ASEPTIC NON TOUCH TECHNIQUE (ANTT) POLICY

Policy Type	Clinical Infection prevention and control
Directorate	Corporate Nursing
Policy Owner	Chief Nurse including Midwifery and Allied Health Professionals
Policy Author	Infection Prevention and Control Team
Next Author Review Date	1st December 2023
Approving Body	Clinical Standards Group 28th May 2021
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Policy Valid from date	1st June 2021
Policy Valid to date:	31st May 2024

'During the COVID19 crisis, please read the policies in conjunction with any updates provided by National Guidance, which we are actively seeking to incorporate into policies through the Clinical Ethics Advisory Group and where necessary other relevant Oversight Groups'

DOCUMENT HISTORY

(Procedural document version numbering convention will follow the following format. Whole numbers for approved versions, e.g. 1.0, 2.0, 3.0 etc. With decimals being used to represent the current working draft version, e.g. 1.1, 1.2, 1.3, 1.4 etc. For example, when writing a procedural document for the first time – the initial draft will be version 0.1)

Date of Issue	Version No.	Date Approved	Director Responsible for Change	Nature of Change	Ratification / Approval
24 Oct 14	0.1		Executive Director of Nursing & Workforce	New Policy	Ratified by Infection, Prevention & Control Committee by voting buttons
07 Nov 14	0.1		Executive Director of Nursing & Workforce		Ratified at Clinical Standards Group
18 Nov 14	0.1		Executive Director of Nursing & Workforce		Ratified at Policy Management Group
01 Dec 14	1.0	01 Dec 14	Executive Director of Nursing & Workforce		Approved at Trust Executive Committee
11 May 15	2	19 May 15	Executive Director of Nursing	Slight amendments to Appendices due to current procedures	Approved at Policy Management Group
01 Apr 18	3	13 June 2018	Director of Nursing	Adoption and integration of Association of Safe Aseptic Practice ANTT Policy to reflect change of terminology used	Approved at Policy Management Sub Group.
04 Jan 21	3.1		Director of Nursing	Minor changes	Approved by IPCC
28 May 21	4.0	28th May 2021	Chief Nurse including Midwifery and Allied Health professionalsand	Policy approved at	Clinical Standards Group

NB This policy relates to the Isle of Wight NHS Trust hereafter referred to as the Trust.

Contents

1 Executive Summary

Effective infection prevention and control must be embedded in everyday practice. This is an over-arching policy which outlines the principles and practice terms used in Aseptic Non Touch Technique (ANTT) to provide a clear practice standard for undertaking aseptic procedures using an ANTT approach. These principles and practices should be used in conjunction with other local policies relevant to all clinically invasive procedures and Infection Prevention and Control. Compliance with this policy is a requirement and applies to all staff working within The Trust who undertake aseptic procedures as part of their role. The policy covers:

- Guidance and rationale for the ANTT approach
- Responsibilities for ensuring ANTT policy is in place monitored and complied with
- Requirements for staff training and education and in ensuring policy compliance.

The principles and practice terms for ANTT® outlined should be used in conjunction with other local policies relevant to all clinically invasive procedures and infection prevention and control.

2 Introduction

Effective aseptic technique ensures that only uncontaminated equipment and fluids come into contact with susceptible body sites (NICE 2014). It should be used during any clinical procedure that bypasses the body's natural defences.

Poor standards of aseptic technique are a fundamental cause of preventable healthcare-associated infections (Department of Health 2003). This organisation is committed to reducing healthcare-associated infections (HCAI) therefore demonstrating compliance with The Health and Social Care Act 2008 Code of Practice (updated in 2015) on the prevention and control of infections and related guidance (Department of Health 2010). The Act specifies that where aseptic procedures are performed the technique should be standardised across the organisation and all persons undertaking such clinical procedures should receive education and training in such technique, and standards should be demonstrable by audit.

Traditionally, numerous different terms have been used to describe aseptic technique i.e. processes aimed at reducing microbial contamination when undertaking clinical procedures, such as "sterile technique", "aseptic technique", ''clean technique'' and "no touch technique". Lack of evidence and conflicting interpretations of such terms have rendered them ambiguous, and potentially harmful. ANTT® was originated to address this historical confusion that contributes to poor standards of aseptic technique and subsequently preventable HCAI.

Originated by Rowley (2001), ANTT is defined by NICE 2012 as, ***'A specific type of aseptic technique with a unique theory and practice framework'***. ANTT® aims to improve and

standardize aseptic technique internationally (Aziz, 2009). Designed for all clinically invasive procedures, from major surgery to maintenance of intravenous (IV) devices, the ANTT® Practice Framework is endorsed, or referenced as a best practice example of standardised aseptic technique, by a number of organisations including, Epic3 (Loveday et al 2014), The National Institute for Clinical Excellence (NICE 2012), the Royal College of Nursing (RCN) Infusion Standards 2010 (RCN 2010) and the Health Protection Surveillance Centre – Ireland (HPSC 2011) and the Australian Commission of Safety and Quality in Healthcare (NHMRC 2010).

