



## Community Infection Prevention and Control Policy for Care Home settings

# Aseptic technique

# ASEPTIC TECHNIQUE

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## ASEPTIC TECHNIQUE

### 1. Introduction

An aseptic technique is used to carry out a procedure in a way that minimises the risk of contaminating an invasive device, e.g. urinary catheter, or a susceptible body site such as the bladder or a wound.

### 2. When should an aseptic technique be used?

The following are some examples of when an aseptic technique should be used, but is not an exhaustive list:

- When inserting an invasive device, e.g. urinary catheter
- When dressing wounds less than 48 hours old
- When dressing wounds healing by **primary intention**, e.g. surgical wounds
- When dressing deep wounds that lead to a cavity or sinus
- When dressing burn wounds
- If the resident is immunosuppressed, diabetic or at high risk of infection
- When connecting an enteral feeding tube to the feed administration system

### 3. Who should undertake an aseptic technique?

- Personal care givers looking after residents with indwelling devices, e.g. urinary catheter, PEG tube, are not responsible for giving clinical care, but need to have knowledge of asepsis and understanding of the importance of not introducing contamination to these devices.
- Only staff educated, trained and assessed in aseptic technique should undertake this procedure. Adherence to the principles of asepsis (as described below) plays a vital role in preventing the transmission of infection in any environment. It is the responsibility of each member of staff who undertakes an aseptic technique to understand the meaning of these principles and to incorporate them into their everyday practice.
- An audit should be undertaken to monitor compliance with the technique and a record of training and audit should be available. An assessment record and audit tool are available to download at [www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk).

- Staff undertaking an aseptic technique should be free from infection, e.g. colds, sore throats, septic lesions.

## 4. The principles of asepsis/aseptic technique

Asepsis is defined as the absence of pathogenic (harmful) organisms.

The principles of asepsis/aseptic technique are:

- Reducing activity in the immediate vicinity of the area in which the procedure is to be performed
- Keeping the exposure of a susceptible site to a minimum
- Checking all sterile packs to be used are in date and there is no evidence of damaged packaging or moisture penetration
- Ensuring all fluids and materials to be used are in date
- Not re-using single use items
- Ensuring contaminated/non-sterile items are not placed in the sterile field
- Ensuring appropriate hand decontamination prior to and after the procedure
- Protecting uniform/clothing with a disposable apron
- Using sterile gloves

## 5. Good practice

- Use standard precautions.
- Dispose of single use items after use. Do not re-use.
- Decontaminate single patient use items after each use and dispose of at the end of the course of treatment (single patient use items can be decontaminated and re-used again on the **same** resident, but cannot be used on another resident).
- Store sterile equipment in clean, dry conditions, off the floor and away from potential damage.
- Dispose of waste as per local policy.

## 6. The procedure for dressing a wound using an aseptic technique

- Avoid exposing or dressing wounds or performing an aseptic procedure for at least 30 minutes after bed making or domestic cleaning to allow any

dust particles to settle.

- The procedure is explained and discussed with the resident and verbal consent obtained where possible.
- The nurse undertaking the procedure is bare below the elbows (BBE), refer to the 'Hand hygiene Policy for Care Home settings', and any cuts/grazes are covered with a waterproof dressing.
- Hands are decontaminated, using the correct technique, with liquid soap and warm running water and dried with paper towels (see Appendix 1: Hand hygiene technique for staff poster) or an alcohol handrub is used and allowed to dry (using steps 2-8 on Appendix 1)
- The surface to be used for the sterile field is decontaminated with a detergent wipe or neutral liquid detergent, e.g. Hospec, and warm water and dried with paper towelling.
- All equipment is obtained for the procedure, sterile items are checked to ensure they are intact and within the expiry date.
- The resident is positioned comfortably for the procedure so that the wound is easily accessible without exposing the resident unduly.
- Hands are decontaminated, using the correct technique, with liquid soap and warm running water and dried with paper towels or an alcohol handrub is used and allowed to dry.
- A disposable apron is put on.
- The outer packaging of the sterile pack is opened and contents removed using a sliding action ensuring that the inner pack is not touched.
- Hands are decontaminated, using the correct technique, with liquid soap and warm running water and dried with paper towels or an alcohol handrub is used and allowed to dry.
- The sterile pack is opened using only the corners of the paper.
- The disposable waste bag from the pack is used to cover the hand like a sterile 'glove' to arrange the contents of the dressing pack on the sterile field. The waste bag is then positioned so that contamination of the sterile field does not occur during the procedure.
- If required, sterile normal saline is opened and poured into the gallipot, any other items required are removed from packaging and placed on the sterile field ensuring the outer packaging does not come into contact with the sterile field.
- Loosen the adhesive or tape on the existing dressing to aid removal.
- Non-sterile gloves are put on to remove the dressing, the dressing is disposed of in the waste bag, and gloves are removed and disposed of in the waste bag.

