



## 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 micro-organisms).
- Determine the type of aseptic technique and field to use - either Standard or Surgical
  - See CAHS Infection Prevention and Control [Aseptic Technique](#) guideline
- 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.

## Standard Aseptic Technique

- Line management of central lines (UAC, UVC, Longlines, CVC) i.e. Fluid/line changes, administration of medications.
- 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.
- Urethral Catheterisation

See CAHS [Aseptic Technique](#) guideline for PPE requirements.

## Documentation

- The appropriate documentation should be completed following a procedure that requires an aseptic technique in patient medical records/DMR. This can include:
  - MR421.00 Peripheral Intravenous Cannula Insertion and Management
  - MR422 Umbilical Arterial and Venous Catheter (UAC/UVC) Insertion and Removal
  - MR422.01 Central Venous Access Device Insertion and Maintenance Chart

### 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](#)

#### Neonatology

[Reusable Medical Devices: Reprocessing, Tracking and Traceability](#)

This document can be made available in alternative formats on request.

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