GP 01

Infection. Prevention. Control.
You're in safe hands

NHS

ASEPTIC TECHNIQUE

Community Infection Prevention and Control Policy for General Practice

(also suitable for adoption by other healthcare providers, e.g. Dental Practice, Podiatry)

Aseptic technique

Version 2.00
July 2021

GP 01

ASEPTIC TECHNIQUE

Please note that the internet version is the only version that is maintained. Any printed copies should, therefore, be viewed as 'uncontrolled' and as such, may not necessarily contain the latest updates and amendments.

This document has been adopted as a Policy by:

Organisation: ..... …

Signed: .....

Job Title: .....

Date Adopted: .....

Review Date: .....

If your organisation would like to exclude or include any additional points to this document, please include below. Please note, the Community IPC Team cannot endorse or be held responsible for any addendums.

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

ASEPTIC TECHNIQUE

Contents Page

GP 01

ASEPTIC TECHNIQUE

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
- 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
- Minor surgery procedures
- Suturing wounds
- Insertion of intrauterine devices (IUD)
- If the patient is immunosuppressed, diabetic or at high risk of infection

3. Who should undertake an aseptic technique?

- 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.
- It is a requirement to undertake annual peer audits to monitor competency of 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.
- 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 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

5. Good practice

- Always use standard infection control precautions and, where required, transmission based precautions (SICPs and TBPs), refer to the 'SICPs and TBPs Policy for General Practice'.
- 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 patient, but cannot be used on another patient).
- 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

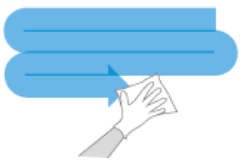
The essential equipment required will vary depending on the procedure being performed.

- Detergent wipes or pH 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, eye or facial protection if there is a risk of splashing on to your face.
- Sterile gloves.
- Sterile dressing pack.
- Fluids for cleaning and/or irrigation - 0.9% sodium chloride is normally appropriate.
- Hypoallergenic tape (if required).
- Appropriate dressing (if required).
- Alcohol handrub: This is an acceptable alternative to hand washing. Handwashing will take more time and may entail leaving the patient; 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.
- Patient 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 General Practice', and any cuts/grazes are covered with a waterproof dressing.
2. Ensure that all windows are closed and any fans in the area are turned off. Avoid exposing or dressing wounds or performing an aseptic procedure for at least 30 minutes after cleaning to allow any dust particles to settle.
3. Check that all items required for the procedure are available, packaging is intact and sterile items are within the expiry date.
4. Introduce yourself to the patient and prior to gaining verbal consent from them explain and discuss the procedure.
5. Clean hands using the correct technique, with liquid soap and warm running water and dried with paper towels (see Appendix 1) or an alcohol handrub is used and allowed to dry (using steps 2-8 on Appendix 1).
6. Clean the dressing trolley with pH neutral detergent, e.g. Hospec 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.

7. Place the items required for the procedure on the lower shelf of the trolley.
8. The patient is positioned comfortably for the procedure so that the wound is easily accessible without exposing the patient unduly.
9. Clean hands 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.
10. Put on a disposable apron.
11. If an existing dressing is in place, loosen the adhesive or tape to aid its removal later.
12. 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.
13. 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.
14. The sterile pack inner wrap is opened, using only the corners of the paper and creates a sterile field.
15. Open any other items required, and gently tip onto the centre of the sterile field.
16. Clean hands with an alcohol handrub.
17. 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.
18. The waste bag is then positioned so that contamination of the sterile field does not occur during the procedure.
19. If required, sterile solutions are opened and poured into the gallipot or solutions section of the dressing tray.
20. Clean hands with an alcohol handrub and don sterile gloves.
21. Apply the principle of 'a clean hand and a dirty hand'.
22. The procedure is carried out, including cleaning of the skin where applicable, maintaining a sterile field throughout the procedure.
23. The patient is left in a comfortable position, maintaining dignity.
24. Waste is then disposed of in the appropriate coloured waste stream bag, refer to the 'Safe disposal of waste Policy for General Practice'.

25. Remove PPE and dispose of in the appropriate coloured waste stream bag, refer to the 'Safe disposal of waste Policy for General Practice' - gloves off first, dispose, then remove and dispose of apron and clean hands.
26. Clean, and if the patient has a confirmed or suspected infection, disinfect the trolley using disposable wipes saturated with 70% isopropyl (see point 6 above) alcohol and allow to air dry.
27. Clean hands with liquid soap and warm running water and dry with paper towels or apply alcohol handrub and allow to dry.
28. Ensure the procedure is documented and any tracking labels provided are added in the patient'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

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 patients who are immunosuppressed.

9. 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.

It can be used for removal of an indwelling urinary catheter, smear taking, high vaginal swab.

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

Summary for wound dressings		
Description	**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**
Surgical wound dressing	Aseptic	Expose the wound for minimal time
Catheter removal	Clean	Clean meatus with soap and water
Cervical smear	Clean	Use a sterile disposable (single use) speculum or a reusable one that has been sterilised by an accredited Decontamination Services Department
IUD insertion	Aseptic	

10. Symbols and their meanings

 2023-07-30 Use by date, i.e. use by 30 July 2023	 2023-07 Date of manufacture, i.e. manufactured during July 2023
 Do not reuse, Single use, use only once	 Batch code

11. 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 General Practice in achieving compliance with *The Health and Social Care Act 2008: Code of Practice on the prevention and control of infection and related guidance* and CQC registration requirements.

