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<th>Aseptic and Clean Dressing Techniques for Clinical Practice</th>
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<td>Infection Prevention and Control Team</td>
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Key individuals involved in developing the document

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<thead>
<tr>
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This document was circulated to the following individuals for consultation

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<thead>
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<tr>
<td>LCH Infection Prevention and Control Team.</td>
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<td>Clinical Policies working group</td>
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<td>IV Therapy Operational/ Professional Lead</td>
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This document should be read in conjunction with the following documents:

Aseptic and Clean Dressing Technique Clinical Guideline Infection Prevention and Control Team September 2013

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Purpose of the guideline

To provide guidance in the correct wound dressing techniques. To ensure clinical procedures are carried out in a manner that maintains and promotes principles of asepsis.

Scope of the guideline

This guideline applies to all LCH registered health professionals employed by Liverpool Community Health (LCH) who are trained and assessed as competent to perform a dressing technique.

Introduction

Patients have a right to be protected from preventable infection and healthcare workers have a duty to safeguard the wellbeing of their patients. (2)

Furthermore, the Nursing Midwifery Council Code of Professional Conduct states that staff have a duty of care to patients and clients to provide safe and competent care; it also states that a professional is personally accountable for their practice. (3)

Any break in the skin will serve as a portal of entry for microorganisms. Dressing techniques are used when managing a break in the skin to promote healing and prevent organisms entering a host through this route.

Aseptic and clean techniques are processes designed to manage wounds effectively, in order to reduce the risk of infection to clean wounds and transmission to both patients and staff.

Although some infections are unavoidable, it is estimated that between 18 and 40% can be avoided through good infection control practices such as aseptic techniques.

Poor aseptic technique, when managing susceptible sites, will provide the opportunity for transmission of microorganisms from healthcare worker’s hands and / or from the equipment used. This can result in serious, even life-threatening, infections (4) that carry negative outcomes such as discomfort to the patient or absence from work as well as increased costs to manage the infection.

All interventions undertaken in relation to wound care should be performed using either an aseptic or a clean technique; the type of technique used must be determined following a risk assessment. Bacteraemia (blood stream infection) is a more serious consequence.
**Risk Assessment**

The aim of any dressing is to protect the wound from trauma or bacterial contamination, promote healing and prevent the transfer of microorganisms to other patients and staff. (5)

A risk assessment is essential to ensure that the correct technique is used on the correct patient.

(A) **Aseptic dressing technique**: a technique designed to prevent the introduction of new microorganisms to a susceptible site as well as reduce the risk of cross-infection. This applies to wounds undergoing healing by primary intention e.g. postoperative surgical sites. It also includes all wounds of patients who are immuno-compromised also require the use of an aseptic technique.

(B) **Clean dressing technique**: a technique designed to minimise the number of organisms in susceptible site and reduce the risk of cross-infection. This generally applies to wounds undergoing healing by secondary intention e.g. pressure ulcers, leg ulcers.

**General Principles.**

These involve knowledge of what is sterile and what is non-sterile; to keep these two types of items separate and replace contaminated items immediately.

Staff must ensure that principles of asepsis are followed throughout the whole process.

Activities such as moving between clean and dirty tasks, reusing leftover dressings or using tape from a contaminated roll (6) are examples of poor practice techniques which must not be employed.
• Sterile instruments must always be used for any type of dressing procedure, including clean procedures i.e. leg ulcer dressings.
• Clean wounds should be dressed before contaminated wounds (7) even on the same patient. Sites such as colostomies and infected wounds must be dressed last to minimise any potential cross infection resulting from environmental contamination.
• Avoid unnecessary or prolonged exposure of the wounds to maintain ambient wound temperature and minimise risk of contamination.
• Always work from clean to dirty sites; all necessary steps must be taken to avoid contamination and cross-contamination. (8)
• Air movement must be minimised; windows closed, fans switched off, movement through the area minimised and housekeeping activities stopped. When in a patient’s own home advice should be given regarding this.
• Alcohol hand rub may be used where hands are not visibly soiled throughout the procedure.
• If at any time the hands become visibly contaminated, they must be washed at the sink using liquid soap.
• Sterile dressings, clean supplies and equipment must be stored in clean dry conditions, in cupboards above floor level and away from any items that may potentially contaminate (8).
• All medical devices must carry the CE marking which signifies that the device will perform effectively and safely when used (9).
• Items intended for single use must never be re-used, even on the same patient.
• The manufacturers’ recommendations for all patient care devices must be followed at all times.
• All spillages of blood or body fluids are to be managed as per LCH Spillage Management Guideline.

