

# ASEPTIC NON-TOUCH TECHNIQUE POLICY

Version No: 8 June 2022

Non Touch Aseptic Technique – Version 8  
Issued: January 2013 Revised: June 2022 Review Date: June 2024

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## 1. INTRODUCTION

Aseptic non touch technique is the practice which aims to prevent the contamination of wounds and other susceptible sites by ensuring uncontaminated equipment, referred to as key parts or sterile fluids come into contact with susceptible or sterile body sites during clinical procedures.

Aseptic technique is required whenever carrying out a procedure that involves contact with a part of the body or an invasive device where introducing microorganisms may increase the risk of infection. (The Royal Marsden 2017) eg cannulation, venepuncture, IV medication, wound care and urinary catheterisation.

## **2. PURPOSE**

The purpose of this policy and procedure is to ensure that patients have a right to be protected from preventable infection and nurses have a duty to safeguard the wellbeing of their patients.

The Health and Social Care Act (2012) identified Aseptic technique in its clinical care protocols, stating “clinical procedures should be carried out in a manner that promotes the principle of asepsis. Education, training and assessing in the aseptic technique should be provided to all persons undertaking such procedure, the technique should be standardised across the organisation” and that “audits should be undertaken to monitor compliance with the technique.”

## **3. SCOPE**

This policy is for all staff employed either directly or indirectly by ECCH who are trained in this technique. This policy also applies to Agency staff. These staff may work within ECCH premises or patients’ own homes.

## **4. RESPONSIBILITIES**

It is the responsibility of all staff to ensure that they comply with the Health and Social Care Act (2012) and adhere to best practice as described in this policy

## **5. POLICY STATEMENT**

This policy will be implemented to ensure that safe practice and every effort is undertaken to keep the patient as free from micro-organisms as possible.

## **6. PROCEDURE**

- Avoid exposing or dressing wounds or performing an aseptic procedure for at least 30 minutes after bed making or domestic cleaning.
- Plan to dress clean wounds prior to known infected cases.
- Assemble all appropriate items for the procedure, check items are appropriate to the task and are undamaged intact and dry.
- Prepare the setting including decontamination of the working surface to be used with soap and water then dry if appropriate or wipe with detergent wipes.
- Explain the procedure to the patient.
- Decontaminate hands as per the hand hygiene guidelines.
- A clean plastic disposable apron should be worn over uniform or clothing.

- Open the sterile field using the corners of the paper only • Decontaminate hands as per the hand hygiene guidelines.
- Use non-sterile gloves to minimise aeroionisation of micro-organisms and carefully remove the dressing and place immediately in disposal bag.
- Expose the wound for the minimum time to avoid contamination and maintain temperature.
- Decontaminate hands again.
- Put on sterile gloves for the procedure.
- Perform the procedure including skin preparation where applicable, avoiding contamination of sterile equipment and vulnerable site.
- If the wound is showing signs of infection, a swab should be taken.
  - Use standard precautions
  - Open the sterile field using the corners of the paper only.
  - Open single use only items by peeling back method & tip onto the sterile field
  - Dispose of single-use items after use
- Remove gloves and aprons.
- Dispose of waste as per waste policy.
- Decontaminate the working surface.
- Decontaminate hands.

A step-by-step clinical guideline is designed to allow the practitioner to:

**Always** decontaminate hands effectively.

**Never** contaminate key parts or key sites.

**Touch** non key parts with confidence.

**Take** appropriate infection control precautions.

## 7. MONITORING AND REVIEW

It is the responsibility of all department heads/ professional leads, to ensure that the staff they manage adhere to this policy. This policy will be reviewed by the Infection Prevention & Control team in conjunction with other staff groups in June 2022, or sooner if changes in legislation occur or new best practice evidence becomes available.

## 8. REFERENCES

Crow S 1989 Asepsis: an indispensable part of the patient's care plan. Critical Care Nurse Questions, 11(4), 11-15

Department of Health. 2008. The Health and Social care Act (2012): Code of Practice for the NHS on the Prevention and Control of Healthcare Associated Infections and related guidance. DH Publications

Dougherty L & Lister S (Eds) 2017 The Royal Marsden Hospital Manual of Clinical Nursing Procedures 9th Edition. London. Blackwell Scientific Publications

Goodinson SM 1990 Keeping the Flora Out. Professional Nurse. 5(11), 572-5

Infection Control Nurses Association. 2003 Asepsis: Preventing Healthcare Associated Infection

Mallett J & Dougherty L (Eds) 2000 The Royal Marsden Hospital Manual of Clinical Nursing Procedures. 5<sup>th</sup> Edition. London. Blackwell Scientific Publications

Rowley, S. & Clare, S. (2022). Is ANTT Achievable in the Home Healthcare Setting?. Home Healthcare Now, 40 (2), 92-99.

