

National Institute for Health and Clinical Excellence

Clinical guideline: Infection Control

PRE-PUBLICATION CHECK ERROR TABLE

Organisation	Order number	Section number in FULL guideline	Page number	ERROR REPORT	Developers Response
Public health medicine environmental group (PHMEG)	1	Table 8 sect 6.3.1	66	<i>Before and after in column headings are the wrong way round (assuming I have interpreted the row label as meaning the % compliance)</i>	Thank you for your comment. This has been amended.
Public health medicine environmental group (PHMEG)	2	Table 12 sect 6.4	72	Row label states Log10, but the numbers in the column are 43 and similar. Should this be 4.3 (10^{43} is a very large number)	Thank you for your comment. The row label is correct in stating Log 10 CFU. The columns for intervention and control indicate the total of the sample size for continuous outcomes, as stated in the methods section on page 27.
Public health medicine environmental group (PHMEG)	3	Table 14, 16 sect 6.4	73	Row label states Log10, but the numbers in the column are 43 and similar. Should this be 4.3 (10^{43} is a very large number)	Thank you for your comment. The row label is correct in stating Log 10 CFU. The columns for intervention and control indicate the total of the sample size for continuous outcomes, as stated in the methods section on page 27.
Public health medicine environmental group (PHMEG)	4	Table 38 sect 8.4	105	Although the percentages are very low they are not zero, just approaching 0% - this looks strange, particularly in the absolute effect column which states [0 fewer to 0 fewer]	Thank you for your comment. These values are generated from GRADEpro software. We present findings to one decimal place.
Public health medicine environmental group (PHMEG)	5	Table 38 sect 8.4	105	Row labelled needlestick injury winged needle - the last digit of 1875995 is on the wrong line	Thank you for your comment. The column width has been adjusted.

Public health medicine environmental group (PHMEG)	6	Sect 8.2	97	the risk of hepatitis B from a needlestick is 33% from high risk carriers, not all carriers	Thank you for your comment. This refers to text from the 2003 guideline that was not reviewed as part of this partial update.
Public health medicine environmental group (PHMEG)	7	Sect 12.7	186 et seq	Numerous references to chlorhexidine in aqueous - should be either aqueous chlorhexidine OR chlorhexidine in water	Thank you for your comment. We have been consistent with our use of 'chlorhexidine in aqueous', which also reflects the terminology used in the studies.
MHRA	1	10.5.15	128	There are two references to the MHRA designating intermittent catheters as single use items. This is factually incorrect – the manufacturer designates the intended purpose (whatever this may be) of the devices that they manufacture, not the MHRA. Please amend.	Thank you for your comment. We have amended this sentence to state: Stakeholders expressed concern that it would not be possible to implement the recommendation due to the single-use logo on intermittent catheters.
MHRA	2	10.5.15	130	As per the comments made in the initial consultation, the MHRA wishes to bring to your attention again that it remains the case that medical devices should be used in accordance with the manufacturers intended purpose of use, and instructions for use. If designated for multiple use, the device should be reprocessed according to the manufacturers reprocessing instructions which should accompany the device. The potential consequences of deviation from this are explained in <i>MDA/2010/001 Medical devices in general and non-medical products</i> and (specifically referring to re-use of single-use devices) <i>DB 2006(04) v2.0 Single-use Medical Devices: Implications and Consequences of Reuse</i> . A manufacturer should not be providing reprocessing instructions (to prepare a device for another episode of care) with a device if the device is not intended to be reused. If a manufacturer does provide reprocessing instructions with a device that is only intended for single	Thank you for your comment. The intermittent catheter recommendation was amended following stakeholder consultation and states that they are for single-use.