3 Definitions

ANTT® / Aseptic Non Touch Technique: A specific type of aseptic technique with a unique theory and practice framework (NICE 2012).
Key-Part & Key-Site Protection: The unique concept central to how ANTT® is taught and practiced.
Key-Parts: The critical parts of equipment that if touched either directly or indirectly, are most likely to result in patient contamination / infection.
Key-Sites: Any portal of entry for microorganisms on a patient, e.g. open wounds, insertion sites, surgical sites etc.
Clean Technique & Sterile Technique: Ambiguous and unachievable terms that are not used in ANTT®.
General Aseptic Field: An aseptic field designed to PROMOTE asepsis, e.g. a plastic procedure tray that has been cleaned and disinfected.
Critical Aseptic Field: An aseptic field designed to ENSURE asepsis, e.g. a sterile drape or a sterile cap or the inside of recently opened equipment packaging.
Micro Critical Aseptic Fields: A type of Critical Aseptic Field e.g. sterile caps and the inside of sterilized product packaging

4 Scope

ANTT® will be mandatory practice in the organisation when performing an aseptic procedure. There are no exceptions.

This policy is not intended as an exhaustive educational tool for ANTT®. The full ANTT® Clinical Practice Framework is provided on the organisations secure intranet and is also freely available from www.antt.org. This policy provides a basic overview of ANTT® and sets out the organisations strategic and operational intent on introducing, implementing and monitoring standards of aseptic technique using the ANTT® Clinical Practice Framework.

5 Aim and Purpose

The purpose of this policy is to direct the standardisation of aseptic technique throughout the organisation using the ANTT® Clinical Practice Framework for all invasive procedures, including maintenance of indwelling medical devices, promoting safe practice and reducing the risk of healthcare associated infections (HCAIs).

6 Roles and Responsibilities

All healthcare workers
Are responsible to be up to date with the relevant training, including ANTT®, for the invasive clinical procedures they perform.

Chief Executive (CEO)
The Chief Executive is responsible for ensuring compliance with the requirements of this policy and the Health and Social Care Act 2008 (DH 2015).

The Director of Infection Prevention and Control (DIPC)
The DIPC is responsible for overseeing the application of this policy in day-to-day practice and reporting to the Chief Executive/Chief Nurse when issues are identified.

Medical Director and Clinical Directors
Medical Director and Clinical Directors are responsible for ensuring the requirements of this policy are met in full for their respective clinical areas and teams including ensuring medical staff are trained and competency assessed in ANTT® and audit is undertaken as directed by the organisation.

General Managers
General Managers are responsible for ensuring that staff have read and understood the policy and its requirements.

ANTT® Link Staff / Champions
ANTT® Link Staff / Champions are responsible for local training and competency assessment and for escalating issues that inhibit the realisation of this policy.

Ward Managers / Ward Sisters/Charge Nurses / Deputy Heads of Nursing / Heads of Nursing / Associate Directors of Nursing
Are responsible for ensuring all Nursing staff are trained and competency assessed in ANTT® and audit is undertaken as directed by the organisation.

Infection Prevention & Control Team
Are responsible for review and updating this policy, monitor practice through audits
Will ensure that their training, policies, guidelines are ANTT compliant.

Clinical Education Team
Are responsible for leading a programme of training of ANTT assessors in clinical practice.
Will ensure that their training, policies, guidelines are ANTT compliant.
Will support ongoing ANTT assessors meetings.

7 Policy detail/Course of Action

7.1 Implementation and Education

All clinical staff, required to carry out an aseptic procedure, will complete their on-line training and be assessed in the use and practice language of ANTT® through an organisation-wide

implementation programme and/or training (Appendix A).

All ANTT training including the assessment of competence will be recorded on the Trusts approved Learning Management System.

Staff who have received additional training to be ANTT approved assessors will also have this annotated on their training record.

7.2 What is ANTT®?

ANTT® is a contemporary international standard for safe and effective aseptic practice that is designed for all clinically invasive procedures including maintenance of indwelling medical devices. ANTT® is overseen and disseminated by the Association for Safe Aseptic Practice (www.the-asap.org). The international adoption of ANTT® standardizes practice and practice language for aseptic technique. This in turn reduces practice variability, improving quality and safety for patients.

The aim of ANTT® is always asepsis. Asepsis is achieved by a unique educational and practice concept for aseptic technique called Key-Part and Key-Site Protection. This involves the identification and protection of Key-Parts and Key-Sites for all procedures – achieved by pre-requisite basic precautions and the correct utilisation and combination of aseptic field management and non-touch technique.