## **9. ASSOCIATED POLICIES AND PROCEDURES**

- Hand Hygiene Policy

## **10. AUTHOR**

Infection Prevention & Control Team June 2022

## **11. APPENDICES**

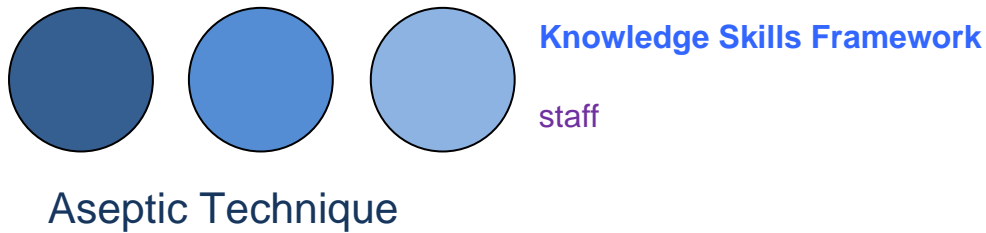
Appendix 1 – Essential Steps to Safe Clean Care – Aseptic Technique



Please complete details:

<b>Name</b>	
<b>Designation</b>	
<b>Place of work</b>	
<b>Task/tasks being performed</b>	

### Essential Steps to safe, clean care



Aseptic Technique –All clinical

**Aim: To prevent contamination of wounds or other susceptible sites by organisms that could cause infection**

**Risk elements –**



Observation	Aseptic Technique Review Tool	%	Knowledge Demonstrated			Comments
			Yes	No	N/A	
	<b>Staff should demonstrate knowledge of:</b>					
<b>Principles</b>	• Dressing clean wounds prior to known infected cases	25%				Knowledge/Skills successfully demonstrated _____
	• Dressing to be carried out behind curtains or in a clean treatment room etc.	25%				
	• Ensure the persons privacy and dignity by only exposing the area required for as short a time as possible	25%				
	• Close windows and doors where the procedure is to be carried out	25%				
<b>Infection Control Hand Hygiene</b>	<b>In accordance with the ECCH hand hygiene policy, have hands been:</b>	20%				Knowledge/Skills successfully demonstrated _____
	• Decontaminated prior to each episode of care, using the seven step hand washing technique with soap and water?					
	• After each episode of care, using the seven step hand washing technique with soap and water?	20%				
	<b>Are hands/wrists free from:</b>	5%				
	• Jewellery other than a plain wedding band?					
	• Watches/bangles?	5%				
	<b>Are nails:</b>	5%				
	• Short and clean					
<b>Personal Protective Equipment</b>	• Free from nail varnish/false nails	5%				
	<b>Does the staff member wear the appropriate protective equipment?</b>	20%				
	• Single use, plastic aprons?					
<b>Preparation</b>	• Sterile gloves when carrying out invasive procedures, eg contact with sterile sites.	20%				Knowledge/Skills successfully demonstrated _____
	• Check packs are sterile (undamaged, intact, dry and autoclaved correctly) and in date	10%				
	• Trolley/tray/ is cleaned with soap and water or detergent wipes and dried thoroughly with paper towels. Community staff to use a suitable clean dry surface.	10%				



	• Equipment required is placed on bottom shelf of clean trolley	10%			
	• Trolley is taken to patient	10%			

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	• Valid consent is obtained	20%				Knowledge/Skills successfully demonstrated
	• Sterile dressing pack outer packaging is removed without contamination and pack opened using only the corners of the paper	20%				
	• Items that are required are carefully placed on the sterile field ensuring the outer packaging does not come into contact with sterile field	10%				
	• Is a disposable clinical waste bag open and placed near area to be redressed or attached to trolley	10%				
<b>Procedure</b>	• Non sterile gloves to be donned and previous dressing removed	10%				Knowledge/Skills successfully demonstrated
	• Non sterile gloves are removed and disposed of in clinical waste bag. Decontaminate hands correctly	10%				
	• Put on appropriate gloves for the procedure	10%				
<b>Safe disposal of waste</b>	• The procedure is carried out using a non-touch technique following the Royal Marsden Aseptic Technique guidelines?	10%				
	• Dispose of single use items as per waste policy	10%				
	• Is the patient made comfortable?	10%				
	• Clean the trolley with hot soapy water and dry thoroughly	10%				
	• Remove gloves and apron as dispose of as per waste policy	10%				
	• Decontaminate hands using the seven step hand washing technique with soap and water	10%				
<b>Documentation</b>	• Are all areas of documentation completed appropriately and accurately?	10%				

Shaded areas are high risk sections and must be complied with. If the answer box is greyed out, the answer is Yes or No and cannot be N/A.

