# Aseptic Technique Policy

( Including Clean Technique )

<table>
<thead>
<tr>
<th>TITLE</th>
<th>Aseptic Technique Policy (including clean technique)</th>
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<tr>
<td>SUMMARY</td>
<td>This document provides instruction and guidance to Primary Health personnel on how to manage Infection Control in their area of practice.</td>
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</table>
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Aseptic Technique Policy
(Including clean technique)

1.0 Introduction

A health care-acquired infection (HCAI) is defined as an infection occurring in patients after admission to any health care facility that was neither present nor incubating at the time of admission (Dougherty and Lister, 2008). The purpose of this policy is to reduce the risk of infection transmission both to and from patients and staff undertaking this procedure. It is a key policy in relation to ensuring the safety and reducing the risk of harm to patients and staff.

2.0 Scope of Policy

This policy applies to all healthcare workers that work within the Health Department and should be adhered to at all times.

The document outlines the essential principles of both an aseptic and a clean technique so as to ensure that the clinical staff is aware of when and how to implement these two techniques.

3.0 Responsibility and Accountability

Service Users have a right to be protected from preventable infection and all clinical staff must safeguard their wellbeing.

4.0 Competency Required

Only formally trained competent staff should perform an aseptic technique.
5.0 Communication and Review of the Policy

5.1 Communication

Copies of this policy will be made available to all Senior Medical Officers, Nursing Officers and Deputy Nursing Officers in the health centres. Furthermore, it is their duty to disseminate the document to clinical staff under their responsibility and to ensure that they are aware of and conform to this policy.

Senior Medical Officers, Nursing officers and Deputies will be notified whenever changes in the policy take place.

5.2 Review

This policy will be reviewed every three years by the Infection Control Nurses in conjunction with the Practice Development Unit, or as and when significant changes make early review necessary.

6.0 Related Policies

The following policies and guidelines are related to this document and may be required for reference by practitioners. These documents can be found as hardcopies in each health centre.

1. Hand hygiene policy (No: ICU/02Pol/2009v01.0)

2. Clinical waste management plan – Health Division Malta (2001)

7.0 Definition of aseptic technique

Aseptic technique is a method used to prevent contamination of wounds and other susceptible sites by ensuring that only sterile objects and fluids come into contact with these sites and that risk of contamination is minimized.

8.0 Indications for using an aseptic technique

An aseptic technique should be used during any invasive procedure that bypasses the body’s natural defenses, e.g. the skin and mucous membranes or when handling equipment such as intravenous cannulae and urinary catheters.

Indications for using an aseptic technique:

- Wounds healing by primary intention (before the skin has healed) e.g., self-harm injuries, burns and surgical wounds such as orthopaedic wounds including external fixator entry sites.
- Intravenous cannulation and dressing of intravenous device site
- Urinary catheterization, including suprapubic and intermittent
- Suturing (except dentistry as this is difficult to achieve with the normal mouth flora)
- Vaginal examination during labour
- Other medical invasive procedures
9.0 Principles of aseptic technique

- Avoid exposing or dressing wounds or performing an aseptic procedure for at least 30 minutes after domestic cleaning or other high activity times in the clinical area.

- Perform the aseptic technique in a clean environment, such as a treatment/clinical room.

- Assemble all appropriate sterile items for the procedure.

- Prepare the setting including decontamination of the working surface to be used e.g. dressing trolley. It is essential that trolleys are cleaned daily using soap and water, followed by drying. Trolleys should then be disinfected with a 70% alcohol wipe prior to performing the aseptic procedure. The dressing trolley must only be used for clinical procedures.

- Prior to commencing procedure, staff’s long hair should be tied back away from face and hand jewellery removed. Long nails and nail art are not permitted.

- Hand hygiene should be practiced according to local policy (see 6.0 - Related policies)

- Don a disposable plastic apron.

- Prior to wearing sterile gloves, hand hygiene should be performed using either alcohol hand rub/gel or plain soap. If alcohol is used, this should be applied to all areas of the hands and left to dry. If hands are visibly soiled, soap and water should be used.

- Expose the wound for the minimum amount of time to avoid contamination and maintain temperature. Furthermore, after explaining the procedure to the patient, keep conversation to a minimum to avoid wound contamination by droplet route.