7.3 There are two types of ANTT® Approach

Standard-ANTT®
Standard-ANTT is used for procedures where it is technical straightforward not to touch Key-Parts and Key-Sites directly. There are likely to be few Key-Parts and no very large Key-Parts. Typical procedures include cannulation, IV therapy, venepuncture, simple wound care. Procedure time is likely to be short in duration.

Surgical-ANTT®
Surgical-ANTT® is used for invasive procedures that are technically complex, longer in duration (approximately >20 min), involves multiple Key-Parts and/or large Key-Parts. Subsequently it is much harder or not possible to perform the procedure without touching Key-Parts directly. As a result, the main Critical Aseptic Field is managed ‘critically’ i.e. only sterilised aseptic equipment can come into contact with it. And the procedure may require full barrier precautions. Typical procedures include: major to minor surgery, central line insertion, urinary cathterisation (Appendix F).

Standard Precautions
Both types of ANTT® include standard precautions such as hand hygiene, wearing of personal protective equipment, e.g. gloves and aprons, the safe handling of sharps, waste and linen, decontamination of patient care equipment and environmental cleanliness (ICNA, 2003). ANTT® helps standardise the application and of these processes and promote staff compliance (Appendices E, F).

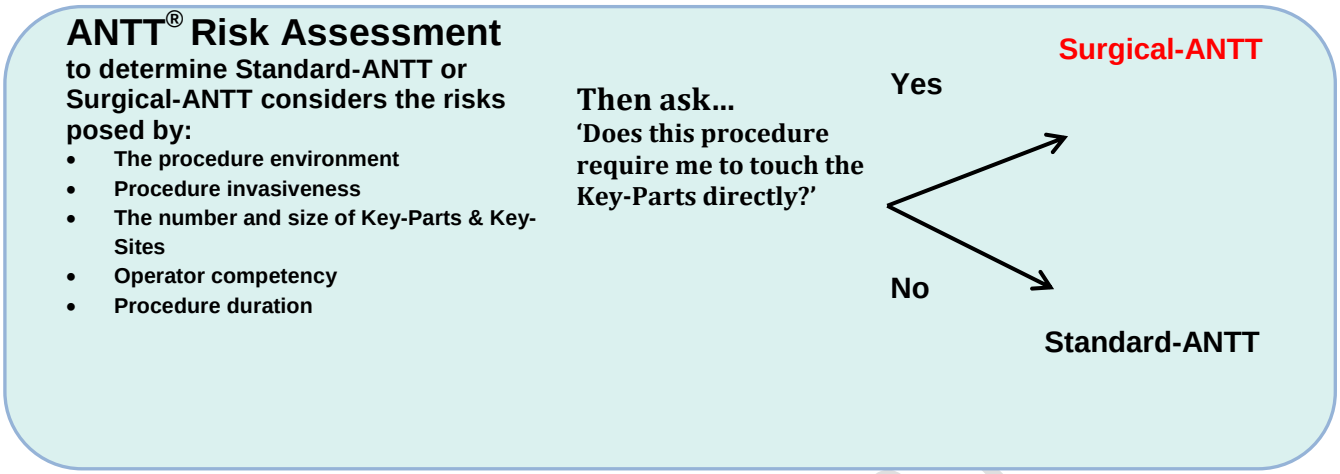
The Key-Part / Key-Site rule
For both types of ANTT®, aseptic Key-Parts must only come into contact with other aseptic Key-Parts or Key-Sites.

Then ask...

7.4 Risk Assessment

Where the type of ANTT® is not 'prescribed' by the organisation in procedure guidelines, procedures should be risk assessed using the standard ANTT® risk assessment below.

Does this procedure require me to touch the Key-Parts directly?'



7.5 ANTT® Clinical Procedure Guidelines

The ANTT® Clinical Guidelines (picture based) for the most common invasive procedures are used internationally to standardize practice. They make the organisations expectancy for ANTT® within clinical procedures explicit regards procedure equipment, content and sequence. They provide a foundation for education and audit. They should be displayed in relevant clinical preparation areas to serve as quick aide-mémoire (Appendix H).

7.6 Disinfection

Please refer to the appropriate local policy for guidance on specific decontamination and disinfection of procedure trays, work surfaces, skin, IV hubs and other objects. Common disinfection for ANTT® procedures includes:

Procedure Trays: Local standard methods for decontamination and disinfection should be used, e.g. impregnated surface wipe(s) before and after use. Surfaces should be visibly clean before being disinfected.

IV Hubs: A large single use 2% Chlorhexidine / 70% isopropyl wipe (of about hand size). (Loveday et al 2014).

Skin Disinfection: A 2% Chlorhexidine / 70% isopropanol applicator appropriate for the size of area disinfected and clinical procedure being performed (Loveday et al 2014).

7.7 The Clinical Environment

The risk of bacterial transference during ANTT® procedures is minimised by reducing the microbiological burden in the environment generally by routine hospital cleaning. This is a matter for the organisations hospital cleaning policy.

