

## Aseptic Non Touch and Clean Technique Protocol

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## **Executive Summary**

Aseptic means 'without micro-organisms'. Aseptic technique refers to the practice used to avoid the introduction of pathogenic organisms. The main aims of an aseptic technique are to protect the patient from contamination by pathogenic organisms during medical and nursing procedures and to protect the health care worker during nursing and medical procedures from being exposed to potentially infectious blood and body fluids. This can be achieved by ensuring that only sterile equipment and fluids are used during invasive medical and nursing procedures.

This protocol applies to all staff including contractors and agency/ locum staff and volunteers that work in the Trust who provide care or treatment, accommodation, or related services to patients.

This protocol is an appendix to the Infection Control Policy. Refer to the Infection Control Policy for information on the criteria, responsibilities and systems required to prevent and control Healthcare Associated Infections (HCAIs).

## 1. Introduction

The impact of Healthcare Associated Infection (HCAI) has driven measures to prevent and reduce risk throughout the patient journey. Tackling HCAI is a priority for all National Health Service organisations and staff are required to adopt a zero tolerance to all avoidable HCAs (DH 2011) In order to improve infection prevention and control practice it is important that measures known to reduce the risk of infection are rigorously and consistently applied. The Health and Social Care Act 2008 requires the following in relation to aseptic technique;

- Education and training
- Standardization
- Assessment
- Audit

Aseptic technique includes proper hand hygiene, proper preparation of the work area and proper handling of equipment and supplies. There are two types of asepsis: medical and surgical asepsis. Medical or clean asepsis reduces the number of organisms and prevents their spread; surgical or sterile asepsis includes procedures to eliminate micro-organisms from an area and is practiced by healthcare workers in operating theatres and treatment areas. Dressing of wounds healing by secondary intention requires a clean technique however if these wounds enter deeper sterile body areas, then an aseptic technique must be used.

## 2 . Definitions

**Aseptic** means without micro-organisms.

**Aseptic technique** is the practice of carrying out a procedure in such a way that you minimize the risk of introducing contamination into a vulnerable area or contaminating an invasive device.

**Medical asepsis** aims to reduce the number of organisms and prevent their spread and is mainly employed in ward areas and other treatment areas such as out-patient clinics.

**Surgical asepsis** includes procedures to eliminate micro-organisms from an area and is practised by nurses in operating theatres and treatment areas for invasive procedures such as the insertion of a central venous catheter.

A **Non-Touch Technique** means that the part of the sterile equipment that comes in contact with the susceptible site is not contaminated.

A **Clean Technique** is a modified aseptic technique and aims to avoid introducing micro-organisms to a susceptible site, the use of sterile equipment is not crucial.

A **Sterile Field** is an area created by placing sterile towels or surgical drapes around the procedure site and on the trolley that will hold sterile equipment required during the procedure.

**Hand Hygiene** refers to the process of hand decontamination during which there is physical removal of blood, body fluids and the removal or destruction of micro-organisms from the hands

### 3. Aims of a Non Touch Aseptic Technique

1. To reduce the risk of introducing potentially pathogenic micro-organisms into susceptible sites such as wounds, blood or the bladder.
2. To prevent the transfer of potentially pathogenic micro-organisms from one patient to another.
3. To prevent the transfer of pathogens from patients to staff.

### 4. Indications for a Non Touch Aseptic Technique

An aseptic technique is indicated for any invasive procedure that bypasses the body's natural defenses. Whilst it is difficult to maintain sterility, it is important to prevent contamination of sterile equipment.

Indications:

- Insertion and ongoing care of intravenous devices e.g. peripherally inserted cannulae, central venous catheters.
- Urinary catheterisation.
- Care of wounds healing by primary intention before the surface skin has sealed.
- Suturing.
- Insertion of gastrostomy and jejunostomy tubes.
- Insertion of tracheostomy tubes or chest drains.
- Vaginal examination during labour.
- Medical invasive procedures.

NB. This is not an exhaustive list and the need to use an aseptic or clean technique should be risk assessed by a qualified healthcare professional.

### 5. Procedure Guidelines: Aseptic Technique

#### ***Assessment and Competency***

The competency of individual staff must be assessed using the competency tool (see Appendix A) if there is cause for concern regarding practice.

#### ***Equipment***

- Sterile dressing pack containing gallipots or an indented plastic tray, low linting swabs and/or medical foam, disposable forceps, sterile gloves, sterile field, disposable bag.
- Fluid sachets for cleaning and/or irrigation
- Hypo-allergenic tape.
- Appropriate dressing.
- Sterile gloves.
- Any other material will be determined by the nature of the dressing: special features of a dressing should be referred to in the patient's nursing care plan, refer to the trust Pressure Ulcer and Wound Management policy .
- Any extra equipment that may be needed during procedure, e.g. sterile scissors, wound swabs.
- Hard surface disinfectant and paper towels for cleaning the dressing trolley.
- Total traceability system for surgical instruments and patient record form.

#### ***Procedure***

## Infection Control Policy 2010, Appendix D, Universal Precautions Protocol (7)

1. Avoid exposing wounds or performing an aseptic procedure for at least 30 minutes after bed making or domestic cleaning. Air movement should be kept to a minimum with closed windows and reduced local activity where possible.
2. Explain and discuss the procedure with the patient, ensuring the patient understands the procedure and gives his or her consent. Position the patient comfortably so that the area to be dealt with is easily accessible without exposing the patient unduly. Maintain the patient's dignity and comfort.
3. Wash hands with soap and water before commencing the preparations for aseptic technique and disinfect with alcohol hand rub before and during patient contact to prevent cross-infection (see Hand Hygiene Protocol).
4. Clean the dressing trolley or procedure tray daily with detergent wipes and when visibly soiled. For all other times clean the dressing trolley or procedure tray with 70% alcohol hard surface spray and a paper towel. This provides a clean work surface.
5. Assemble the required equipment on the tray or bottom shelf of the clean dressing trolley to maintain the top shelf as a clean work surface. Ensure all packaging of sterile equipment is intact and in date.
6. Screen the bed or treatment area to maintain the patient's privacy and dignity, adopt to suit a community setting.
7. Put on a clean apron to reduce the risk of cross infection.
8. Take the trolley/ tray to the treatment area or the patient's bedside, disturbing the screens as little as possible to minimise airborne contamination.
9. Loosen the dressing tape to make it easier to remove the dressing.
10. Decontaminate hands.
11. Open the sterile pack and using the corners of the paper, create a sterile field.
12. Ensure that the required items are assembled onto the sterile field. Pour fluid into gallipot. Ensure that sterile gloves are available and ready for use.
13. Place hand in sterile, disposable bag and arrange the contents of the sterile field. If carrying out a dressing procedure this may then be used to carefully remove the used dressing, invert the bag ensuring the contents remain within. Stick disposable bag to dressing trolley.
14. Decontaminate hands again if required.
15. Expose sites for the minimum time to avoid contamination and maintain temperature.
16. Put on sterile gloves and eye protection as appropriate (see Gloves Policy for Clinical Use and Universal Precautions for the Prevention of Occupational Exposure to Blood-borne Viruses).
17. Carry out procedure.
18. Dispose of waste according to the Waste Management Policy and the Safe Use and Disposal of Sharps Policy.
19. Remove personal protective equipment and decontaminate hands thoroughly.

20. Clean the dressing trolley with alcohol spray and a paper towel. If physically soiled clean with detergent wipes and dry thoroughly with a paper towel to reduce the risk of spreading infection.
21. Decontaminate hands.
22. Place indicator strip on dressing trolley signifying that the trolley is clean.
23. Document the procedure clearly, including details of who carried it out, any devices or dressings used, particularly any left *in situ*, and any deviation from prescribed procedure. Fix any record labels from the outside packaging of any items used during the procedure on the patient record form and add this to the patient's notes.

NB. Additional steps may be required in the aseptic technique procedure; a risk assessment carried out prior to the procedure will identify this e.g. the need for a wound to be swabbed.

## **6. Clean Technique**

In many circumstances a modified aseptic technique or 'clean' technique is more appropriate, as the use of sterile equipment and the environment are not as crucial as would be required for asepsis. The non-touch technique is incorporated as part of a clean procedure i.e. it is important to prevent contamination of sterile equipment.

Clean, single-use gloves are worn rather than sterile gloves.

### **6.1 Aims of a Clean Technique**

1. To reduce the risk of introducing potentially pathogenic micro-organisms into susceptible sites.
2. To prevent the transfer of potentially pathogenic micro-organisms from one patient to another.
3. To prevent the transfer of pathogens from patients to staff.

### **6.2 Indications for a Clean Technique**

- Dressing procedures for wounds that are healing by secondary intention.
- Tracheostomy site dressings.
- Removal of drains or sutures.
- Endotracheal suction.

NB: This list is not exhaustive. A clean technique should be employed as appropriate following a risk assessment by a qualified healthcare professional.