- Perform the procedure including skin preparation where applicable, avoiding accidental contamination of sterile equipment/vulnerable site.
• Avoid contaminating the sterile field by returning items which have been in contact with the wound or surroundings.
• Always use Standard (Universal) Precautions.
• Dispose of single-use items after one use (see Annex 1 for symbols and their meaning on disposable items)
• Decontaminate re-usable items according to local guidelines and manufacturer’s instructions.
• Store sterile equipment in clean, dry conditions, off the floor and away from potential damage.
• Dispose of waste as per local policy (see 6.0 – Related policies)
• Minimise interventions e.g. manipulation of IV lines, peeking at wounds.
• If any part of sterile equipment or gloves becomes contaminated during the procedure, it must be disposed of appropriately and procedure restarted.

10.0 Equipment required for aseptic technique

1. Sterile dressing pack, containing an indented plastic tray or gallipots, dressing towel, forceps, disposable plastic bag and low-linting swabs.
2. Sterile gloves (for aseptic technique) or non-sterile gloves (for clean technique).
3. Disposable plastic apron.
4. Fluids for cleaning and/or irrigation.
5. Alcohol hand rub/gel.
6. If required a syringe for irrigation.
7. Clean dressing trolley.
9. Any other material that will be determined by the nature of the dressing, e.g.: butterfly stitches, sterile scissors and hypoallergenic tape.
10. Wound assessment form
### 11.0 Aseptic technique procedure

<table>
<thead>
<tr>
<th>ACTION</th>
<th>RATIONALE</th>
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<tbody>
<tr>
<td><strong>1</strong> Explain and discuss the procedure with the client.</td>
<td>To ensure that the patient understands the procedure and gives his/her valid consent and cooperation.</td>
</tr>
<tr>
<td><strong>2</strong> Guide the client to the treatment room cubicle and close the bedside curtains.</td>
<td>This will allow any airborne organisms to settle before the procedure begins.</td>
</tr>
<tr>
<td><strong>3</strong> Ask the client if they are in pain or if it is going to be a painful procedure offer prescribed analgesia prior to procedure.</td>
<td>To keep the patient as pain free as possible during the procedure.</td>
</tr>
<tr>
<td><strong>4</strong> Wash hands with soap and water or alcohol handrub.</td>
<td>To reduce the risk of transfer of transient micro-organisms on the healthcare workers hands.</td>
</tr>
<tr>
<td><strong>5</strong> Put on a disposable single-use plastic apron.</td>
<td>To reduce the risk of contaminating clothing and the wound during the procedure.</td>
</tr>
<tr>
<td><strong>6</strong> Decontaminate the clean dressing trolley with an alcohol impregnated wipe (This must be preceded by soap and water followed by drying at least once daily or if trolley is contaminated). Place all the equipment required for the procedure on the bottom shelf of the dressing trolley.</td>
<td>To ensure clean working surfaces and segregate clean and sterile fields on the trolley.</td>
</tr>
<tr>
<td><strong>7</strong> Position the client comfortably so that the area field (and in the case of a dressing, the wound) is exposed.</td>
<td>To avoid contamination of the wound by unnecessary movement and to have easy access to the</td>
</tr>
<tr>
<td>Step</td>
<td>Action</td>
</tr>
<tr>
<td>------</td>
<td>--------</td>
</tr>
<tr>
<td><strong>8</strong></td>
<td>Take the trolley near the client, disturbing the curtains as little as possible.</td>
</tr>
<tr>
<td><strong>9</strong></td>
<td>Check the pack and other equipment is sterile, i.e. the pack is undamaged and within expiry date.</td>
</tr>
<tr>
<td><strong>10</strong></td>
<td>Open the dressing pack and empty contents onto the top shelf of the trolley. Open the sterile field by using only the corners. Areas of potential contamination are kept to the corners of the sterile field.</td>
</tr>
<tr>
<td><strong>11</strong></td>
<td>Open the contents of any other additional sterile packs/equipment, tipping them gently onto the centre of the sterile field. Pour solutions into gailpots or plastic tray partitions. Where possible, it is preferable to irrigate the wound bed. To minimize the risk of contaminating the solution. Irrigation causes less tissue damage/trauma than a gauze soaked swab. This reduces damage to epithelial cells.</td>
</tr>
<tr>
<td><strong>12</strong></td>
<td>Decontaminate hands using alcohol hand rub. Hands may become contaminated by handling outer packets, etc.</td>
</tr>
<tr>
<td><strong>13</strong></td>
<td>Place hand in yellow disposable bag and arrange sterile field as required.</td>
</tr>
<tr>
<td><strong>14</strong></td>
<td>If applicable, keeping the bag on your hand, remove the used dressing and invert the bag to enclose the contents. Secure the bag to the side of the trolley below the sterile field. To minimize the risk of contamination by handling the used dressing.</td>
</tr>
<tr>
<td><strong>15</strong></td>
<td>Assess the wound and if it appears to be inflamed or infected, clean wound with saline and take a wound swab for culture and sensitivity. To obtain laboratory advice/support in deciding, if indicated, what antimicrobial treatment is required.</td>
</tr>
<tr>
<td>Step</td>
<td>Action</td>
</tr>
<tr>
<td>------</td>
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</tr>
<tr>
<td>17</td>
<td>Decontaminate hands using alcohol hand rub (This should be preceded by soap and water if hands are visibly soiled).</td>
</tr>
<tr>
<td>18</td>
<td>Apply sterile gloves; touching only the inside (see Annex 2 for correct gloving procedure).</td>
</tr>
<tr>
<td>19</td>
<td>Clean the wound as necessary, working from the inside to the outside of the area and dealing with the cleanest parts of the wound first.</td>
</tr>
<tr>
<td>20</td>
<td>Discard swabs used for cleaning the wound into the attached plastic bag.</td>
</tr>
<tr>
<td>21</td>
<td>Apply the new dressing and ensure that dressing is secure.</td>
</tr>
<tr>
<td>22</td>
<td>Once procedure is completed, fold up remaining items of the dressing field and place in disposal bag. Remove gloves and apron and place in disposal bag.</td>
</tr>
<tr>
<td>23</td>
<td>Seal the disposal bag and dispose according to local waste policy.</td>
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<tr>
<td>24</td>
<td>Perform hand hygiene.</td>
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</tbody>
</table>
In case of wound management, explain to the client how his/her wound is progressing and when he/she needs to return to the health centre for the next change of dressing/wound review or intervention if necessary.