Healthcare workers are responsible for minimising avoidable environmental risks in the immediate procedure work space. These will range widely, from ensuring the sensible and

safe storage of medical supplies to reducing the flow of staff 'traffic' in operating theatres and ensuring invasive procedures aren't performed adjacent to high dust activities such as bed making.

7.8 . Equipment & Medical Supplies

The risk of bacterial transference during ANTT® procedures is reduced by ensuring all equipment and supplies are stored as per manufacturers' guidelines in clean storage.

Single use equipment should be used where possible. Reusable equipment must be decontaminated / disinfected before and after each use according to local policy.

All sterile supplies and fluids for internal usage must be stored appropriately in a designated storage area. Packaging should be clean, dry and intact and within the 'use by date'**.**

8 Consultation

This policy has been shared with the Infection Prevention & Control Committee members, Specialist Nurses and Practice Development Facilitators/Clinical skills trainers who provide training in aseptic procedures as part of their role.

9 Training and Competency Assessment

This Aseptic Non Touch Technique (ANTT) Policy has a mandatory training requirement which is detailed in the Trusts mandatory training matrix and is reviewed on a yearly basis.

9.1 Clinical Procedure Competency Assessment

All staff should receive competency assessment for the specific procedures they perform. Such procedure training and assessment should include the relevant aspects of ANTT® for the procedure.

9.2 Competency Assessment for ANTT®

In addition, staff must be trained and competency assessed specifically for ANTT®. This enables staff to apply the principles and process of ANTT® to any clinical procedure.

- All clinical staff performing invasive procedures must receive education in, and demonstrate understanding of, the ANTT® Practice Framework.
- Staff should be competency assessed using the accredited ANTT® Competency Assessment Tool. This direct observation of practice (DOP) assessment requires an understanding of ANTT® practice terminology as well as a demonstration of effective ANTT® in practice (Available on the intranet and also freely available from www.antt.org).
- Competency assessment must be performed by someone competent in ANTT®.
- ANTT® competency should be re-assessed at a minimum of three yearly. Frequency should be informed by an annual organisational wide snapshot (Appendix B).

10 Monitoring Compliance with this Procedural document

1.1 Quality Assurance

Compliance with this policy and monitoring of practice standards of ANTT will be audited annually by designated ANTT® staff at ward / department level (Appendices C, D). Infection Surveillance data will also be used to identify potential shortfalls in ANTT®.

Monitored Activity	Monitored How	How Often	Led By	Report To
Staff competency in ANTT®	• DOPs forms • ANTT® Audit of invasive clinical procedures	Minimum of three-yearly (Or more frequently if annual audits identify poor standards).	Ward managers & Deputy Heads of Nursing Clinical leads audit medical staff	Learning & Development and ANTT® Lead Head of Infection Prevention and Control & IPC team
The clinical environment, equipment & storage and prep. areas	Observational audit of clinical areas	Annual audits recommended	Ward managers & deputy Heads of Nursing Clinical leads audit medical staff	ANTT® Lead & DIPC Head of Infection Prevention and Control & IPC team

1.2 Audit

The ASAP Protective Audit Process (APAP) is an integrated collection of tools and resources designed to facilitate successful implementation of the ANTT® aseptic technique, promote and monitor sustained clinical competency and provide the healthcare organisation with useful local intelligence. This suite of resources is available on the organisations secure local intranet and is also available freely from www.antt.org.

11 Links to other Organisational Documents

Use of Personal Protective Equipment (PPE) Policy
Hand Hygiene Policy
Blood Culture Collection Policy
Venepuncture procedure – ANTT competency assessment document
Urethral Catheterisation procedure – ANTT competency assessment document
Transmissible Spongiform encephalopathies (TSEs) including Creutzfeldt-Jakob Disease (CJD) Policy.

12 References

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13 Appendices

Appendix A

Implementation and Education

The ANTT® Core Resource Package (ASAP 2017) introduces healthcare organisations to the essential components of the ANTT®-Approach. This package of resources contains:

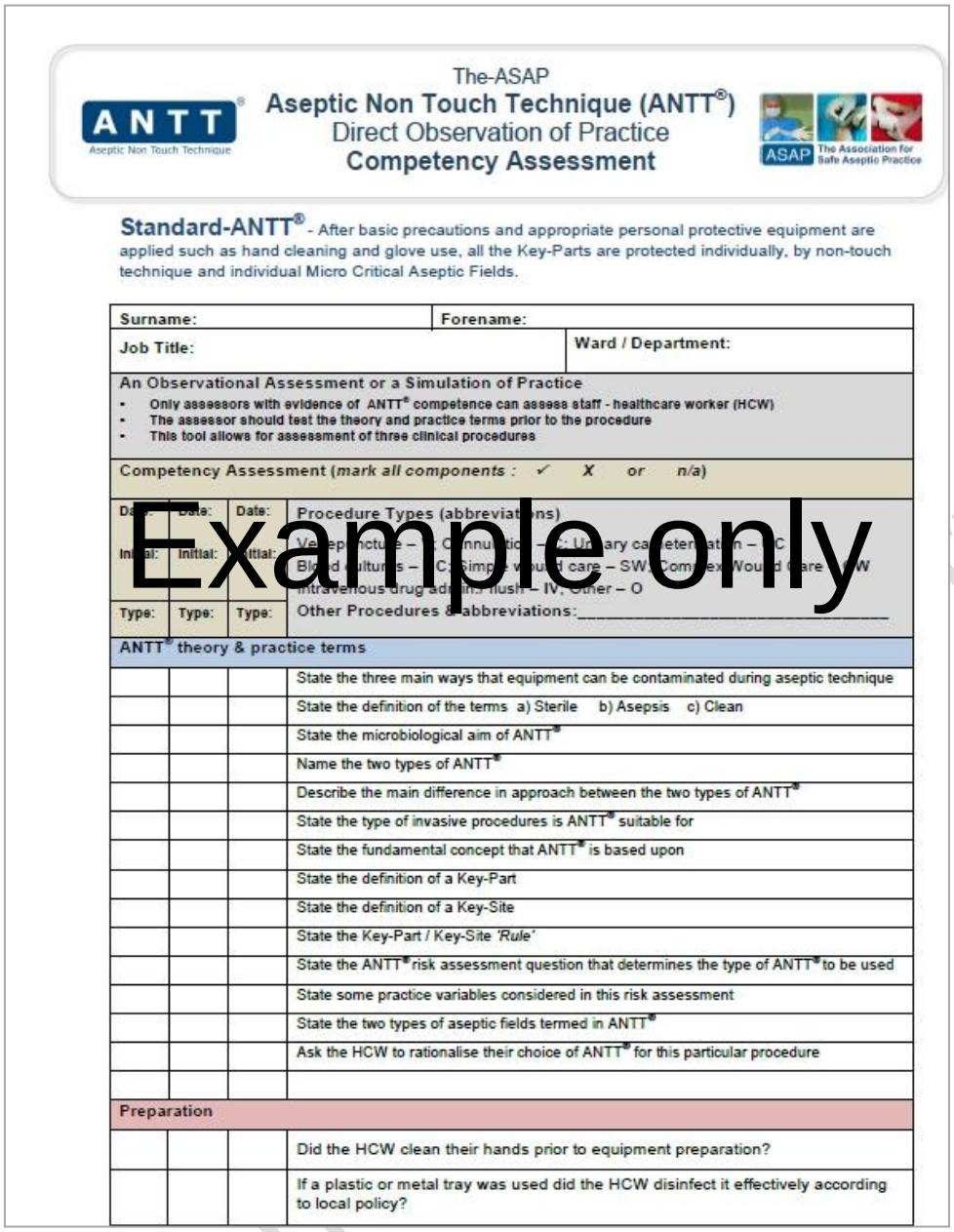
- The 2016 Hospital and Community Collections of ANTT Clinical Guidelines
- The Official Competency Assessment Tools (DOPS)
- ANTT audit tools
- Complete version of The ANTT Practice Framework for Clinical Practice

These resources are easily uploaded to the organisations *intranet* for ease of access.

Other available resources include:

- The ANTT® E-Learning Course (Accredited by the Association for Safe Aseptic Practice)
- ANTT® Implementation Programme Bundle for Health Care Organizations 2016 (A comprehensive collection of educational and practice resources to support organisations implement ANTT)

All resource packages and updates are available by request from www.antt.org



The-ASAP
Aseptic Non Touch Technique (ANTT®)
Direct Observation of Practice
Competency Assessment

Standard-ANTT® - After basic precautions and appropriate personal protective equipment are applied such as hand cleaning and glove use, all the Key-Parts are protected individually, by non-touch technique and individual Micro Critical Aseptic Fields.

Surname:			**Forename:**
Job Title:			**Ward / Department:**

An Observational Assessment or a Simulation of Practice
- Only assessors with evidence of ANTT® competence can assess staff - healthcare worker (HCW)
- The assessor should test the theory and practice terms prior to the procedure
- This tool allows for assessment of three clinical procedures

Competency Assessment (*mark all components : ✓ X or n/a*)

Date:	Date:	Date:	Procedure Types (abbreviations)
Initial:	Initial:	Initial:	Venepuncture – V; Cannulation – C; Urinary catheterisation – UC; Blood cultures – BC; Simple wound care – SW; Complex Wound Care – CW; Intravenous drug admin: flush – IV; Other – O
Type:	Type:	Type:	Other Procedures & abbreviations:_____

