Asepsis, Non Touch Technique and Clean Techniques

Reference No:	G_IPC_44
Version:	4
Ratified by:	LCHS Trust Board
Date ratified:	10th January 2017
Name of originator/author:	Infection Prevention Team
Name of responsible committee/individual:	Infection Prevention & Control Committee
Date issued:	January 2017
Review date:	December 2018
Target audience:	Clinical Staff
Distributed via:	Website

Version Control Sheet

Version	Section/Para/ Appendix	Version/Description of Amendments	Date	Author/ Amended by
1 One		New document		Sue Silvester
2 Two	All Document Header & Footers Page 2 5.1 6 7 9 11 Appendix B,C & D added	"No to Non" Deleted "Asepsis…….Clean Techniques" added Amended "Blood cultures……" added "from the carer……patient" added 2 paragraphs deleted "DoH Health……..guidance added		C Day
3 Three	Headers & footers Evidence base Appendix C & D	Updated Dates updated Updated versions added	July 2013	Lynne Roberts
4 Four	Whole document Page 11	Updated Footer and header Removed past contributor list Amended Infection prevent and control team to Infection Prevention Team Amended Waste guidelines	Dec 2016	Lynne Roberts

Lincolnshire Community Health Services

Infection Prevention & Control Guideline
Asepsis, Non Touch Technique and Clean Techniques

Guidance Statement

Background	The purpose of this guidance is to implement a co-ordinated approach for the management of the asepsis, non touch and clean techniques in line with current Department of Health requirements and best practice.
Statement	This guidance is comprehensive, formally approved and ratified, and disseminated through approved channels. It will be implemented for Lincolnshire Community Health Services (LCHS).
Responsibilities	Compliance with the guidance will be the responsibility of all LCHS clinical staff
Training	The Infection Prevention Team will support/deliver any training associated with this guidance.
Dissemination	Website.
Resource implication	This guidance has been developed in line with the NHS Litigation Authority and current Department of Health guidelines to provide a framework for staff within NHS Organisations to ensure the appropriate production, management and review of organisation-wide policies.

1. Introduction

Sepsis can be described as a toxic condition brought about by the multiplication of pathogenic bacteria and their products (Pritchard and Mallett 1992). In order to prevent sepsis occurring, all measure must be taken to prevent cross infection.

Aseptic technique, Non touch technique and clean technique should be implemented during any invasive procedure that bypasses the body's natural defences, e.g. the skin and in some cases mucous membranes, or when handling or manipulating equipment such as intravenous cannulae and urinary catheters that are to be used, or have been used during these procedures.

2. Purpose of the guidance

- Re-enforce the importance of aseptic, non touch and clean techniques,
- Provide evidence on how aseptic, non touch and clean techniques can be achieved,
- Prevent the occurrence of local and / or systemic infection.

3. Key personnel responsibilities

The Infection Prevention Team will provide:

- Day to day advice and support to the staff of the Lincolnshire Community Health Services in relation to aseptic, non touch and clean techniques,
- Provide educational support on the guidance where deemed necessary,
- Review the guidance where indicated.

Managers must ensure that:

- Staff are aware of, have access to and comply with the guidance.
- Staff are adequately trained and are competent in all aspects of this guidance.
- Staff are provided with resources to enable effective aseptic, no touch and clean techniques to be undertaken,
- Provide evidence of audits undertaken and actions to correct identified non compliance.

Employees

All employees have a responsibility to:

- Abide by this guidance and any decisions arising from the implementation of them.
- Any decision to vary from this guidance must be fully documented with the associated rationale stated.

4. Definitions

4.1. What is Asepsis?

Asepsis is the method used to prevent microbial contamination during an invasive procedure, or care of breeches in the skin (ICNA 2003).

4.2. What is aseptic technique?
Aseptic technique is a practice or procedure undertaken for a patient which is designed to ensure the freedom from microbial contamination.