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

- 25 IPC Policy documents for General Practice
- 'Preventing Infection Workbook: Guidance for General Practice'
- 'IPC CQC inspection preparation Pack for General Practice'
- IPC audit tools, posters, leaflets and factsheets
- 'IPC Bulletin for General Practice Staff'

In addition, we hold educational study events in North Yorkshire and York 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.

12. References

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

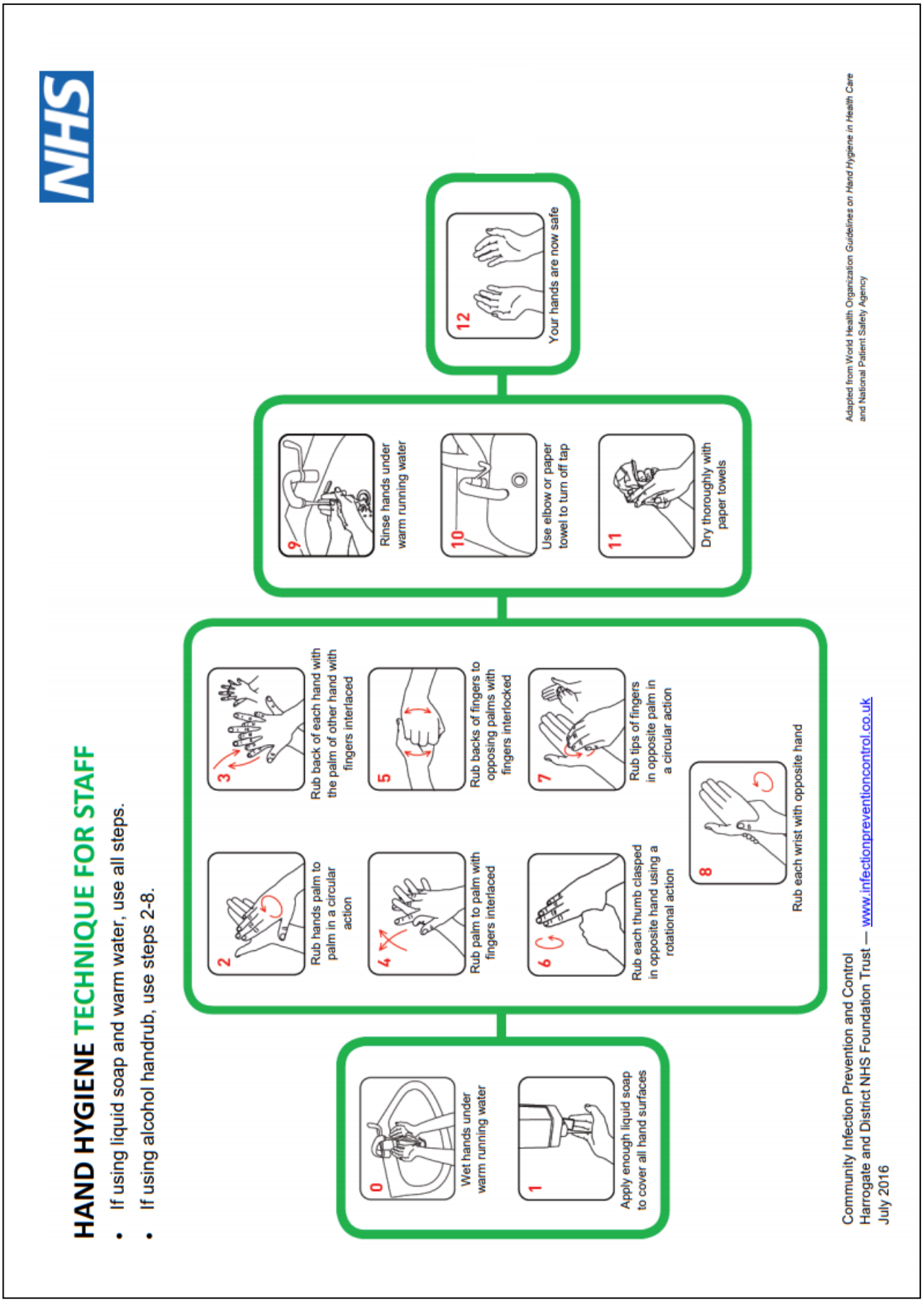
Loveday HP, et al, epic 3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England *Journal of Hospital Infection 86S1 (2014) S1-S70*

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

13. Appendices

Appendix 1: Hand Hygiene Technique for Staff


NHS
HAND HYGIENE TECHNIQUE FOR STAFF
• If using liquid soap and warm water, use all steps.
• If using alcohol handrub, use steps 2-8.
0 Wet hands under warm running water
1 Apply enough liquid soap to cover all hand surfaces
2 Rub hands palm to palm in a circular action
3 Rub back of each hand with the palm of other hand with fingers interlaced
4 Rub palm to palm with fingers interlaced
5 Rub backs of fingers to opposing palms with fingers interlocked
6 Rub each thumb clasped in opposite hand using a rotational action
7 Rub tips of fingers in opposite palm in a circular action
8 Rub each wrist with opposite hand
9 Rinse hands under warm running water
10 Use elbow or paper towel to turn off tap
11 Dry thoroughly with paper towels
12 Your hands are now safe
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
July 2016