannula insertion.
- The extent of the use of drapes and protective clothing will also depend on the type of procedure and its complexity. For example
 - Large drapes and maximal barrier precautions are always required for surgical procedures and central venous catheter insertion
 - Sterile gloves and a plastic apron and a small drape for wound dressing procedures
 - Clean non sterile gloves and a plastic apron are adequate for phlebotomy and IV drug administration, as long as a non touch aseptic technique is used (see 1.2)
- Assemble all appropriate packaged sterile items for the procedure. Check the packaging is intact and expiry date has not been exceeded.
- When opening packaged sterile items, such as needles and syringes, do so by peeling back the packaging.
- If possible, avoid exposing or dressing wounds or performing any other aseptic procedure for at least 30 minutes after bed making or domestic cleaning has concluded.
- Remove soiled dressings carefully (a large amount of microorganisms can be shed into the air when dressings are removed) using the inverted yellow bag to protect hands
- Expose wounds for the minimum time to avoid contamination and maintain temperature.
- Change gloves and decontaminate hands again at any stage when contamination has occurred. NEVER apply hand hygiene products to your gloved hands
- Perform the procedure, including skin preparation where applicable, avoiding accidental contamination of sterile equipment/vulnerable site

1.2 Aseptic Non Touch Technique (ANTT)

- When clean, non sterile gloves are worn rather than sterile gloves (or procedure is undertaken with cleaned, ungloved hands) a 'non touch aseptic' technique is required to maintain asepsis. This means avoiding touching the patient or key parts of the equipment used during the procedure.
- In general, this means avoiding touching:
 - sterile equipment that will be used invasively e.g, the tip of a needle or hub of cannula,
 - sterile products used for preparing solutions for injection e.g. the hub of the syringe or tip of a needle
 - the surface of a sterile dressing that will be in contact with the wound,
 - seals of IV connectors that have been disinfected prior to administration of medication
 - skin *after* it has been disinfected prior to phlebotomy or cannulation,
 - open wounds and invasive device sites.

2. DEFINITION OF A 'CLEAN' TECHNIQUE

This is a modified technique that can be used for dressing chronic wounds healing by secondary intention, e.g. pressure sores, leg ulcers and dehisced wounds, which will already be heavily colonised with environmental microorganisms. It can also be used for simple grazes; when removing sutures; and for endo-tracheal suction. Clean, non-sterile gloves and a disposable plastic apron should be worn. Chronic wounds may be irrigated or cleansed using potable/drinking tap water rather than sterile fluids.

3. ESSENTIAL ACTIONS FOR ALL PROCEDURES

- Dispose of waste as per local policy
- Dispose of single-use items after one use
- Dispose of single patient use items after treatment
- Decontaminate re-usable items according to local policy and manufacturer's instructions
- Store sterile equipment in clean, dry conditions, off the floor
- Minimise interventions that result in a break in closed systems e.g. manipulation of IV lines

4. RECOMMENDED TECHNIQUE APPLICABLE FOR COMMONLY PERFORMED PROCEDURES

Procedure	Technique	Comments
Central venous catheter insertion	Aseptic	Surgical hand hygiene Maximum barrier precautions
Chest drain insertion	Aseptic	Surgical hand hygiene Maximum barrier precautions
Cervical smear	Clean	Use a single use only speculum

Epidural	Aseptic	Surgical hand hygiene Maximum barrier precautions
Gastrostomy or jejunotomy tube insertion (endoscopic/ surgical or radiological guidance)	Aseptic	Surgical hand hygiene Maximum barrier precautions
Lumbar puncture	Aseptic	Surgical hand hygiene Maximum barrier precautions
Indwelling urinary catheter insertion	Aseptic	Routine hand hygiene Sterile gloves and single use disposable apron
Intermittent urethral catheterisation	Clean in patient's home Aseptic in hospital	Routine hand hygiene Sterile gloves and single use disposable apron in hospital
IUD insertion	Aseptic	Surgical hand hygiene required
IV medication Preparation for immediate use and administration.	Aseptic non-touch technique	Routine hand hygiene Clean non sterile gloves
Suprapubic catheter insertion	Aseptic	Surgical hand hygiene Maximum barrier precautions Manage as surgical wound until healed
Suction-Laryngeal Endotracheal Tracheostomy	Clean	Dispose of catheter after each insertion
Wound care for wounds healing by primary intention e.g. surgical wound	Aseptic	Routine hand hygiene Sterile gloves and single use disposable apron
Wound care for wounds healing by secondary intention e.g. venous ulcers	Clean	Routine hand hygiene Clean gloves and single use disposable apron

5. POST OPERATIVE WOUND CLEANSING

Sterile saline should be used for surgical wound cleansing (if required) for first 48 hours following surgery

Advise patients that they may shower safely 48 hours after surgery by which time superficial healing will have occurred.

Tap water may be used for wound cleansing after 48 hours if the surgical wound has separated or has been surgically opened to drain pus (NICE, 2008).

Refer to a tissue viability nurse (or other healthcare professional with tissue viability expertise) for advice on appropriate dressings for the management of surgical wounds that are healing by secondary intention

Bibliography

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