4.3. What is Non touch technique?
Non touch technique is a method of changing a dressing without directly touching the wound or any other surface that might come into contact with the wound. It is essential to ensure that hands, even though they have been washed, do not contaminate the sterile equipment or the patient. This can be achieved either by the use of forceps or wearing sterile gloves.

4.4. What is a clean technique?
A clean technique is a modified aseptic technique. The use of sterile equipment is not as crucial as it is for asepsis. As with aseptic technique it employs the principles of non touch technique.

You may however, wear clean gloves rather than sterile ones, unless you need to handle sterile items. You must only use a clean technique following a risk assessment by a qualified health care professional.

5. Aseptic and non touch technique principles

All instruments, fluids and materials that come into contact with the wound, device or normally “sterile” cavity such as the bladder must be sterile if the risk of contamination is to be reduced. Crow (1994) suggests four principles of asepsis which are:

Always decontaminate hands effectively

Never contaminate ‘key parts’ of the equipment or the patient’s susceptible site

Take appropriate infection prevention precautions

Treat wound redressing as aseptic

Also

1. know what is sterile,
2. know what is not sterile,
3. keep these two types of items separate,
4. replace contaminated items immediately.

5.1. Key procedure guidelines

- Avoid exposing or dressing wounds or performing an aseptic procedure for at least 30 minutes after bed making or domestic cleaning.
- Assemble all appropriate items for the procedure, checking that the packing is intact. Where the packing has been breached, discard the item/s.
- Effective hand washing takes place with soap, water and drying with paper towels, prior to commencing the procedure
- A plastic disposable apron should be worn over clothing or uniform. Cardigans/fleeces must not be worn. Staff must be bare below the elbows

- Appropriate sterile or non-sterile non latex gloves must be worn when taking down a dressing and when performing ANTT
- Prepare the site appropriately e.g. with a sterile non permeable drape
- Forceps may be used to arrange the items required for the procedure on the prepared field. Alternatively, the sterile polythene bag (within the dressing pack) can be used to arrange the items required aseptically.
- Take dressing off in accordance to manufactures instructions.
- Carefully remove the dressing (a large amount of microorganisms are shed into the air). This can be achieved by forceps or the sterile polythene bag (within the dressing pack).
- Dispose of dressing as appropriate
- Decontaminate hands after removal of the soiled dressing. Alcohol hand rubs may be used where hands are not soiled with blood/body fluids.
- Expose the wound for the minimum time to avoid contamination and maintain temperature.
- Follow the relevant guidance for specific aseptic procedures.

Always

- Use Standard Precautions.
- Use sterile dressing packs in line with Formulary when performing wound care/catheter care etc
- Dispose of single-use items after one use.
- Dispose of single patient-use items after treatment.
- Decontaminate re-usable items according to local policy 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.
- Discard any equipment that becomes contaminated during the procedure.
- Minimise interventions e.g. manipulation of IV lines.
- Never cut dressings or any sterile products with on-sterile scissors
- Never keep open dressings or sterile products
- When taking pictures, change gloves and aprons to not decontaminate wound and equipment
- Use sterile packs for
  Urinary Catheterisation e.g. indwelling and suprapubic catheters
  Venepuncture
  Assisted vaginal deliveries using forceps and ventouse
  Insertion of intra uterine coils

PLEASE SEE LINK BELOW TO ANTT[tm] Aseptic Non Touch Technique on IPC web page

ANTT Cannulation

ANTT Cannulation 1

ANTT Technical Sheet

ANTT Phlebotomy

ANTT IV & peripheral therapy

ANTT Taking blood

ANTT Wound dressing

ANTT Urinary Catheterisation

Recommended procedure for wound dressing is in appendix 1.

For other procedures SEE specific guidelines e.g.

G_CS_06 Female, male Urethral and Supra pubic Urinary Guidelines
G_CS_18 Cannulation – A Guide to Practice
G_CS_40 Venepuncture – A Guide to Practice

6. Indications for using aseptic and non touch technique

- Application to all wounds
- Application of dressing wound healing by primary intention, e.g. surgical incisions, fresh breaks in the skin, burns.
- Blood cultures
- Surgical wounds continuing to seep serous fluids, particularly after 48 hours
- Suturing
- Insertion of intravenous cannulae, e.g. peripheral and central venous.
- Invasive procedures, e.g. insertion of gastrostomy, jejunostomy, tracheostomy, drains.
  Surgical procedures, e.g. Minor Surgery, biopsies.