Preparation

• Complete a risk assessment and document in the notes the type of dressing that is to be used.
• Consult relevant care plans and documentation.
• Gather all the necessary equipment before the procedure commences.

Equipment

Preparation of the equipment prior to commencing a dressing will streamline the process and increase opportunities for maintaining asepsis.
• Sterile supplies.
• Topical agents reserved for use on the named patient.
• Appropriately decontaminated medical devices e.g. dressing scissors.
• Personal protective equipment.
• An approved sharps container, if indicated.
• Materials for hand hygiene (liquid soap, paper hand towels and alcohol hand gel) so that appropriate hand decontamination may take place.
For choice of dressing after patient assessment and referral, refer to section 3 in trust guidance - A Practical Guide to the Management and Treatment of Wounds in Primary Care.

**A) Aseptic Technique**

The following steps must be followed in order to perform an aseptic technique in clinics, health centres, treatment centres and wards:

- Decontaminate hands at the sink with soap and water.
- Clean the trolley with general-purpose detergent e.g. Hospec and hand hot water using paper towels or detergent wipes. Clean from top to bottom and thoroughly dry the trolley afterwards.
- Wash and dry hands thoroughly.
- Place the following items on the bottom shelf:
  - Sterile dressing pack
  - Dressings
  - Alcohol hand-rub
  - Non-sterile gloves
  - Tape
  - Cleaning agent – if required
  - Gauze swabs if required
  - Laboratory Swabs if anticipated from general clinical assessment
  - Sharps container if NOT accessible on wall

- Ensure that windows are shut, fans are switched off and that the curtains are closed.
- Explain to the patient and gain verbal consent. refer to the LCH policy regarding consent for further clarification.
- Position the patient comfortably and ensure that clothing is protected using absorbent paper towel as needed.
- Decontaminate hands with gel.
- Loosen old dressing.
- Wash hands at the sink using liquid soap – ensure that they are dried thoroughly.
- Peel open (do not rip) the dressing pack and open out the sterile field by holding the outer surface of the corners.
- Put on apron from inside the pack.
- Decontaminate hands using hand rub.
- Peel open remaining items and drop onto the sterile field
- Decontaminate hands with antibacterial hand rub.
- Inspect the wound and make your assessment.
- Open further dressings, instruments and swabs as required.
- Using disposable gloves and a non-touch technique take any necessary measurements and photographs.
- Decontaminate hands with antibacterial hand rub.
- Put on sterile gloves only touching inside the wrist end.
Apply a sterile field / drape to the wound as required; be careful not to contaminate your gloves.

If cleansing is required pick up steri-pods with a piece of gauze and cleanse the wound using another piece of gauze in the opposing hand to collect any wastewater.

Take any necessary swabs; it may be necessary to collect exudate with a syringe and needle. Perform any planned procedures e.g. debridement, or biopsies as appropriate once the wound has been cleaned.

If a lotion or cream is required, dispense a sufficient amount onto a gauze swab and apply from the swab DO NOT return to the pot once gloves have been contaminated.

Apply dressing.

When the wound is covered, remove gloves and decontaminate hands with antibacterial hand rub.

Apply clean gloves if required and apply any further dressings.

Place all rubbish in the waste bag and sharps in the sharps bin.

Remove gloves and then apron.

Decontaminate hands with antibacterial hand rub.

Remove trolley and dispose of waste bag in the clinical waste. Clean the trolley with general-purpose detergent e.g. Hospec, dry and then wipe with 70% alcohol and allow to dry.

Wash hands at the sink using liquid soap – ensure that they are dried thoroughly.

B) Clean Technique

These wounds are still susceptible to organisms from elsewhere in the body; they may pose a risk to other patients – preventing cross infection is key and preparation is still vital. An example of where a clean technique that is frequently used is the cleansing and dressing of a leg ulcer, the steps involved in this technique are outlined below.