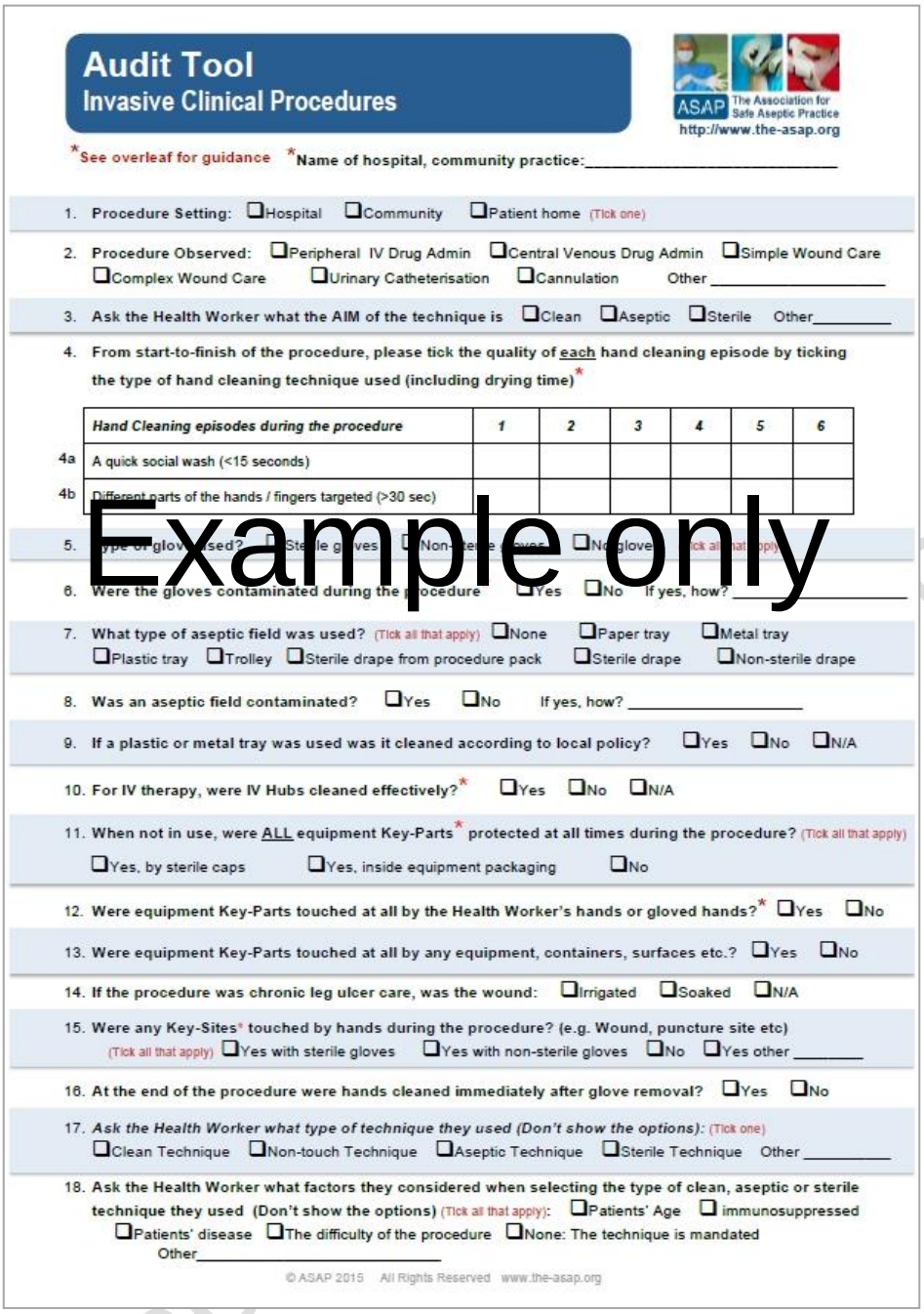
ANTT® theory & practice terms

			State the three main ways that equipment can be contaminated during aseptic technique
			State the definition of the terms a) Sterile b) Asepsis c) Clean
			State the microbiological aim of ANTT®
			Name the two types of ANTT®
			Describe the main difference in approach between the two types of ANTT®
			State the type of invasive procedures is ANTT® suitable for
			State the fundamental concept that ANTT® is based upon
			State the definition of a Key-Part
			State the definition of a Key-Site
			State the Key-Part / Key-Site *'Rule'*
			State the ANTT® risk assessment question that determines the type of ANTT® to be used
			State some practice variables considered in this risk assessment
			State the two types of aseptic fields termed in ANTT®
			Ask the HCW to rationalise their choice of ANTT® for this particular procedure

Preparation

			Did the HCW clean their hands prior to equipment preparation?
			If a plastic or metal tray was used did the HCW disinfect it effectively according to local policy?