7. Education

The Infection Prevention Team, in conjunction with Education and Workforce Development and clinical facilitators, will provide education to all staff on induction, clinical and non clinical sessions.

Training needs may be identified through management routes, including root cause analysis following an incident / infection control outbreak (see incident reporting and serious incident reporting policy).

Service managers will be responsible for ensuring that staff are available for attendance at training and that non-attendance is followed up.

8. Audit of aseptic, non touch and clean techniques

It is the responsibility of the manager to ensure that audit is conducted noting both facilities and practice. The audit tool is attached as appendix A to this document.

The manager must retain evidence of audits undertaken and actions to correct identified non compliance.

Minimum requirement to be monitored	Process for monitoring e.g. audit	Responsible individuals/ group/ committee	Frequency of monitoring/audit	Responsible individuals/ group/ committee (multidisciplinary) for review of results	Responsible individuals/ group/ committee for development of action plan	Responsible individuals/ group/ committee for monitoring of action plan
Compliance	Audit	Infection Prevention and Control Committee	Annual	Infection Prevention and Control Committee	Infection Prevention and Control Committee	Infection Prevention and Control Committee

9. Evidence base

Crow, S. (1994) Asepsis: a prophylactic technique. *Semin Perioper Nurs*, **3**(**2**), 93-100.

DOH (2003*) Winning Ways: Working together to reduce healthcare associated infections in England. Report from the CMO*. www.DH.gov.uk/cmo

DOH (2011) *Health & Social Care Act 2008 Code of Practice on the prevention & control of healthcare associated infections and related guidance*

Engender Health (2003) Maintaining a sterile field. www.engenderhealth.org/ip/aseptic/atm4.html

Infection Control Nurses' Association. *Asepsis: Preventing Healthcare Associated Infection 2003.*Bathgate

Loveday et al (2014) epic 3: National Evidence-based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England. Journal of Hospital Infections. S1-S170.

Mallett & Dougherty (2015) *The Royal Marsden Hospital Manual of Clinical Procedures 9th edition.* London, Blackwell Science

Pritchard & Mallet (2011) *The Royal Marsden Hospital Manual of Clinical Procedures 8rd edition.* London, Blackwell Science.

Rowley & Sinclair (2004) Working towards and NHS standard for aseptic no touch technique. *Nursing Times Supplement Infection Control*, Vol 100; No 8.

Wilson (2001) *Infection Control in Clinical Practice. 2nd edition*. London, Bailliere Tindall.

Appendix 1: Principles & procedure for aseptic and no touch technique.

	Action	Rationale
1.	Explain and discuss the procedure with the patient.	To ensure that the patient understands the procedure and gives his/her valid consent.
2.	Clean hands with soap & water if physically dirty.	Hands must be cleaned before and after every patient contact and before commencing the preparations for aseptic technique, to prevent cross-infection.
3.	Clean procedure trolley surface with a disinfectant wipe e.g. Tuffie 5®. Dry thoroughly with a paper towel. Allow to dry (If in the patients home – choose a clean washable surface – clean surface with a disinfectant wipe e.g. Tuffie 5® & dry thoroughly. Allow to dry).	To provide a clean working surface.
4.	Place all the equipment required for the procedure on the bottom shelf of a clean dressing trolley. Or in patients home on a clean/dry washable surface.	To maintain the top shelf as a clean working surface.
5.	Position the patient comfortably so that the area to be dealt with is easily accessible without exposing the patient unduly.	To allow any airborne organisms to settle before the sterile field (and in the case of a dressing, the wound) is exposed. Maintain the patient's dignity and comfort.
6.	Check the pack sterility and use by dates (i.e. the pack is undamaged, intact and dry/in date), open the outer cover of the sterile pack and slide the contents onto the top shelf of the trolley.	To ensure that only sterile products are used.
7.	Open the sterile field using only the corners of the paper.	So that areas of potential contamination are kept to a minimum
8.	Loosen the dressing tape.	To make it easier to remove the dressing.
9.	Clean hands with an alcohol hand rub.	Hands may become contaminated by handling outer packets, etc.
10.	Place hand in disposable bag provided /use pair of sterile forceps to arrange contents of dressing pack.	To maintain sterility of pack.
11.	Remove used dressing with hand covered by the disposable bag, invert bag and stick to trolley Alternatively use forceps and discard into the clinical waste bag along with soiled dressing. Or use gloves – if gloves used, replace with fresh pair. **NB always follow manufactures instructions on how to remove dressings**	To minimise risk of contamination, by containing in bag. To reduce damage to new tissue
12.	Discard forceps or remove contaminated	To reduce risk of contamination

