

**SECTION 3b**



**ASEPTIC  
TECHNIQUE POLICY**

**INFECTION CONTROL MANUAL**

**Read in conjunction with:**

- Hand hygiene policy (also section 3)
- Standard (Universal) Precautions policy (section 4)
- Decontamination policy (section 10)
- PVAD policy

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Document Author	Authorised Signature
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<b>Signed:</b> 	<b>Signed:</b> 
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### Key reference:

Pratt R.J. et al. National evidence-based guidelines for preventing healthcare associated infections in NHS Hospitals. *Journal of Hospital Infection* (2007) 66S, S1-64. <http://www.epic.tvu.ac.uk/PDF%20Files/epic2/epic2-final.pdf>

### Scope of document:

Applies to all clinical healthcare workers whose work may involve invasive procedures; catheter and line insertion and care; wound dressing and other procedures requiring aseptic technique.

Good standards of hand hygiene and aseptic technique can reduce risk for infection.

Aseptic technique requires hand asepsis, skin preparation (depending on the procedure) and a careful no touch technique during the procedure to avoid contamination.

## Aseptic No Touch Technique (ANTT)

Aseptic technique refers to the technique used during a procedure where hand asepsis and a no touch technique are used to reduce risk for infection. This may also involve use of sterile items, depending on the procedure.

The term 'aseptic technique' encompasses several key elements:

- Preparation for a procedure: hand decontamination; skin asepsis and skin preparation.
- Avoiding contamination before and during the procedure: no touch technique and use of gloves.
- Ensuring that only uncontaminated items make contact with sterile or susceptible sites (single use/sterile items (with avoidance of contamination when opening packs)).

Hand asepsis can be achieved by hand washing (liquid soap and water or by using an alcohol handrub (see hand hygiene policy)). A proper aseptic no touch technique (ANTT) should then be used when carrying out the procedure.

Depending on the procedure, appropriate personal protective wear should also be used (see Standard (Universal) Precautions in section 5). Appropriate ANTT does not necessarily require sterile gloves; a new pair of non-sterile gloves can be used in conjunction with a no touch technique (for example in carrying out catheter site care).

## When to use an aseptic no touch technique

Good standards of hand hygiene and aseptic technique can reduce risk for infection.

An aseptic no touch technique (ANTT) is required for insertion and care of intravenous catheters and cannulae, invasive procedures and wound dressing care.

Before a procedure where aseptic technique is required, ensure that you have everything you may need.

The person for carrying out the procedure is responsible for complying with hand hygiene, no touch technique and other practice guidelines

Hand asepsis and an aseptic no touch technique (ANTT) are required for any procedures where the body's natural primary defences are breached, for example when introducing or caring for an invasive device such as catheter or cannula or when carrying out an invasive procedure that breaches skin defences.

### Examples of procedures requiring ANTT:

- Insertion and care of intravenous cannulae (PVADs)
- Insertion and care of central venous catheters (CVADs)
- Urinary catheter insertion and care
- Wound dressing and dressing changes
- Insertion and care of gastrostomy and jejunostomy tubes
- Insertion of chest drains
- Insertion of tracheostomy tubes
- Breast biopsy; skin biopsy
- Minor surgical procedures
- Blood culture collection.

### The person performing the procedure is responsible for:

- Ensuring the procedure is carried out in a suitable environment and items to be used are not contaminated in any way;
- Following clinical procedure and practice guidelines at all times; including hand hygiene and skin decontamination guidelines;
- Using appropriate no-touch technique throughout the procedure
- Ensuring that sharps and waste are correctly disposed of after the procedure.

## TABLE 1 PROCEDURES GUIDELINES:

### ASEPTIC TECHNIQUE FOR INVASIVE MEDICAL & MINOR SURGICAL PROCEDURES

#### Preparation

Explain and discuss the procedure with the patient. The patient should be positioned comfortably and in a suitable clean environment that is fit for purpose in which to carry out the procedure.

Ensure you have everything you need for the procedure before starting and enough staff to help with the procedure.

Check all the equipment required for the procedure is on a clean dressing trolley. Ensure checks have been made to ensure the pack is sterile (i.e. pack is undamaged, intact and dry. If autoclave tape present, it should have changed colour from beige to beige/brown lines).

#### Hand asepsis

- Remove any rings (other than wedding ring) and remove wristwatch.
- Roll up sleeves to elbow so that arms are bare from elbow down.
- Wash hands and forearms with soap and water using correct technique (if already clean this step may be omitted). Apply alcohol handgel to hands and forearms using the correct technique: see also hand hygiene policy.