Appendix C



Audit Tool
Invasive Clinical Procedures

ASAP The Association for Safe Aseptic Practice
http://www.the-asap.org

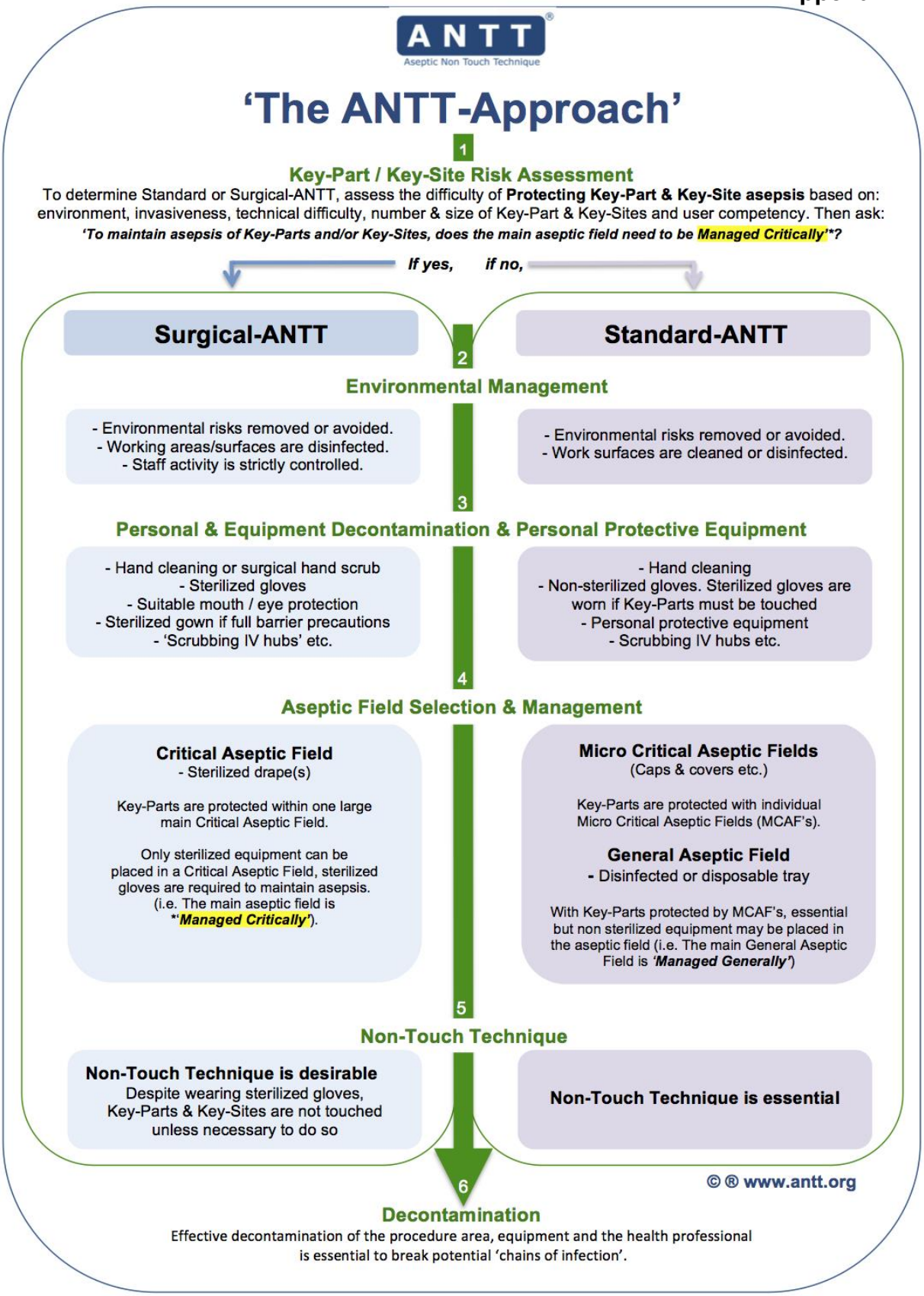
*See overleaf for guidance *Name of hospital, community practice:_____

1. Procedure Setting: ❑Hospital ❑Community ❑Patient home (Tick one)
2. Procedure Observed: ❑Peripheral IV Drug Admin ❑Central Venous Drug Admin ❑Simple Wound Care ❑Complex Wound Care ❑Urinary Catheterisation ❑Cannulation Other _____
3. Ask the Health Worker what the AIM of the technique is ❑Clean ❑Aseptic ❑Sterile Other_____
4. From start-to-finish of the procedure, please tick the quality of each hand cleaning episode by ticking the type of hand cleaning technique used (including drying time)*

	Hand Cleaning episodes during the procedure	*1*	*2*	*3*	*4*	*5*	*6*
4a	A quick social wash (<15 seconds)						
4b	Different parts of the hands / fingers targeted (>30 sec)						

