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NHS

Community Infection Prevention and Control Policy for Care Home settings

Aseptic technique

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This Policy has been adopted by:

Organisation: ..... …

Signature: ..... Name: .....

Job title: .....

Adoption date: .....

Review date: .....

Any variation to this Policy should be risk assessed, evidence-based, authorised and documented below. The Community Infection Prevention and Control (IPC) Team, Harrogate and District NHS Foundation Trust, cannot endorse or be held responsible for any variations.

Community Infection Prevention and Control
Harrogate and District NHS Foundation Trust
Gibraltar House, Thurston Road
Northallerton, North Yorkshire. DL6 2NA
Tel: 01423 557340
email: infectionprevention.control@nhs.net
www.infectionpreventioncontrol.co.uk

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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, has diabetes or is at high risk of infection

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.
- 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) microorganisms, such as bacteria and viruses.

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 reusing single use items
- Ensuring contaminated/non-sterile items are not placed in the sterile field
- Ensuring appropriate hand decontamination prior to, during and after the procedure
- Protecting uniform/workwear with a disposable apron
- Using sterile gloves
- Use of a non-touch technique 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

5. Good practice

- Always use 'Standard infection control precautions' (SICPs) and, where required, 'Transmission based precautions' (TBPs). Refer to the 'SICPs and TBPs Policy for Care Home settings'.
- Dispose of single use items after use. Do not reuse.
- 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 reused 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. Essential equipment

The essential equipment required will vary depending on the procedure being performed.

- Detergent wipes or general purpose neutral detergent and water for cleaning the surface to be used and paper towels. 70% isopropyl alcohol disinfecting wipes if disinfection is required.
- Personal protective equipment (PPE), e.g. apron, facial protection if there is a risk of splashing on to your face.
- Sterile gloves.

- Sterile dressing pack.
- Fluids for cleaning and/or irrigation – sterile 0.9% sodium chloride is normally appropriate.
- Hypoallergenic tape (if required).
- Appropriate sterile dressing (if required).
- Alcohol handrub: This is an acceptable alternative to handwashing. Handwashing will take more time and may entail leaving the resident, alcohol handrub is the most appropriate method for hand hygiene during a procedure as long as hands are physically clean.
- Any extra equipment that may be needed during the procedure, e.g. sterile scissors.
- Traceability system (sticker or electronic) for any reusable surgical instruments.
- Resident record form.

7. The procedure for dressing a wound using an aseptic technique

1. The person 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.
2. 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.
3. Ensure that all windows are closed and any fans in the area are turned off.
4. Check that all items required for the procedure are available, packaging is intact and sterile items are within expiry date.
5. The procedure is explained and discussed with the resident and verbal consent obtained where possible.
6. Clean hands using the correct technique, with liquid soap and warm running water and dry with paper towels or an alcohol handrub is used and allowed to dry.
7. Clean the dressing trolley with general purpose neutral detergent and water or detergent wipes, from top to bottom, clean to dirty. Large and flat surfaces should be cleaned using an 'S' shaped pattern, starting at the point furthest away, overlapping slightly, but taking care not to go over the same area twice. This cleaning motion reduces the amount of microorganisms, such as bacteria and viruses, that may be transferred from a dirty area to a clean area. Dry with paper towels. If disinfection is also required, use disposable wipes saturated with 70% isopropyl alcohol and allow to air dry.

8. Place the items required for the procedure on the lower shelf of the trolley.
9. The resident is positioned comfortably for the procedure so that the wound is easily accessible without exposing the resident unduly.
10. Clean hands using the correct technique, with liquid soap and warm running water and dry with paper towels or an alcohol handrub is used and allowed to dry.

11. Put on a disposable apron.
12. If an existing dressing is in place, loosen the adhesive or tape on the existing dressing to aid its removal later.
13. 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.
14. The outer packaging of the sterile pack is opened and contents removed using a sliding action onto the cleaned surface, ensuring that the inner pack is not touched.
15. The sterile pack inner wrap is opened, using only the corners of the paper and creates a sterile field.
16. Open any other items required, and gently tip onto the centre of the sterile field.
17. Clean hands with an alcohol handrub.
18. Carefully use the open end of the disposable waste bag to lift it from the sterile field. Then hold the bag by one edge and place the other hand inside to cover the hand like a sterile 'glove' to arrange the items on the sterile field. If there is a previous dressing in place, remove and invert the bag with the dressing inside. The waste bag is then positioned so that contamination of the sterile field does not occur during the procedure.
19. If required, sterile normal saline is opened and poured into the gallipot or solutions section of the dressing tray. If using a sterile solution sachet, always wipe both sides of the sachet before opening with an alcohol swab, as per manufacturer's instructions.
20. Clean hands with an alcohol handrub and put on sterile gloves.
21. The procedure is carried out, including cleaning of the skin where applicable, maintaining a sterile field throughout the procedure.
22. The resident is left in a comfortable position, maintaining dignity.
23. Waste is then disposed of in the appropriate coloured waste stream bag. Refer to the 'Safe disposal of waste, including sharps Policy for Care Home settings'.
24. Remove PPE, gloves first, dispose of, then remove and dispose of apron and clean hands. Dispose of PPE in the appropriate coloured waste stream. Refer to the 'Safe disposal of waste, including sharps Policy for Care Home settings'.
25. The surface used for the sterile field is decontaminated (see point 7 above).
26. Clean hands with liquid soap and warm running water and dry with paper towels or apply alcohol handrub used and allow to dry.
27. The procedure is documented in the resident's records.