#### The procedure

Throughout the procedure use an appropriate no touch aseptic technique:

- Open the outer cover of the sterile pack and slide the contents onto the top shelf of the trolley. Where opening the sterile field use only the corners of the paper. Check any other packs for sterility and open, tipping contents gently onto centre of the sterile field. Clean hands again with a bactericidal alcohol rub (if applicable).
- Put on sterile gloves, touching only the inside wrist end.
- Skin preparation: apply recommended antiseptic\* (\*see box) for the procedure; use disposable sponge, working centrally outwards. Leave for a few minutes and allow to dry (avoid re-contaminating with the 'probing finger').
- Carry out procedure.

#### After the procedure

- Dispose of waste in yellow plastic clinical waste bags, sharps in sharps bin.
- Remove gloves and any personal protective equipment (PPE).
- Wash hands with soap & water or use bactericidal alcohol handrub.

**Recommended antiseptics for skin preparation****Indication**

<p><b>Chlorhexidine in alcohol</b> (0.5% chlorhexidine gluconate) in 70% isopropyl alcohol <i>Hibisol</i> or generic</p> <ul style="list-style-type: none"><li>- Single use disposable sponges pre CVAD insertion</li><li>- Wipe or swab pre PVAD insertion</li></ul>	Use before surgical procedures, invasive medical procedures and line insertion (PVAD, CVAD).
<p><b>Povidone iodine alcoholic solution</b> Povidone iodine 10% aqueous solution <i>Betadine</i></p>	Use ONLY before invasive procedures on lower abdomen or areas where faecal organisms present (e.g. groin)

## EQUALITY IMPACT ASSESSMENT TOOL

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

		<u>Yes/ No</u>	Negative Impact	Positive Impact	<u>Reason/ comment</u>
<b>1.</b>	<b>Does the document affect one group less or more favourably than another on the basis of:</b>				
	• Race	No			
	• Ethnic Origins	No			
	• Nationality	No			
	• Gender	No			
	• Culture	No			
	• Religion or belief	No			
	Sexual orientation including lesbian, gay and bisexual people	No			
	• Age	No			
	• Disability (e.g. physical, Sensory or learning)	No			
	• Mental Health	No			
<b>2.</b>	<b>Is there any evidence that some groups are affected differently?</b>	No			
			<b>Yes</b>	<b>No</b>	<b>Comments</b>
<b>3.</b>	<b>If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?</b>		N/A		
<b>4.</b>	<b>Is the impact of the document likely to be negative?</b>		No		
<b>5.</b>	<b>If so can the impact be avoided?</b>				
<b>6.</b>	<b>Can we reduce the impact by taking different action?</b>		No		
<b>7.</b>	<b>What alternatives are there to achieving the policy/guidance without the impact?</b>				

If you have identified a potential discriminatory impact of this procedural document, please refer it to the Governance and Assurance Unit, together with any suggestions as to the action required to avoid / reduce this impact.

For advice in respect of answering the above questions the Governance & Assurance Unit.

**Impact Assessment on Policy Implementation**

Summary of Impact Assessment (see next page for details)

<b>Policy Name</b>	<b>Blood Culture Collection Policy</b>
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<b>Totals:</b>	<u>WTE</u>	<b>Recurring £</b>	<b>Non-Recurring £</b>
<b>Manpower costs</b>	None		
<b>Training staff</b>	None at present		
<b>Equipment &amp; provision of resources</b>	None		

**Summary of Impact:****Risk Management Issues:**

Risk reduction;

**Benefits / Savings to Trust:**

Risk reduction; decreased risk of patient harm from infection.

**Equality Impact Assessment**

- Has this been appropriately carried out N/A YES / NO
- Are there any reported equality issues? YES / NO

If "YES" please specify:

**Use additional sheets if necessary.****Impact Assessment on Policy Implementation**

*Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.*



<b>Manpower: Operational running costs</b>	<b>WTE</b>	<b>Recurring £</b>	<b>Non-Recurring £</b>
<b>Totals:</b>			

<b>Staff Training Impact</b>	<b>Recurring £</b>	<b>Non-Recurring £</b>
	TBA	
<b>Totals:</b>		

<b>Equipment and Provision of Resources Accommodation / facilities needed</b>	<b>Recurring £ *</b>	<b>Non-Recurring £ *</b>
Building alterations (extensions/new)	N/a	
IT Hardware / software / licences	N/a	
Medical equipment	Tba	
Stationery / publicity	-	
Travel costs	-	
Utilities e.g. telephones	-	
Process change	-	
Rolling replacement of equipment	-	
Equipment maintenance	-	
Marketing – booklets/posters/handouts, etc	-	
<b>Totals:</b>		

- Capital implications £5,000 with life expectancy of more than one year.

Funding/costs checked & agreed by finance:	
Signature & date of financial accountant:	
Funding/costs have been agreed and are in place:	
Signature of appropriate Executive or Associate Director:	