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NHS

Community Infection Prevention and Control Policy for General Practice

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

Aseptic technique

ASEPTIC TECHNIQUE

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02

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 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 through local governance channels 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.

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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
- 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, has diabetes or is 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. 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 microorganisms in sufficient quantity to cause infection.

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
- 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 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

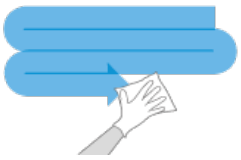
The essential equipment required will vary depending on the procedure being performed.

- Detergent or '2 in 1' wipes, which contain both a detergent and a disinfectant, for cleaning the surface to be used. Use 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 to the 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 patient; alcohol handrub is the most appropriate method for hand hygiene during a procedure as long as hands are visibly 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.
3. Avoid exposing or dressing wounds or performing an aseptic procedure for at least 30 minutes after cleaning to allow any dust particles to settle.
4. Check that all items required for the procedure are available, packaging is intact and sterile items are within the expiry date.
5. Introduce yourself to the patient and, prior to gaining verbal consent from them, explain and discuss the procedure.
6. Clean hands using the correct technique, with liquid soap and warm running water and dry with paper towels or use an alcohol handrub and allow to dry.
7. Clean the dressing trolley with detergent or '2 in 1' 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. Leave to air dry.



8. Place the items required for the procedure on the lower shelf of the trolley.
9. The patient is positioned comfortably for the procedure so that the wound is easily accessible without exposing the patient unduly.

10. Clean hands using the correct technique, with liquid soap and warm running water and dry with paper towels or use an alcohol handrub and allow to dry.
11. Put on a disposable apron.
12. If an existing dressing is in place, loosen the adhesive or tape 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. Position the waste bag so that contamination of the sterile field does not occur during the procedure.
19. If there is a previous dressing in place, using disposable gloves, remove the dressing, dispose of in the waste bag and clean hands with an alcohol handrub. Alternatively, before positioning the waste bag with your hand inside the bag, remove the dressing and invert the bag with the dressing inside.
20. If required, sterile solutions are 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.
21. Clean hands with an alcohol handrub and put on sterile gloves.
22. The procedure is carried out, including cleaning of the wound 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, including sharps Policy for General Practice'.
25. Remove PPE and dispose of in the appropriate coloured waste stream bag, refer to the 'Safe disposal of waste, including sharps Policy for General Practice' - gloves off first, dispose of, then remove and dispose of apron and clean hands.
26. Clean the dressing trolley with detergent and '2 in 1' wipes, from top to bottom, clean to dirty, using an S shaped pattern.
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 dry wounds, simple grazes, removing sutures, and most wounds healing by **secondary intention** such as:

- Pressure ulcers
- Leg ulcers
- Dehisced wounds

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. Technique selection

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 (drinkable quality)

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	None

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 patients, healthcare professionals and healthcare organisations.

The essential practice aim of ANTT is protecting your 'Key part' (the critical part of the equipment that, if 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

 2026-03-31 Use by date, i.e. use by 31 March, 2026	 2026-03 Date of manufacture, i.e. manufactured during March 2026
 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-general-practice/.

13. Infection Prevention and Control resources, education and training

The Community 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:

- 27 IPC Policy documents for General Practice
- Preventing Infection Workbook: Guidance for General Practice
- IPC CQC assessment 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.

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*

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 March 2017) *Healthcare-associated infections: prevention and control in primary and community care Clinical Guideline 139*

NHS England (Updated 2025) *National infection prevention and control manual (NIPCM) for England*

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