# Aseptic Technique for specific procedures

|  |  |  |
| --- | --- | --- |
| Procedure | Type of Aseptic Technique | Rationale |
| Administration IV medication | Standard | Technically simple.Short duration (<20 minutes).Key parts protected by non-touch technique &micro critical field.Key sites are small.  |
| Complex wound dressing | Surgical  | Complex procedure.Long duration (>20 minutes).Critical aseptic field due to large number of key parts.  |
| CVC procedure | Surgical  | Numerous key parts and equipment.Invasive procedure.Long duration (>20 minutes). Critical aseptic field and maximum barrier precautions required. |
| IV Cannulation | Standard or Surgical | Technically simple, though dependent on clinician skill, competency level, and difficulty of vein access. Proximity of clinician hands to key parts/sites may require sterile gloves.  |
| IV therapy | Standard | Technically simple.Short duration (<20 minutes).Key parts can be protected by non-touch technique and micro critical field.Key sites are small. |
| PICC procedure | Surgical  | Numerous key parts and equipment.Invasive procedure.Long duration.Critical aseptic field and maximum barrier precautions required. |
| Simple wound dressing | Standard | Technically simple.Short duration (<20 minutes).Key parts/sites protected by non-touch technique & micro critical fields. |
| Surgical / interventional procedure | Surgical  | Surgical access to large, deep or complex sites and exposed wounds. Long duration.Numerous or large key parts. |
| Urinary catheterisation | Standard  | Experienced clinician can achieve asepsis with; general aseptic field, micro critical fields, and non-touch technique. Inexperienced clinician may require a critical aseptic field.  |

Adapted from: NHMRC, Australian Guidelines for the Prevention and Control of Infections in Healthcare (2019).