

CONSIDERATIONS:

1. In home care, many wound care procedures that require sterile technique in facilities, such as wound care, can be performed using the clean, “no touch” technique in patient homes.
2. Clean, “no touch” technique:
 - a. Reduces the transmission of microorganisms by handling patient supplies with clean gloves in a manner that maintains their cleanliness by not touching surfaces that will touch the patient.
 - b. Involves using clean (non-sterile) gloves, preparing a clean field by using a barrier or by using the packaging of supplies to keep supplies clean.
3. Sterile technique:
 - a. Refers to rendering and maintaining objects and areas free from microorganisms.
 - b. Involves hand hygiene, setting up a sterile field, donning sterile gloves, and using sterile instruments and materials.
 - c. Sterile procedures are best performed using sterile kits, such as central line dressing kits or urinary catheter trays.
4. Sterile technique will be adhered to when indicated by the treatment or procedure being performed. The following includes but does not limit the procedures requiring the use of sterile technique:
 - a. Irrigating or handling a sterile drain site or system
 - b. Insertion of vascular access devices
 - c. Central line/vascular access site care
 - d. Removal of non-tunneled vascular access devices
 - e. Insertion of an indwelling urinary catheter (Note: clean technique is considered adequate for intermittent catheterization in the home setting.)
5. Maintaining sterility of supplies:
 - a. Keep supplies clean and dry. Once the packaging becomes damaged, damp or soiled, the supplies should no longer be used.
 - b. Check the expiration date of supplies.
 - c. Irrigating and other solutions:
 1. Evidence is lacking about when sterile solutions, once opened, need to be discarded.
 2. When using a multi-use solution:
 - a. Open and pour sterile solutions, maintaining sterility of solution inside and of the inside of the cap.
 - b. Recap the solution, and write the date/time opened on the label.
 - c. Discard after 24 hours if not refrigerated. If refrigerated, discard after 30 days.
 3. Balance cost and safety when ordering solutions. Consider ordering solutions in the smallest size needed.

6. Performing clean and sterile procedures:
 - a. The inside of the sterile package can be used as the sterile surface, if it has not been touched by a non-sterile item. However, once opened, a one inch border around the package’s edges is considered unsterile.
 - b. If possible, turn off ceiling fans and close doors to reduce the potential for airborne transmission of microorganisms.
 - c. In the home setting, maintaining a clean environment is not always within direct control of the agency, however, the immediate environment should be kept as clean as possible.
 - d. Equipment used in sterile procedures must be maintained as sterile and discarded after one time use.

EQUIPMENT:

Clean Procedure:

Non-sterile gloves

Sterile procedure:

Sterile gloves

Sterile barrier (may be packaging)

Supplies for the procedure being performed

PROCEDURE:

1. Identify patient. Explain procedure. Adhere to standard precautions. Perform hand hygiene.
2. Assemble equipment on a clean, flat, dry surface.
3. Inspect all bottles or solution bags for signs of contamination. This includes chips, tears, cracks, cloudiness, discoloration or solid items floating inside, no matter how small.
4. Inspect all packaging, If damaged, wet, stained or expired, do not use items.

Clean Procedure

1. Open the packaging of the materials needed for the procedure, making sure the contents inside do not touch anything outside the packaging.
2. Place materials, still inside the opened packaging, on the clean, dry working surface or open a sterile field and drop supplies as opened on the sterile field.
3. Apply clean gloves
4. Pick up supplies as needed from the edges or top surface maintaining the cleanliness of the bottom surface or area that will touch the patient.
5. Perform the clean procedure

Sterile Procedure

1. Prepare sterile field by opening sterile kit on a clean, dry, flat surface.
2. If kit contains mask, don mask.

3. Apply sterile gloves using sterile gloving technique.
4. Open rest of sterile supplies inside kit, maintaining sterile technique.
5. If procedure requires one hand to become “unclean”, keep dominant hand sterile.
6. Always wear sterile gloves before touching sterile items.
7. Always place sterile items exclusively on a sterile surface. This may include a separate sterile tray or sterile cloth/paper barrier. Perform sterile procedure.
8. Dispose of soiled supplies in appropriate containers.

POST PROCEDURE:

1. Dispose of soiled supplies in appropriate containers.
2. Remove gloves and perform hand hygiene.

AFTER CARE:

1. Document procedure performed in patient record including whether clean or sterile technique used.
2. Educate patient/caregiver in procedure and signs and symptoms of infection, as appropriate.
3. Instruct patient/caregiver of the importance of maintaining a clean environment and keeping supplies clean and dry.

REFERENCE:

- Centers for Disease Control and Prevention (2007). *Guideline for Isolation Precautions: Preventing Transmission of Infectious agents in Healthcare Settings*. Recommendations of CDC and the Healthcare Infection Control Practices Advisory Committee (HICPAC). Retrieved June 15, 2012 from <http://www.cdc.gov/hicpac/pdf/isolation/Isolation2007.pdf>
- Perry, A., Potter, P. & Elkin, M. (2012). *Nursing Interventions and Clinical Skills*, 5th Edition. St. Louis: Elsevier/Mosby
- Rhinehart, E., & McGoldrick, M.M. (2006). *Infection Control in Home Care and Hospice*. Sudbury, MA: Jones and Bartlett.

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