Add up total percentage and divide by number of section applicable, to give final percentage figure.

Principles	-----%		
Hand hygiene & PPE	-----%		
Preparation	-----%		
Procedure	-----%		
=	-----%	Divide by number of sections.	<b>Final percentage -----%</b>

**Signature of Clinician being assessed:**

**Name** Block Capitals:

**Designation:**

**Date:**

**References:**

**Assessor Signature:**

**Name** Block Capitals:

**Designation:**

**Date:**

Dougherty, L. Lister, S. (2004) The Royal Marsden Hospital Manual of Clinical Nursing Procedures sixth ed.: Blackwell: Oxford

Department of Health (2007) Essential steps to safe, clean care. Crown: London

East Coast Community Healthcare Infection Prevention Policies on Catheter, Hand Hygiene, Standard Precautions, Aseptic Technique, and Waste are to be found on ECCHO intranet site [http://softweb/ecchintranet/Home/FormsGuidance.aspx?udt\\_575\\_param\\_index=E](http://softweb/ecchintranet/Home/FormsGuidance.aspx?udt_575_param_index=E) and [www.eastcoastch.co.uk](http://www.eastcoastch.co.uk)

Adapted from Essential Steps to Safe Clean Care audit tool developed by Bradford and Airedale PCT.

## 12. EQUALITY & DIVERSITY IMPACT ASSESSMENT

In reviewing this policy, the HR Policy Group considered, as a minimum, the following questions:

- Are the aims of this policy clear?
- Are responsibilities clearly identified?
- Has the policy been reviewed to ascertain any potential discrimination?
- Are there any specific groups impacted upon?
- Is this impact positive or negative?
- Could any impact constitute unlawful discrimination?
- Are communication proposals adequate?
- Does training need to be given? If so is this planned?

Adverse impact has been considered for age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex, sexual orientation.

Blank version of the full Equality & Diversity Impact assessment can be found here:

[http://eccho/Home/FormsGuidance.aspx?udt\\_575\\_param\\_index=E&udt\\_575\\_param\\_page=2](http://eccho/Home/FormsGuidance.aspx?udt_575_param_index=E&udt_575_param_page=2)

## 13. DOCUMENT CONTROL

Version Date	Version No.	Author/ Reviewer	Comments
March 2010	2	IPCT	Policy Updated
December 2012	3	IPCT	Policy Updated
December 2014	4	IPCT	Policy Updated
September 2016	5	IPCT	Policy Updated
September 2018	6	IPCT	Policy Updated
June 2020	7	IPCT	Policy Updated
June 2022	8	IPCT	Policy Updated

## DOCUMENT CONTROL SHEET

<b>Name of Document:</b>	Non Touch Aseptic Technique
<b>Version:</b>	8
<b>File Location / Document Name:</b>	ECCHO <a href="#">Non Touch Aseptic Technique</a>
<b>Date Of This Version:</b>	June 2022
<b>Produced By (Designation):</b>	Infection Prevention & Control

<b>Reviewed By:</b>	Infection Prevention & Control Committee
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<b>Synopsis And Outcomes Of Consultation Undertaken:</b>	Changes relating to relevant committees/groups involved in ratification processes.
<b>Synopsis And Outcomes Of Equality and Diversity Impact Assessment:</b>	No specific issues. National EIA give more details on measures to reduce HCAs.
<b>Ratified By (Committee):-</b>	Infection Prevention & Control Committee
<b>Date Ratified:</b>	09/06/2022
<b>Distribute To:</b>	ECCH
<b>Date Due For Review:</b>	June 2024
<b>Enquiries To:</b>	infectionprevention@ecchcic.nhs.uk
<b>Approved by Appropriate Group/Committee</b> <b>Approved by Policy Group</b> <b>Presented to IGC for information</b>	<input type="checkbox"/> Date: <input type="checkbox"/> Date: <input type="checkbox"/> Date:

