



Clinical Practice Guideline

Guideline coverage includes NICU KEMH, NICU PCH and NETS WA

# Aseptic Technique in the NICU

This document should be read in conjunction with the [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.

## Standard Precautions

- Performing hand hygiene (5 moments for HH).
- The use of personal protective equipment (PPE).
- 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.

## Procedures for Aseptic Technique

### Surgical

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

### Standard

- Line management of central lines (UAC, UVC, Longlines, CVC) i.e. Fluid/line changes, administration of medications.
- Lumbar puncture.
- 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 WNHS policies, procedures and guidelines

Infection Prevention and Management Manual - [Aseptic Technique](#)

Infection Prevention and Management Manual - [Hand Hygiene](#)

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