				<p>use, the product could be non-compliant with the Medical Devices Regulations and this should be reported to the MHRA. There seems to be confusion about this in the document.</p> <p>The MHRA would like to discuss this further. Is it therefore possible to have contact details for those that commented from the the DH and the Drug Tariff so that this matter can be clarified with these departments.</p>	
MHRA	3	10.5.15	130	<p><i>'If the MHRA review their decision for including a single-use logo on these catheters' ... is factually incorrect – as indicated above the manufacturer designates the intended purpose of the devices that they manufacture, not the MHRA. Please amend/withdraw statement?</i></p> <p>It is not clear to the MHRA what the outstanding issues are relating to the single-use logo.</p>	<p>Thank you for your comment. This text has been amended to state:</p> <p>If the single-use logo on these intermittent catheters is removed or if higher quality clinical evidence is published prior to the next scheduled review for update, then this recommendation may warrant an exceptional update, as described in the NICE guidelines manual:.....</p>
MHRA	4	14 Abbreviations	217	<p>“CE” does not stand for European Community, it is not an acronym or abbreviation.</p> <p>The CE mark is seen as a declaration by the manufacturer that the product meets all the appropriate provisions of the relevant legislation including those relating to safety and where required has been assessed in accordance with these. The CE mark also means that the product can be freely marketed anywhere in the EU without further control (see the following document on the European Community (EC) website : http://ec.europa.eu/enterprise/policies/single-market-goods/cemarking/downloads/further_information_en.pdf</p>	<p>Thank you for your comments. We agree and have removed this from the abbreviation list.</p>
MHRA	5	general		<p>The MHRA previously made the general comment that there was no mention of the Medical Devices Regulations, and reporting of adverse incidents in the</p>	<p>Thank you for your comment. Additional text has been added to the main introduction of the NICE</p>

			<p>document. The current revision does refer to them, but only on page 155 - line 22 under Enteral feeding. Please note that the Regulations and reporting of adverse incidents, equally applies to all the other devices mentioned : medical gloves, urinary catheters, vascular access devices - and associated dressings, needles etc. Please amend accordingly.</p>	<p>and full version of the guideline referring to Medical Devices Regulations:</p> <p>Medical Device Regulations implement the EC Medical Devices Directives into UK law. They place obligations on manufacturers to ensure that their devices (including medical gloves, needles and other devices discussed in this guideline) are safe and fit for their intended purpose before they are CE marked and placed on the market in any EC member state. Guidance on the MHRA's adverse incident reporting system is available for reporting adverse incidents involving medical devices.</p> <p>The prepublication version does refer to medical device regulations and adverse event reporting in the introduction sections for all the device chapters (long term urinary catheters, PEGs and vascular access devices).</p>
Department of Health	1	Statement 6 (standard principles)	<p>'Bare below the elbow' - we think the definition to support this phrase is accurate, but the use of the phrase itself is not. It would be more accurate to say that dress and uniform policies should support good hand hygiene practice. When the Department revised the guidance on uniform workwear the phrase 'bear below the elbows' was not used as this caused sensitivities with some cultural groups eg: Muslim</p>	<p>Thank you for your comment. The term 'bare below the elbow' is widely used in practice and wide the definition given and explanatory text consider its use appropriate. Equalities issues have been considered by the GDG and discussed in the linking evidence to</p>

			female healthcare workers, and Sikh healthcare workers.	<p>recommendation section. The recommendation has been updated to state:</p> <p>6. Healthcare workers should ensure that their hands can be decontaminated throughout the duration of clinical work by:</p> <ul style="list-style-type: none"> • being bare below the elbow¹ when delivering direct patient care • removing wrist and hand jewellery • making sure that fingernails are short, clean and free of nail polish • covering cuts and abrasions with waterproof dressings. [new 2012] <p>¹For the purposes of this guideline, the GDG considered bare below the elbow to mean; not wearing false nails or nail polish; not wearing a wrist-watch or stoned rings; wearing short-sleeved garments or being able to roll or push up sleeves.</p>
Department of Health	2	Statement 78 (general asepsis)	The term Aseptic Non-Touch Technique (ANTT) should not be included. This term has been trademarked by an individual and including this in this NICE guideline implies endorsement. The literature relating to ANTT were not subject to review by the Guideline Development Group, therefore the agreed NICE protocol has not been followed, so the factual accuracy of including this is questionable. At least one author has questioned the robustness of ANTT (E. Curran, British Journal of Nursing 2011, Vol 20, No 14).	<p>Thank you for your comment.</p> <p>ANTT has been included as an example of a standardised aseptic technique, not as the only technique to be used. The recommendation has been updated to remove the term ANTT from the main text into the footnote:</p>

					<p>An aseptic technique¹ must be used for vascular access device catheter site care and when accessing the system. [new 2012]</p> <p>¹The GDG considered that Aseptic Non Touch Technique (ANTT™) is an example of an aseptic technique for vascular access device maintenance, which is widely used in acute and community settings and represents a possible framework for establishing standardised aseptic guidance.</p>
Healthcare Infection Society	1		48 & 166	<p>We do not think it is helpful to include the phrase Aseptic Non-Touch Technique (ANTT). There are no papers cited in the reference list relating to this term.</p>	<p>Thank you for your comment.</p> <p>ANTT has been included as an example of a standardised aseptic technique, not as the only technique to be used. The recommendation has been updated to remove the term ANTT from the main text into the footnote:</p> <p>An aseptic technique² must be used for vascular access device catheter site care and when accessing the system. [new 2012]</p> <p>²The GDG considered that Aseptic Non Touch Technique (ANTT™) is an example of an aseptic technique for vascular access device maintenance, which is widely used in acute and community settings and represents a possible framework for establishing standardised aseptic</p>

¹ The GDG considered that Aseptic Non Touch Technique (ANTT™) is an example of an aseptic technique for vascular access device maintenance, which is widely used in acute and community settings and represents a possible framework for establishing standardised aseptic guidance.

² The GDG considered that Aseptic Non Touch Technique (ANTT™) is an example of an aseptic technique for vascular access device maintenance, which is widely used in acute and community settings and represents a possible framework for establishing standardised aseptic guidance.

					guidance.
Healthcare Infection Society	2		167	The commentary on page 167 would imply that ANTT was not subject to the NICE evidence grading process by the Guideline Development Group.	Thank you for your comment. ANTT has been included as an example of a standardised aseptic technique, not as the only technique to be used. A review question was asked relating to aseptic technique, but none was found.
Healthcare Infection Society	3			ANTT has not been validated, therefore we would question the accuracy of a NICE guideline statement including this term.	Thank you for your comment. ANTT has been included as an example of a standardised aseptic technique, not as the only technique to be used. A review question was asked relating to aseptic technique, but none was found.
Royal College of Nursing	1	General		We found it really repetitive and quite detailed which might put most people off from reading it, except perhaps an infection control specialist. We will welcome a Quick Reference / Glance Version of this guideline for busy clinicians.	Thank you for your comment.
RCN	2	Full	48	We refer to this statement “ An aseptic technique, such as Aseptic Non Touch Technique (ANTT™), must be used for vascular access device catheter site care and when accessing the system. ” We would advise that this statement should just recommend an aseptic technique with no specific reference to ANTT or any specific trade mark systems. This is because we are aware that ANTT has never	Thank you for your comment. ANTT has been included as an example of a standardised aseptic technique, not as the only technique to be used. The recommendation has been updated to remove the term ANTT from the main text into the footnote.

				<p>been evaluated and the RCN is therefore concerned that promoting a non-evidenced and non-evaluated technique could be detrimental to patients. Reference to a generic aseptic technique would be preferable.</p> <p>As the ANTT process has not been evaluated and we would not want confusion for nurses on how it is to be used in practice. Organisations may choose to use it or other techniques locally and those organisations are responsible for its local application and training.</p> <p>NICE should not be put in a position to be recommending the use of a specific technique that has not yet been evaluated.</p>	<p>An aseptic technique³ must be used for vascular access device catheter site care and when accessing the system. [new 2012]</p> <p>³The GDG considered that Aseptic Non Touch Technique (ANTT™) is an example of an aseptic technique for vascular access device maintenance, which is widely used in acute and community settings and represents a possible framework for establishing standardised aseptic guidance.</p>
RCN	3	Full	166	<p>There are several references to ANTT in the document and a specific recommendation relating to it is on page 166</p> <p>This should read: An aseptic technique must be used for vascular access device catheter site... and remove the reference to ANTT</p>	<p>Thank you for your comment.</p> <p>ANTT has been included as an example of a standardised aseptic technique, not as the only technique to be used. The recommendation has been updated to remove the term ANTT from the main text into the footnote:</p> <p>An aseptic technique⁴ must be used for vascular access device catheter site care and when accessing the system. [new 2012]</p> <p>⁴The GDG considered that Aseptic Non Touch Technique (ANTT™) is an example of an aseptic technique for vascular access device maintenance, which is widely used in acute and community settings and</p>

³ The GDG considered that Aseptic Non Touch Technique (ANTT™) is an example of an aseptic technique for vascular access device maintenance, which is widely used in acute and community settings and represents a possible framework for establishing standardised aseptic guidance.

⁴ The GDG considered that Aseptic Non Touch Technique (ANTT™) is an example of an aseptic technique for vascular access device maintenance, which is widely used in acute and community settings and represents a possible framework for establishing standardised aseptic guidance.

					represents a possible framework for establishing standardised aseptic guidance.
RCN	4	Full	167	Also remove website reference relating to ANTT	Thank you for your comment. This does not relate to factual accuracy and therefore we are unable to respond.
RCN	5	Full	203	Also remove ANTT from glossary on this page	Thank you for your comment. This does not relate to factual accuracy and therefore we are unable to respond.
Infection Prevention Society (IPS)		Line 17	12	Should read meticillin-resistant	Thank you for your comment. This has been amended.
Infection Prevention Society (IPS)		Line 23	12	“no tolerance” remove ‘	Thank you for your comment. This has been amended.
Infection Prevention Society (IPS)			21	Table should read meticillin-resistant	Thank you for your comment. This has been amended.
Infection Prevention Society (IPS)			38	All catheterisation carried out by healthcare workers should be aseptic procedures. This grammatically does not make sense	Thank you for your comment. This refers to a 2003 recommendation that was not reviewed as part of this partial update.
Infection Prevention Society (IPS)		Line 6	39	Impossible to ensure that individuals “consistently” adhere to aseptic principles. Better to state that “using” and ensuring that aseptic principles are embedded	Thank you for your comment. This refers to a 2003 recommendation that was not reviewed as part of this partial update.
Infection Prevention Society (IPS)		8-10	39	I would tend to give an alternative if the patient is chlorhexidine allergic. I have seen several patients with severe reactions. Also some of the literature do not recommend it in children under 2 months	Thank you for your comment. This does not relate to factual accuracy and therefore we are unable to respond.
Infection Prevention Society (IPS)		23	41	Occupational health may not be applicable to HCWs I would suggest adding in or GP as appropriate	Thank you for your comment. This refers to a 2003 recommendation that was not reviewed as part of this partial update.
Infection Prevention		5-6	42	This implies that gloves are worn to touch and feed the patient. I would not want someone washing my face	Thank you for your comment. This refers to a 2003 recommendation

Society (IPS)				with gloves on; I would think I had the plague. For “intimate” washing or incontinence yes gloves should be worn. I think that this needs to be more specific	that was not reviewed as part of this partial update.
Infection Prevention Society (IPS)		4.2-Full list of recommendations:4.2.1 Standard Principles	43	22.Used needles:4/5 In dentistry, if recapping or disassembly is unavoidable, a risk assessment must be undertaken and appropriate safety devices should be used[new 2012] <u>Question:</u> when should risk assessment take place and how can they HCW know that appropriate device is in use if there is no standard precaution in place already?	Thank you for your comment. This does not relate to factual accuracy and therefore we are unable to respond.
Infection Prevention Society (IPS)		4.2-Full list of recommendations:4.2.1 Standard Principles	43	24. Sharp containers: 15/16 –should be disposed of every 3months even if not full, by the licensed route in accordance with local policy [new 2012] <u>Question:</u> 3months is far too long to keep a dirty sharp bin. In my experience, I have seen sharp bins containing bloody items kept in clean rooms: should these bins be kept in clean rooms where sterile items are stored? Although clinicians are supposed to use sharp bins according to the size of activities [different sizes] but this does not happen in many places and suggesting 3 months would be even far too long.	Thank you for your comment. This does not relate to factual accuracy and therefore we are unable to respond.
Infection Prevention Society (IPS)		4.2-Full list of recommendations:4.2.1 Standard Principles	43-4.2.15	Waste disposal: 28. Healthcare waste must be labelled,stored,transported and disposed of in accordance with current legislation and local policies[new 2012] <u>Question:</u> Labelled-in my experience, several places, such as dentistry,G.P practices, Clinics are not being encouraged by their waste collectors to ID bags with ‘tags’ that have their unique identities. Also, several places do not label bags identifying the particular department that clinical waste bag were collected from. More training is required on identifications and their purposes.	Thank you for your comment. This does not relate to factual accuracy and therefore we are unable to respond.
Infection Prevention Society (IPS)		4	45	All catheterisation carried out by healthcare workers should be aseptic procedures. This grammatically does not make sense	Thank you for your comment. This refers to a 2003 recommendation that was not reviewed as part of this partial update.
Infection Prevention Society (IPS)		30-31	47	Impossible to ensure that individuals “consistently” adhere to aseptic principles. Better to state that “using” and ensuring that aseptic principles are embedded	Thank you for your comment. This refers to a 2003 recommendation that was not reviewed as part of

					this partial update.
Infection Prevention Society (IPS)		4.2.3 –Enteral Feeding	47-	Care of insertion site and Enteral feeding tube-73-23/24-either cooled freshly boiled water or sterile water from a freshly opened container for patients who are immunosuppressed[new 2012] <u>Question</u> : I think that we should be more precise with recommendations here-1. How can freshly drawn tap water be quality controlled, should collection of tap water be with single use sterile container? From my observations, clinicians still open sterile water bottles and have kept half used bottles to be used later or next day? More control should be instigated here.	Thank you for your comment. This does not relate to factual accuracy and therefore we are unable to respond.
Infection Prevention Society (IPS)		14	48	Sterile moisture absorbent dressing (gauze) is a better term	Thank you for your comment. This does not relate to factual accuracy and therefore we are unable to respond.
Infection Prevention Society (IPS)		14	49	“all lumens must be handled with the same meticulous attention to aseptic technique” does not make sense. Suggest when handling all lumens meticulous attention to aseptic technique must be carried out or similar	Thank you for your comment. This refers to a 2003 recommendation that was not reviewed as part of this partial update.
Infection Prevention Society (IPS)		Table 6	57	3.1 perceptions and experience of patients regarding their own participation in improving HCW compliance with hand decontamination: I believe that making it compulsory for patients to ask HCW about hand decontamination and having a record of this taking place would be a way forward.	Thank you for your comment. This does not relate to factual accuracy and therefore we are unable to respond.
Infection Prevention Society (IPS)		9-11	79	I would tend to give an alternative if the patient is chlorhexidine allergic. I have seen several patients with severe reactions. Also some of the literature do not recommend it in children under 2 months	Thank you for your comment. This does not relate to factual accuracy and therefore we are unable to respond.
Infection Prevention Society (IPS)		8.4.1	109	Recommendations and link to evidence: other considerations-I agree with Five Steps to Risk Assessment in particular area of ‘the procedure and the environment in which it is undertaken’	Thank you for your comment. This does not relate to factual accuracy and therefore we are unable to respond.
Infection Prevention Society (IPS)		10.5.15	128	I completed agree with GDG to ‘remove the recommendation about cleaning and storing reusable catheters’	Thank you for your comment.
Infection Prevention		10.5.15	130	Other considerations: although there is no evidence to suggest that re-use of non-coated catheters’ is unsafe’ I	Thank you for your comment. The GDG recommend single-use

Society (IPS)				would recommend that re-use should be removed and should not be revisited.	intermittent urinary catheters.
Infection Prevention Society (IPS)		10.6	136	Asepsis: 10.6.1:Review question: I would recommend 'clean technique' for handling long term urinary catheter particularly for patients who would be thought to take care of themselves, that way they would find clean technique easier to follow and maintain.	Thank you for your comment. This does not relate to factual accuracy and therefore we are unable to respond.
Infection Prevention Society (IPS)		enteral feeding section		Extensions sets have been omitted from the guidance as they were in 2003. I have raised this issue with ██████████ in the past and I am concerned that it has been omitted again. Some manufacturers recommend extension sets can be rinsed and reused for 2 weeks. This is not consistent with the administration set being used for only 24 hours. I feel this issue has to be recognised in the guidance as it puts HCW in a very difficult position. A recommendation for further research should be made if there is a lack of evidence.	Thank you for your comment. This does not relate to factual accuracy and therefore we are unable to respond. The scope of the guideline went through stakeholder consultation at the start of the guideline process.
Infection Prevention Society (IPS)				The only minor criticism which can be universally applied is that as a partially sighted person I use a zoom text program to read on my larger computer screen. This means that all text must be clear or it degenerates as it expands. Aerial is very good. The document may look very pretty but was difficult to read in the font it was presented. As I don't want to print documents just to read them as we should all be thinking about the trees it would be better to print in something that can be read by all.	Thank you for your comment. This does not relate to factual accuracy and therefore we are unable to respond.
ASAP				Feedback / comments from The Association for Safe Aseptic Practice (ASAP) This is a really important issue of patient safety. We do appreciate these are historical terms so we would be very happy to come and explain this properly. This publication is a significant step forward in describing aseptic technique. The focus is very much on asepsis throughout and we naturally welcome the inclusion of ANTT.	Thank you for your comment. This does not relate to factual accuracy and therefore we are unable to respond.

				<p>It is however still using inaccurate definitions for related practice terms that will continue to cause significant confusion. The literature well describes this confusion (e.g. Unsworth 2011, Hallett 2000). We have extensive experience working with different community organisations across the UK and we can only stress the confusion these terms cause in practice. We are very concerned at their effect on standards of practice.</p> <p>Why these terms don't make sense and cause problems in practice</p> <p>By definition, sterile technique ('free from all microorganisms') is not possible in the community due to microorganisms in any typical air environment. (It isn't possible in 99% of hospital settings either).</p> <p>Therefore, again by accepted definition, the only practical and ethical aim of infection prevention techniques during invasive clinical procedures such as wound care, or maintenance of invasive medical devices is asepsis (free from pathogenic organisms in sufficient dose to cause infection)...hence the accuracy of the term 'aseptic technique'.</p> <p>To this end, other terms such as sterile technique, clean technique are unhelpful because over time they have become confused with the procedure aim. (The procedure aim of any invasive procedure or maintenance of an invasive medical device is always asepsis. This includes everything from brain surgery to basic wound care).</p>	
ASAP	1	Glossary	203	<p><i>Clean Technique</i> <i>A technique that is designed to prevent the introduction of microorganisms, but in recognition that the site is already colonised with bacteria it is not aseptic. Non sterile gloves may be used.</i></p>	Thank you for your comment. This does not relate to factual accuracy and therefore we are unable to respond.

				<p>This definition is commonly interpreted to mean that because the wound is infected the aim of the procedure is not asepsis. This is of course not true. The procedure aim is to prevent further contamination of the wound – i.e. Still asepsis/aseptic technique.</p> <p>Recommendation: NICE to set the standard from here on and omit this term altogether. Or use the our recommended definition for ‘Clean Procedure’ below.</p> <p>A Common Practice Example of ‘Clean v Aseptic’ confusion Community Nurses often insist it is necessary to use a bucket for soaking leg ulcers or a clean towel provided by the household to dry large wounds etc. They therefore, term this a Clean Technique and say Aseptic Technique is not possible for such a patient.</p> <p>We say, it would simply be unethical to inform such a patient that it was acceptable to use buckets and towels on open wounds because such invasive wound care procedures needn’t be aseptic. Of course, the nurse has a duty of care to prevent the introduction of <u>new organisms</u> - through asepsis and aseptic technique. What is actually happening in this historical misconception, is the nurse is making a personal/professional judgement regards the aseptic status of the bucket and towel. In effect, they determine that this equipment is not a risk. i.e. its probably aseptic. In other words, the age old debate of clean v aseptic technique actually concerns the aseptic status of certain equipment. This should not be confused with the aim of the procedure (always asepsis).</p>	
ASAP	2	Glossary	203	<p><i>Sterile technique</i> <i>A technique that prevents any possibility for the transmission of microorganism</i></p>	Thank you for your comment. This does not relate to factual accuracy and therefore we are unable to respond.

				<p>If this were true, sterile techniques would guarantee procedure outcome. If only! This statement can give a false sense of security. But mainly it's vague and non descriptive.</p> <p>Recommendation: Sterile technique (Or Surgical-ANTT) Due to the technical difficulty of the procedure, the size or number of procedure key-parts or key-site, asepsis is maintained across the whole procedure area. This requires the use of typically large aseptic fields. Sterilised gloves are essential to ensure the continuum of asepsis.</p>	
ASAP	3	Glossary	203	<p>Clean Procedure <i>Hands are decontaminated before and after the procedure and key parts are not touched.</i></p> <p>This definition is vague. It could broadly be describing an aseptic or so called sterile technique. If this term relates to invasive procedures or maintenance of invasive medical devices, then aseptic technique is the correct term. If it does not relate to these procedures then the mention of exposed key-parts is not relevant.</p> <p>Recommendation: Either omit altogether or make it clear that a Clean Procedure is used when asepsis is not the aim of the procedure. This relates simple patient related tasks that DO NOT involve invasive procedures or maintenance of invasive medical devices.</p>	Thank you for your comment. This does not relate to factual accuracy and therefore we are unable to respond.
ASAP				<p>References: Hallett CE (2000) Infection Control in Wound Care: A study of fatalism in community nursing. Journal of Clinical Nursing 9: 102-9</p> <p>Unsworth J (2011) District Nurses and Aseptic Technique: Where did it all go wrong? British Journal of Community Nursing 16(1): 29-34</p>	Thank you for your comment