Fill in wound assessment form/document procedure in nursing and/or medical notes.

To inform the patient about the condition of his/her wound together with reminding him/her about the next appointment.

To enable progress assessment and treatment continuity between healthcare workers through documentation.

12.0 Clean Technique

A clean technique differs from an aseptic technique, 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., the ends of sterile connections should not be touched or other items that could contaminate a susceptible site. Clean, single-use gloves are worn rather than sterile gloves.

13.0 Indications for a Clean Technique:

- Dressing procedures for wounds that are healing by secondary intention e.g. pressure wounds, leg ulcers, stoma sites.
- Tracheostomy site dressings.
- Removing drains or sutures.
- Endotracheal and laryngeal suction.
- Management of enteral feeding lines
NB: This list is not exhaustive; if wounds enter deep, sterile body areas or inserting medical devices (e.g. urinary catheter, central venous catheter, chest drain) then an aseptic technique must be used.

A clean technique should be employed as appropriate following a risk assessment by a qualified healthcare professional, i.e., refer to indications in paragraphs 8.0 (Indications for aseptic technique) and 13.0 (Indications for clean technique) to decide which technique should be applied.
References


Bibliography


Department of Health., July 2006. Essential steps to safe, clean care.
## Annex 1

### Symbols and meanings on disposable items

<table>
<thead>
<tr>
<th>Symbols and their meanings</th>
<th></th>
</tr>
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<tbody>
<tr>
<td><img src="hourglass.png" alt="Symbol" /></td>
<td><img src="crown.png" alt="Symbol" /></td>
</tr>
<tr>
<td><strong>1998 -06 –30</strong></td>
<td><strong>1996 –06</strong></td>
</tr>
<tr>
<td>Use by date, i.e. use by 30th June 1998</td>
<td>Date of manufacture, i.e. manufactured during June 1996</td>
</tr>
<tr>
<td><img src="circled-number.png" alt="Symbol" /></td>
<td><img src="lot.png" alt="Symbol" /></td>
</tr>
<tr>
<td><strong>2</strong></td>
<td><strong>ABC123</strong></td>
</tr>
<tr>
<td>Do not re-use, Single use, Use only once</td>
<td>Batch code</td>
</tr>
</tbody>
</table>
Annex 2

Application of Sterile Gloves

Fig. 1

Fig. 2

Fig. 3

Fig. 4

Fig. 5