GUIDELINE

Aseptic Technique in the Neonatal Unit

| Scope (Staff): | Nursing and Medical Staff |
|----------------|------------------------------|
| Scope (Area): | NICU KEMH, NICU PCH, NETS WA |

Child Safe Organisation Statement of Commitment

CAHS commits to being a child safe organisation by applying the National Principles for Child Safe Organisations. This is a commitment to a strong culture supported by robust policies and procedures to reduce the likelihood of harm to children and young people.

This document should be read in conjunction with this disclaimer

Aim

To inform all health care workers of the safe and standardised practice for aseptic technique.

Risk

Increased risk of health care associated infections if correct procedures are not followed.

Background

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 microorganisms).
- Determine the type of aseptic technique to use either Standard or Surgical
 - CAHS Infection Prevention and Control Aseptic Technique
 - WNHS Infection Prevention and Management Aseptic Technique
- Determine the type of aseptic field to use either Standard or Surgical
- In the Neonatal Unit aseptic technique is a minimum 2 person procedure.

Compassion Excellence Collaboration Accountability Equity Respect

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.

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 Clinical Practice Manual for Peritoneal Dialysis Guidelines).
- Administering a blood transfusion.
- Sampling from all lines.

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

| Steps | Additional Information |
|---|------------------------|
| Grip the sterile inside pack through your gown cuffs keeping the fingers inside the gown cuff, open and display the gloves upside down. | |

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| Steps | Additional Information |
|--|------------------------|
| 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. | |
| 5. Ensure the white cuff remains inside the glove. | |
| 6. Repeat procedure with left glove. | |

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Standard Precautions

- Performing hand hygiene
 - CAHS Hand Hygiene
 - WNHS Hand Hygiene
- 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.
 - o CAHS Medical Devices: Single Use, Single Patient Use and Reusable
 - WNHS Reprocessing of reusable medical devices
- 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

- Aseptic Technique
- Hand Hygiene
- Medical Devices: Single Use, Single Patient Use and Reusable

References and related external legislation, policies, and guidelines

WNHS Infection Prevention and Control

- Aseptic Technique
- Hand Hygiene
- Reprocessing of reusable medical devices

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Respect

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