



CLINICAL GUIDELINE	
Aseptic Technique in the NICU	
Scope (Staff):	Nursing and Medical Staff
Scope (Area):	NICU KEMH, NICU PCH, NETS WA

This document should be read in conjunction with this [DISCLAIMER](#)

Although the principles of aseptic technique are applied to all invasive procedures the level of practice changes depending on a risk assessment. A risk assessment is required to:

- Identify the key part (the part of equipment that must remain sterile and must not contact other key parts or key sites).
- Identify the key site (the area on the patient that must be protected from micro-organisms).
- Determine the type of aseptic technique to use - either Standard or Surgical (refer to Infection Prevention and Management Manual - [Aseptic Technique](#)).
- Determine the type of aseptic field to use - either General or Critical.

In the Neonatal Unit aseptic technique is a **minimum 2 person** procedure.

Skin Cleaning For Standard Aseptic Technique

> 27 weeks - use 1% Chlorhexidine solution . Allow to dry for 30 seconds. Wash off excess solution after the procedure with sterile water or saline to prevent chemical burns.

≤ 27 weeks - use Povidone - iodine 10% solution/ swab. Allow to dry for 1 minute then wash off all solution with sterile water or saline before the procedure. It is still necessary to wash excess povidone - iodine 10% solution off as iodine can be absorbed through their immature non keratinised skin.

Procedures for Aseptic Technique

Surgical Aseptic Technique

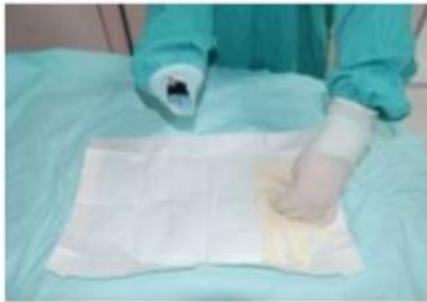
- Insertion of central lines - UAC, UVC, Longlines, short CVC.
- Intercostal catheter insertion.
- Ventricular tap.
- Lumbar puncture.

For surgical aseptic techniques in the NICU sterile gown and gloves, and mask are to be worn. Closed gloving technique should be used.

Closed Glove Technique

- Grip the sterile inside pack through your gown cuffs keeping the fingers inside the gown cuff, open and display the gloves upside down.
- Place your right thumb inside the top cuff edge of the right glove (thumb to thumb), pick up and lay flat on your right hand.

- Place left thumb under the cuff exposed on right glove, and stretch glove over right hand.
- Keeping your right fingers straight, pull down the glove with your left hand, using a combination of glove and sleeve pulling.
- Ensure the white cuff remains inside the glove.
- Repeat procedure with left glove.



Standard Aseptic Technique

- Line management of central lines (UAC, UVC, Longlines, CVC) i.e. Fluid/line changes, administration of medications.
- IDC insertion.
- Wound dressings/changing drainage devices.
- Peripheral line insertion.
- Removal of central lines and drains.
- Tracheostomy care.
- Peritoneal dialysis (for specific procedures see PCH Peritoneal Dialysis Guidelines).
- Administering a blood transfusion.
- Sampling from all lines.

Clean Procedures - Some of these procedures require a second person

> 27 weeks - use Chlorhexidine 1% solution and allow to dry for 30 seconds.

≤ 27 weeks - use Povidone-Iodine 10% swab and allow to dry for 1 minute. Wash off excess after the procedure.

Standard Precautions

- Performing hand hygiene (5 moments for HH).

- The use of personal protective equipment.
- The use of aseptic technique.
- The use of sterile equipment.
- The safe use and disposal of sharps.
- Routine environmental cleaning. Decontaminate the working surface area with 70% alcohol solution prior to equipment set-up.
- Reprocessing of re-useable medical equipment and instruments.
- Correct waste disposal.

Clean procedures include venepuncture and heel stab for blood sampling.

Related CAHS internal policies, procedures and guidelines
CAHS Infection Prevention and Control <ul style="list-style-type: none"> • Aseptic Technique • Hand Hygiene

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