- Ensure that all windows are shut, fans are switched off and that the curtains are closed.
- Clean the trolley with general-purpose detergent e.g. Hospec and hand hot water using paper towels. Clean from top to bottom and thoroughly dry the trolley afterwards.
- Decontaminate hands with antibacterial hand rub.
- Place the following items on the bottom shelf:
  - Sterile dressing pack
  - Dressings
  - Alcohol hand-rub
  - Non-sterile gloves
  - Tape
  - Cleaning agent – if required
  - Gauze swabs if required
  - Laboratory swabs if anticipated from general clinical assessment.
- Sharps container if NOT accessible on wall
• Explain to the patient and gain verbal consent; refer to the LCH Consent Policy for clarification regarding the various types of consent.
• Position the patient comfortably and ensure that clothing will not become contaminated by using blue roller paper.
• Wash hands at the sink using liquid soap – ensure that they are dried thoroughly.
• Peel open the pack by outside edges and put on the apron enclosed within.
• Ensure access to a clinical waste bin.
• Fill a bucket with tepid water (if soaking the leg) lined with a clinical waste bag.
• Decontaminate hands with antibacterial hand rub and apply non-sterile gloves.
• Remove outer dressings and bandages and dispose of in clinical waste, if using reusable scissors, [patient's own] clean them first with detergent wipes.
• Place the leg in the bucket and allow to soak.
• If using emollient or other creams from a tub then remove a small amount onto a gauze swab or blue roll towel, wipe and dip once into this supply; do not reintroduce a contaminated glove to the tub of emollient and cream.
• Remove the leg from the bucket and dry using the towels from the dressing packs or clean blue roll towel.
• Place leg on clean blue roll towel and place on the dressing chair or bed and elevate the chair or bed to a height suitable to the practitioner.
• Remove gloves and decontaminate hands with antibacterial hand rub.
• Using a non-touch technique, take any necessary measurements and photographs.
• Decontaminate hands with antibacterial hand rub and apply a fresh pair of sterile gloves to apply dressing
• Take any necessary swabs, ensuring that a pus sample is taken with a syringe and a needle if available; and perform any planned debridement as appropriate.
• Dress the wound and apply the bandage that is to secure the primary dressings.
• Remove gloves and decontaminate hands with antibacterial hand rub.
• Apply further layers of bandages.
• Apply gloves and place all rubbish in the clinical waste bag and sharps in the sharps bin.
• Remove gloves and then apron before decontaminating hands with antibacterial hand rub.

• Remove trolley and dispose of waste bag in the clinical waste. Clean the trolley with general-purpose detergent e.g. Hospec.
• Wash hands at the sink using liquid soap – ensure that they are dried thoroughly.

**Aseptic & Clean Technique in the Home**

In the patient’s home, whilst the principles of asepsis / clean technique **must** be maintained, modifications **must** be made to the techniques employed. When carrying out procedures; adaptations are required to ensure that the correct principles are still employed. The following are some of the adaptations that may be required in a patient’s home:

- **A trolley will not be available**; therefore, the clinician will need to select an appropriate alternative. Examples include tabletops, coffee tables, stools, chairs and beds; where possible the sterile field should be at or above waist height. The area selected should be cleaned with general household detergent or a damp cloth and be free from dust.

- **Under no circumstances must dressing packs be laid on the floor.**

- Health care workers who care for patients in the home must be issued with paper towels and portable liquid soap from their base clinic. Staff should ensure that these items are utilised in order to decontaminate hands effectively in patients’ homes.

- Air movement should be minimised; by closing windows.

- Clinical waste must be collected and disposed of as per the LCH Waste Management Policy.

**Training Requirements**

As an employee of LCH, you will be expected to act at all times in such a manner as to safeguard and promote the interests of patients and clients. To practice competently you must possess the skills and abilities required for safe and effective practice. You must acknowledge the limitations of your personal competence and only undertake practice and accept responsibilities for those activities for which you are suitably skilled and experienced.

All staff will be made aware of LCH guidelines before commencement in post, as part of their induction process.

LCH is committed to ensuring that all staff are trained and equipped to perform their role effectively. Any practitioner involved in the management of wounds should have attended a wound assessment training session. Wound assessment training sessions are available to appropriate LCH staff and can be accessed through the Learning and Development Bureau. Assessment of competence is undertaken by supervising clinicians in the appropriate area.

**Monitoring**
Monitoring of staff compliance to policy and guidance remains a line management responsibility. Non-compliance will be managed as per human resourced guidance. Managers with line management responsibility are responsible for implementation of policies and guidance and reporting non-compliance.

Development of the Guideline and Peer Review

This guideline has been developed and peer reviewed by the following professional groups:

- Skin Service Team
- The Wound Management Group including a multi-disciplinary group of practitioners.
- The Infection Prevention Control Team
- The District Nursing Quality Lead
- Student Nurse Representatives
- Registered Nurses with an interest in Infection Control

Impact Assessment

An impact assessment has been undertaken by the author and approved by the equality and diversity lead.

Distribution list/Dissemination Method

On ratification by the Clinical Policies Working Group (LCH) all clinical guidance documents will be added to the clinical policies intranet site and LCH informed as a whole via the weekly communications bulletin.

References


2) National Nursing and Midwifery Council Code: Code of professional conduct; standards for conduct, performance and ethics. (4/4/08)


5) MC Cann B. Securing peripheral Cannulae: evaluation of a new dressing. Paediatric Nursing. Vol 15 no.5