	gloves	
13.	Tear open sachet and pour lotion into gallipots or on indented plastic tray.	To minimise risk of contamination of lotion.
14.	Place only sterile items within the sterile field. DO not allow unsterile personnel to reach across the sterile field/touch sterile items.	Maintain asepsis
15.	Put on sterile gloves, touching only the inside wrist end.	To reduce the risk of infection. Gloves provide greater sensitivity than forceps and are less likely to cause trauma to the patient.
16.	Wash wounds as clinically indicated and following manufactures instructions.	To minimise tissue damage and promote healing.
17.	Carry out procedure in an ANTT manner. Apply fresh dressing aseptically.	To reduce the risk of spreading infection.
18.	Dispose of waste in appropriate waste bags as per Waste policy. Remove gloves/apron.	To prevent environmental contamination. Orange - Infectious waste. Yellow tiger stripe – Hazardous waste **NB If infectious waste in patient's home, the process of disposal of infectious waste must be commenced. (Biobins)**
19.	Clean hands with soap and water.	Hands must be cleaned after every patient contact and before continuing with clearing away equipment.
20.	Do not save any open products	Open products are no longer sterile
21.	Clean trolley or surface with a detergent wipe e.g. Tuffie 5® and dry thoroughly with a paper towel.	To reduce the risk of spreading infection.
22.	Clean hands with alcohol hand rub.	To reduce the risk of spreading infection.
23.	Place sterility label from the outside of any surgical instrument packs used during the procedure on the patient record form which is to be placed in the patient's notes.	Provides a record, as the sterility label proves the pack has gone through a sterile process and that prior to release has been inspected by a trained person in the Sterile Services Department.
24.	Complete the relevant documentation	To maintain patient's records, care plans and audit trail.

Appendix 2: ASEPTIC TECHNIQUE AUDIT TOOL

Date: **Health Care facility:**

ACTION	YES	NO	COMMENTS
Hands are decontaminated prior to start with soap and water or alcohol gel			
A plastic apron is put on			
The trolley is cleaned with detergent wipes and dried with a paper towel			
Plastic apron is removed and disposed of in appropriate waste bin and wash hands with liquid soap and water			
Equipment required for the procedure is placed on the bottom shelf of the trolley			
Patient and area is prepared			
Trolley/tray is taken to the patient			
A plastic apron is put on			
Sterile dressing pack date is checked and outer packaging is removed and it is not contaminated			
Dressing pack is opened using only the corners of the paper			
Hand is place in disposable bag to arrange items. Or sterile gloves are used			
Additional items that are required are carefully placed on the sterile field ensuring the outer packaging does not come into contact with the sterile field			
The patients dressing is removed either with gloves or dressing pack			
Contaminated dressings/swabs are disposed of in waste bag			
Gloves are removed and disposed of in waste bag			
Hands are decontaminated with soap and water			

Sterile gloves are donned, touching only the inside wrist end. In a manner that does not contaminate the outer surface of the gloves			
The procedure is carried out maintaining asepsis through out			
All packaging and the bag is disposed of in the appropriate waste stream			
Opened dre4ssings are not saved			
Gloves are removed			
Hands are decontaminated			
The trolley is cleaned			
Plastic apron is removed and disposed of in appropriate waste bin			
Hands are decontaminated with soap and water			
Relevant documentation/records are completed			
Potential Score	26		
Actual Score			
Percentage	%		

Appendix 3. Recommended Technique Applicable for Commonly Performed Procedures.

Procedure	Technique	Comments
Central venous catheter insertion	ANTT	Wash hands with liquid soap and water or bacterial hand rub. Sterile gloves
Cervical smear	ANTT	Wash hands with liquid soap and water or bacterial hand rub. Non sterile well fitted gloves
Enteral fees tubes care Nasogastric/nasduodenal/nasojejunal (If patient in Immunocompromised)	ANTT	Wash hands with liquid soap and water or bacterial hand rub. Put on sterile gloves
Enteral feeding (if patient is Immunocompromised)	ANTT	Wash hands with liquid soap and water or bacterial hand rub. Put on sterile gloves
Enteral feeding tubes: administration of medication	ANTT	Wash hands with liquid soap and water or bacterial hand rub. Sterile gloves
Indwelling urinary catheter insertion	ANTT	Wash hands with liquid soap and water or bacterial hand rub. Sterile gloves and single use disposable apron
Intermittent urinary catheterisation	ANTT	Wash hands with liquid soap and water or bacterial hand rub. Sterile gloves and single use disposable apron in hospital
Inter Uterine Device IUD insertion	ANTT	Wash hands with liquid soap and water or bacterial hand rub. Sterile gloves
IV medication preparation for immediate use and administration	ANTT	Wash hands with liquid soap and water or bacterial hand rub. Non sterile well-fitting gloves required
Maggot/Lava therapy	ANTT	Wash hands with liquid soap and water or bacterial hand rub. Sterile gloves and single use disposable apron
Suprapubic catheter insertion	ANTT	Wash hands with liquid soap and water or bacterial hand rub. Sterile gloves and single use disposable apron in hospital Manage as surgical wound until healed
Suction-Laryngeal Endotracheal Tracheostomy	ANTT	Wash hands with liquid soap and water or bacterial hand rub. Non sterile well-fitting gloves required
Wound care for wounds healing by secondary intention e.g. surgical wounds	ANTT	Wash hands with liquid soap and water or bacterial hand rub. Sterile gloves and single use disposable apron
Wound care for wounds healing by secondary intention e.g. venous ulcers	ANTT	Wash hands with liquid soap and water or bacterial hand rub.
Venepuncture	ANTT	Wash hands with liquid soap and water or bacterial hand rub. Non sterile well-fitting gloves required

Appendix 4: Equality Analysis

A.	Briefly give an outline of the key objectives of the policy; what it's intended outcome is and who the intended beneficiaries are expected to be	Guidance document outlining key responsibilities required for infection prevention control in relation to Aseptic Non Touch Technique with Lincolnshire Community Health Service		
B.	Does the policy have an impact on patients, carers or staff, or the wider community that we have links with? **Please give details**	Impacts on all patients and staff in respect of reducing the risks of spread of infections.		
C.	Is there is any evidence that the policy\service relates to an area with known inequalities? **Please give details**	None known		
D.	Will/Does the implementation of the policy\service result in different impacts for protected characteristics?			
		Yes	No	
	Disability		X	
	Sexual Orientation		X	
	Sex		X	
	Gender Reassignment		X	
	Race		X	
	Marriage/Civil Partnership		X	
	Maternity/Pregnancy		X	
	Age		X	
	Religion or Belief		X	
	Carers		x	
	If you have answered 'Yes' to any of the questions then you are required to carry out a full Equality Analysis which should be approved by the Equality and Human Rights Lead – please go to section 2			
The above named policy has been considered and does not require a full equality analysis				
Equality Analysis Carried out by:		Lynne Roberts		
Date:		07/11/16		