## **7. Education and Training**

Refresher training in aseptic technique should be included in nurse induction and other bespoke, relevant training sessions carried out by the Infection Control Team and other professionals; this should include the use of the ANTT DVDs.

ANTT resources will be available on the Infection Control Trust intranet site.

## **8. Audit**

- Aspects of aseptic technique to be audited as part of the Saving Lives audit schedule.
- Additional audits to be undertaken as required, by ward staff/Infection Control in areas where there is particular cause for concern e.g. outbreaks of infection on a ward.
- Audit results to be circulated as appropriate and used to inform teaching and training
- Re-audit to be undertaken, as required.

## **9. Related Policies**

Infection Control Policy

Latex and Occupational Dermatitis Policy Incorporating Glove Selection

Hand Hygiene Protocol

Pressure Ulcer and Wound Management Policy

Personal Protective Equipment Policy

Safe Use and Disposal of Sharps Policy

Sharps & Needlestick Injuries, Human Bites and Splashes Policy

Universal Precautions for the Prevention of Occupational Exposure to Blood-borne Viruses

Waste Management Policy



## 10. References

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## Appendix A

<b>Aseptic Technique Competence Based Assessment Form</b>	<b>St George's Healthcare</b>  NHS Trust
<b>1 Candidate name:</b>	<b>2 Ward area/ Service area:</b>
<b>Statement of Outcome:</b> The practitioner will be able to safely carry out aseptic technique in order to protect the patient from contamination by pathogenic organisms.	
<ul style="list-style-type: none"> <li>• <b>Assessor</b> – those who hold teaching or mentorship qualification and have successfully completed this competency assessment.</li> <li>• All competencies will be judged according to policy and protocols for St. George's Hospital and the Royal Marsden Hospital Manual of Clinical Nursing Procedures 7<sup>th</sup> edition (online).</li> <li>• All staff are required to work under supervision until deemed "competent" in all performance and knowledge criteria.</li> </ul>	

Definition of competence levels	
<b>Not Competent (NC)</b>	Has not fulfilled all knowledge and performance criteria in order to perform the skill competently in an unsupervised setting.
<b>Competent (C)</b>	Has fulfilled all knowledge and performance criteria on a minimum of 3 occasions & has been assessed by a practitioner competent in this skill.
<b>Supervisor (S)</b>	Able to guide the practice of others through role modelling, demonstration and critical analysis. Has been assessed as competent in this skill.
<b>Assessor (A)</b>	Able to assess and analyse the practice of others in this skill area. Has been assessed as competent in this skill.

The practitioner must be assessed as competent on 1 occasion before competency in the skill can be signed off by the assessor.

I certify that ..... has successfully reached competency level in both the theory and performance criteria of aseptic technique.

	Name	Signature	Date
<b>Assessor</b>			

I hereby agree that I have received adequate instruction in the above procedure & consider myself competent to carry out aseptic technique safely & in accordance with the Royal Marsden Procedures.

	Name	Signature	Date
<b>Candidate</b>			

**Assessment Criteria Form**

Knowledge Criteria:	Level	Date	Level	Date	Level	Date	Evidence of Competency/ Comments
Explains the importance of effective handwashing & aseptic technique							
Demonstrates knowledge of the potential implications of poor aseptic technique							

Infection Control Policy 2010, Appendix D, Universal Precautions Protocol (7)

<b>Performance Criteria:</b>	<b>Level</b>	<b>Date</b>	<b>Level</b>	<b>Date</b>	<b>Level</b>	<b>Date</b>	<b>Evidence</b>
Checks name band of client							
Informs client of proposed procedure in appropriate manner							
Hands are washed effectively before and after the activity							
The trolley is cleaned by wiping with a 70% alcohol hard surface disinfectant.							
Equipment is placed on the bottom of the dressing trolley							
The client is positioned comfortably and the client's dignity and comfort are maintained throughout the procedure							
Hands are treated with bactericidal hand rub at appropriate times during the procedure							
Relevant pack is checked to ensure it is sterile							
Packs are opened correctly using only the corners of the paper to maintain a sterile field							
Where appropriate, lotion sachets are swabbed along the 'tear area', using 2% chlorhexidine in 70% spirit. The sachet is then torn open and lotion poured into sterile gallipot or equivalent							
Sterile gloves are put on, touching inside of the wrist end only							
The procedure is safely carried out.							
Waste is disposed of according with Trust policy							
Hands are washed post procedure in accordance with policy							
The trolley is cleaned and dried post procedure							
Accurate and legible records of the procedure are completed							