8. 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
- Connecting an enteral feeding tube to the feed administration system

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.

9. Technique selection

Summary for wound dressings		
	Aseptic technique	**Clean technique**
Gloves	Sterile	Non-sterile
Dressings	Sterile	Sterile
Cleansing solution	Sterile water/saline/antiseptic	Tap water

Technique for commonly performed procedures		
Procedure	**Technique**	**Comments**
Indwelling urinary catheter insertion (Refer to the 'Urinary catheter care Policy for Care Home settings')	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 (Refer to the 'Urinary catheter care Policy for Care Home settings')	Clean	Swab drainage tap with alcohol wipe before and after opening tap
Catheter removal (Refer to the 'Urinary catheter care Policy for Care Home settings')	Clean	Clean meatus with soap and water

Procedure	Technique	Comments
Enteral feeding administration (Refer to the 'Enteral tube feeding Policy for Care Home settings')	Clean	Minimal handling and a clean technique non-touch 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

10. Aseptic non-touch technique

Aseptic non-touch technique (ANTT) is an international campaign which aims to standardise and promote the essential elements of aseptic technique. It applies to all invasive and non-invasive clinical procedures and aims to promote a three-way partnership between residents, healthcare professionals and healthcare organisations.

The essential practice aim of ANTT is protecting your 'Key part' (the critical part of the equipment that is contaminated are most likely to cause infection) and your 'Key site' (open wounds, medical devices). Key parts must only touch other aseptic Key parts and Key sites.

Staff need to be competence assessed in ANTT which require reassessment every 3 years.

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

11. Symbols and their meanings

 2026-05-30 Use by date, i.e. use by 30 May, 2026	 2025-05 Date of manufacture, i.e. manufactured during May 2025
 Do not reuse, Single use, use only once	 Batch code

12. Evidence of good practice

It is recommended that, for assurance purposes, annual assessment of aseptic technique standards are carried out. An annual competency assessment tool is available to download at www.infectionpreventioncontrol.co.uk/resources/aseptic-technique-competency-annual-assessment-tool-for-care-homes/.

13. Infection Prevention and Control resources, education and training

See Appendix 1 for the 'Aseptic technique: Quick reference guide'.

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: code of practice on the prevention and control of infections and related resources* and CQC registration requirements.

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

- 30 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 IPC educational training events in North Yorkshire.

Further information on these high quality evidence-based resources is available at www.infectionpreventioncontrol.co.uk.

14. References

Department of Health and Social Care (Updated December 2022) *Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance*

Department of Health and Social Care (2022) *Health Technical Memorandum 07-01: Safe and sustainable management of healthcare waste*

Department of Health and Health Protection Agency (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 (Updated February 2017) *Healthcare-associated infections: prevention and control in primary and community care Clinical Guideline 139*

Royal Marsden NHS Foundation Trust (2020) *The Royal Marsden Hospital Manual of Clinical and Cancer Nursing Procedures 10th Edition*

15. Appendices

Appendix 1: Aseptic technique: Quick reference guide

03 Appendix 1: Aseptic technique: Quick reference guide

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Aseptic technique: Quick reference guide

What is an aseptic technique?

- A procedure that minimises the risk of contaminating an invasive device, e.g. urinary catheter or vulnerable site, such as bladder or wound.
- Must be undertaken by trained and competent staff.

Aseptic technique: Key principles

- Reduce activity/movement in immediate vicinity for at least 30 minutes before.
- Minimise exposure of vulnerable site.
- Check all items required for the procedure are in date, sterile, intact and single use items are not reused.
- Ensure no contaminated or non-sterile items are placed on the sterile field.
- Use of PPE and hand hygiene.

What is clean technique

- A clean technique can be used for most wounds healing by secondary intention, e.g. leg ulcers.
- A modified aseptic technique.
- Still uses a non-touch technique.
- Use of non-sterile gloves.
- Use of tap water for wound cleansing.

Procedure	Aseptic technique	Clean technique
Dressing leg ulcers*, pressure ulcers*, simple grazes		✓ *use aseptic for diabetic foot wounds or cavity wounds with a sinus
Dressing surgical wounds	✓	
Dressing deep wounds that lead to a cavity or sinus	✓	
Inserting a urinary catheter	✓	
Dressing a wound for a resident who is immuno-suppressed, diabetic or at high risk of infection	✓	
Changing an enteral feeding system		✓
Changing/removal of or attaching a catheter bag		✓
Endotracheal or pharyngeal suctioning		✓

For further information, please refer to the full Policy which can be found at www.infectionpreventioncontrol.co.uk/care-homes/policies/