- Hands are decontaminated, using the correct technique, with liquid soap and warm running water and dried with paper towels or an alcohol handrub is used and allowed to dry.
- Sterile gloves are put on without contaminating the outer surface of the gloves.
- The sterile sheet is arranged near the wound site, and the procedure is carried out, including cleaning of the skin where applicable, maintaining a sterile field throughout the procedure.
- Apply the principle of 'a clean hand and a dirty hand'.
- Waste is disposed of in the waste bag; gloves then apron are removed and disposed of in the waste bag. The waste bag is disposed of in a yellow and black offensive/hygiene waste bag or if the resident has a known or suspected infection, disposed of in an orange infectious waste bag.
- Hands are decontaminated with liquid soap and warm running water and dried with paper towels or alcohol handrub used and allowed to dry.
- The resident is left in a comfortable position, maintaining dignity.
- The surface used for the sterile field is decontaminated with a detergent wipe or neutral liquid detergent, e.g. Hospec, and warm water and dried with paper towelling or disinfected if the resident has a known or suspected infection.
- Hands are decontaminated with liquid soap and warm running water and dried with paper towels or alcohol handrub used and allowed to dry.
- The procedure is documented in the resident's records.

## 7. Clean technique

This is a modified aseptic technique, the principles being, in essence, the same as that for performing an aseptic technique. The main difference is the wound can be irrigated with or immersed in non-sterile fluids, e.g. tap water of drinkable quality, and non-sterile gloves can be worn. A clean technique is used for dressing most wounds healing by **secondary intention** such as:

- Pressure ulcers
- Leg ulcers
- Dehisced wounds
- Dry wounds, simple grazes
- Removing sutures

Other procedures when it should be used include:

- Endotracheal suction
- Pharyngeal suction

A clean technique should not be used to dress significant wounds that are less than 48 hours old, diabetic foot wounds, cavity wounds, e.g. with a sinus, or wounds of residents who are immunosuppressed.

## 8. Non-touch technique

The aim of a non-touch technique is to avoid contamination by not touching key elements, e.g. the inside surface of a sterile dressing, end of a sterile connection or other item that will be in contact with a susceptible site.

A non-touch technique should be used for both an aseptic technique and a clean technique.

### Summary for wound dressings

	Aseptic technique	Clean technique
<b>Gloves</b>	Sterile	Non-sterile
<b>Dressings</b>	Sterile	Sterile
<b>Cleansing solution</b>	Sterile water/ saline/antiseptic	Tap water

### Technique for commonly performed procedures

Procedure	Technique	Comments
Indwelling urinary catheter insertion	Aseptic	Wash perineum with soap/water. Clean urethral meatus with sterile normal saline.  Use sterile single use container, lubricant/anaesthetic gel to reduce trauma
Emptying drainage bag	Clean	Swab drainage tap with alcohol wipe before and after opening tap
Catheter removal	Clean	Clean meatus with soap and water
Enteral feeding administration	Aseptic	Minimal handling and an aseptic technique should be used when connecting the administration set to the enteral feeding tube.  The feed giving set and feed containers are single use and must be disposed of after each feed is administered

## 9. Symbols and their meanings

 <p>2022-01-31 Use by date, i.e. use by 31 January 2022</p>	 <p>2022-01 Date of manufacture, i.e. manufactured during January 2022</p>
 <p>Do not re-use, Single use, use only once</p>	 <p>Batch code</p>

## 10. Infection Prevention and Control resources, education and training

The Community Infection Prevention and Control (IPC) Team have produced a wide range of innovative educational and IPC resources designed to assist your Care Home in achieving compliance with the *Health and Social Care Act 2008* and CQC registration requirements.

These resources are either free to download from the website or available at a minimal cost covering administration and printing:

- Over 25 IPC Policy documents for Care Home settings
- ‘Preventing Infection Workbook: Guidance for Care Homes’
- ‘IPC CQC Inspection Preparation Pack for Care Homes’
- IPC audit tools, posters, leaflets and factsheets
- ‘IPC Bulletin for Care Homes’

In addition, we hold educational study events in North Yorkshire and can arrange bespoke training packages and ‘Mock IPC CQC Inspections’. Prices vary depending on your requirements and location.

Further information on these high quality evidence-based resources is available at [www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk).

## 11. References

Department of Health (2015) *The Health and Social Act 2008: Code of Practice for the prevention and control of infections and related guidance*

Department of Health (2013) *Prevention and control of infection in care homes – an information resource*

Loveday HP, et al, epic 3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England *Journal of Hospital Infection* 86S1 (2014) S1-S70

National Institute for Health and Care Excellence (2012 – Updated February 2017) *Healthcare-associated infections: prevention and control in primary and community care Clinical Guideline 139*

Royal Marsden NHS Foundation Trust (March 2015) *The Royal Marsden Hospital Manual of Clinical Nursing Procedure 9<sup>th</sup> Edition*

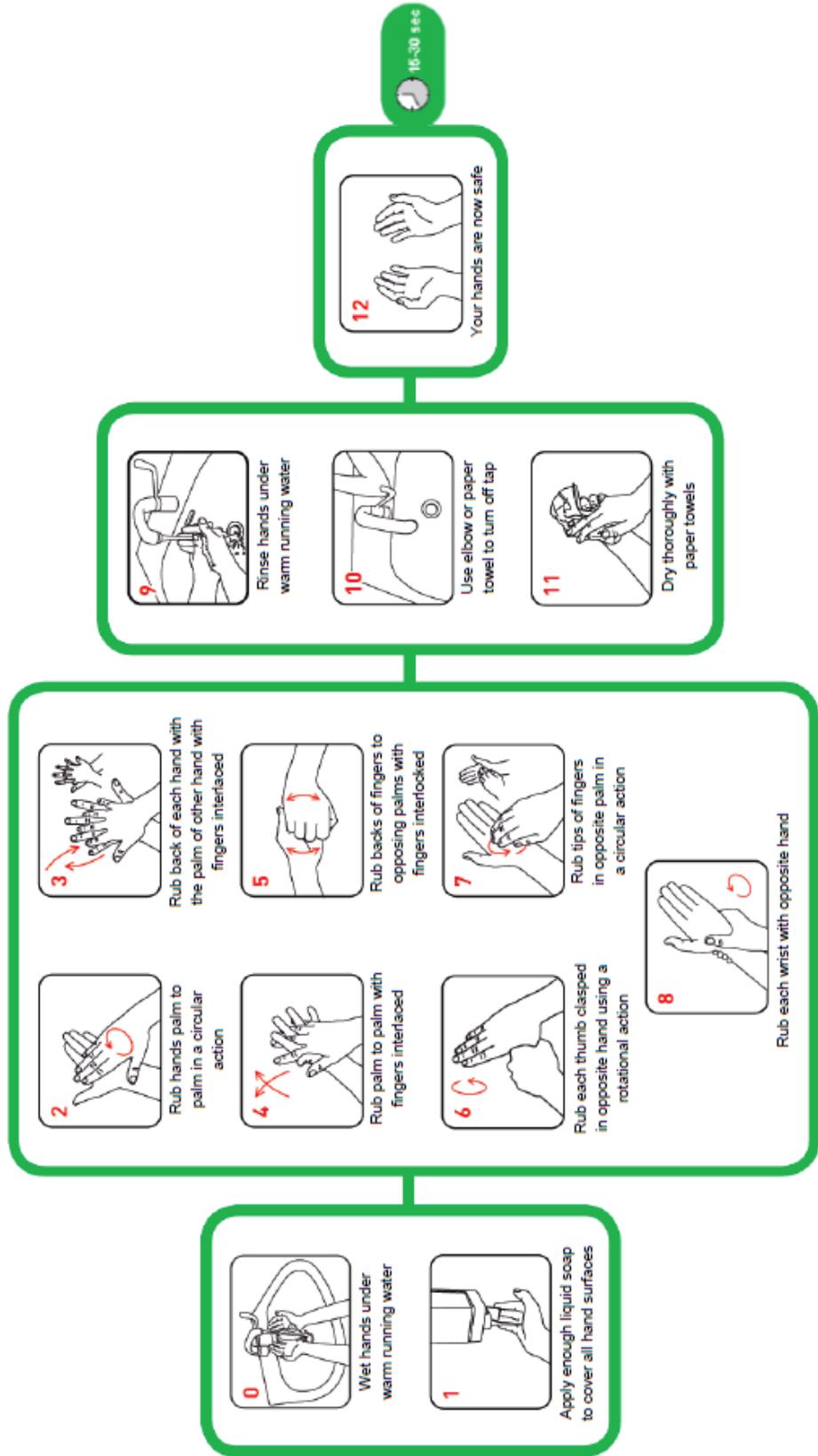
## 12. Appendices

Appendix 1: Hand Hygiene Technique for Staff



**HAND HYGIENE TECHNIQUE FOR STAFF**

Using liquid soap and warm water



Adapted from World Health Organization Guidelines on Hand Hygiene in Health Care and National Patient Safety Agency

Community Infection Prevention and Control  
 Harrogate and District NHS Foundation Trust — [www.infectionpreventioncontrol.co.uk](http://www.infectionpreventioncontrol.co.uk)  
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