Example only

5. Type of glove used? ❑Sterile gloves ❑Non-sterile gloves ❑No gloves (Tick all that apply)
6. Were the gloves contaminated during the procedure ❑Yes ❑No If yes, how? _____
7. What type of aseptic field was used? (Tick all that apply) ❑None ❑Paper tray ❑Metal tray ❑Plastic tray ❑Trolley ❑Sterile drape from procedure pack ❑Sterile drape ❑Non-sterile drape
8. Was an aseptic field contaminated? ❑Yes ❑No If yes, how? _____
9. If a plastic or metal tray was used was it cleaned according to local policy? ❑Yes ❑No ❑N/A
10. For IV therapy, were IV Hubs cleaned effectively?* ❑Yes ❑No ❑N/A
11. When not in use, were ALL equipment Key-Parts* protected at all times during the procedure? (Tick all that apply) ❑Yes, by sterile caps ❑Yes, inside equipment packaging ❑No
12. Were equipment Key-Parts touched at all by the Health Worker's hands or gloved hands?* ❑Yes ❑No
13. Were equipment Key-Parts touched at all by any equipment, containers, surfaces etc.? ❑Yes ❑No
14. If the procedure was chronic leg ulcer care, was the wound: ❑Irrigated ❑Soaked ❑N/A
15. Were any Key-Sites* touched by hands during the procedure? (e.g. Wound, puncture site etc) (Tick all that apply) ❑Yes with sterile gloves ❑Yes with non-sterile gloves ❑No ❑Yes other _____
16. At the end of the procedure were hands cleaned immediately after glove removal? ❑Yes ❑No
17. *Ask the Health Worker what type of technique they used (Don't show the options):* (Tick one) ❑Clean Technique ❑Non-touch Technique ❑Aseptic Technique ❑Sterile Technique Other _____
18. Ask the Health Worker what factors they considered when selecting the type of clean, aseptic or sterile technique they used (Don't show the options) (Tick all that apply): ❑Patients' Age ❑ immunosuppressed ❑Patients' disease ❑The difficulty of the procedure ❑None: The technique is mandated Other_____


ANTT
Aseptic Non Touch Technique
'The ANTT-Approach'
1
Key-Part / Key-Site Risk Assessment
To determine Standard or Surgical-ANTT, assess the difficulty of Protecting Key-Part & Key-Site asepsis based on: environment, invasiveness, technical difficulty, number & size of Key-Part & Key-Sites and user competency. Then ask:
'To maintain asepsis of Key-Parts and/or Key-Sites, does the main aseptic field need to be Managed Critically'*?
If yes,
if no,
Surgical-ANTT
Standard-ANTT
2
Environmental Management
- Environmental risks removed or avoided.
- Working areas/surfaces are disinfected.
- Staff activity is strictly controlled.
- Environmental risks removed or avoided.
- Work surfaces are cleaned or disinfected.
3
Personal & Equipment Decontamination & Personal Protective Equipment
- Hand cleaning or surgical hand scrub
- Sterilized gloves
- Suitable mouth / eye protection
- Sterilized gown if full barrier precautions
- 'Scrubbing IV hubs' etc.
- Hand cleaning
- Non-sterilized gloves. Sterilized gloves are worn if Key-Parts must be touched
- Personal protective equipment
- Scrubbing IV hubs etc.
4
Aseptic Field Selection & Management
Critical Aseptic Field
- Sterilized drape(s)
Key-Parts are protected within one large main Critical Aseptic Field.
Only sterilized equipment can be placed in a Critical Aseptic Field, sterilized gloves are required to maintain asepsis. (i.e. The main aseptic field is *'Managed Critically').
Micro Critical Aseptic Fields
(Caps & covers etc.)
Key-Parts are protected with individual Micro Critical Aseptic Fields (MCAF's).
General Aseptic Field
- Disinfected or disposable tray
With Key-Parts protected by MCAF's, essential but non sterilized equipment may be placed in the aseptic field (i.e. The main General Aseptic Field is 'Managed Generally')
5
Non-Touch Technique
Non-Touch Technique is desirable
Despite wearing sterilized gloves, Key-Parts & Key-Sites are not touched unless necessary to do so
Non-Touch Technique is essential
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6
Decontamination
Effective decontamination of the procedure area, equipment and the health professional is essential to break potential 'chains of infection'.

Appendix F

The 'ANTT-Approach': Practice Examples

This table provides examples of risk factors and decision making when applying the ANTT-Approach to invasive clinical procedures. It is not prescriptive or exhaustive

Procedure Type	Procedure Risks 1	Type of ANTT	Environment Management 2	Decontaminate / Protection (PPE) 3	Aseptic Field Management 4	Non-Touch Technique 5
Cannulation	• Few **Key-Parts** • Moderately invasive. • Small **Key-Parts** • Single small **Key-Site**	**Standard ANTT**	• Remove or avoid any environmental risks	• Hand cleaning • Non-sterilized gloves • Tray cleaning for **General Aseptic Field**	• **Micro Critical Aseptic Fields** • Supported by a **General Aseptic Field**	• **Non-touch technique is essential**
PICC Insertion in ITU	• Many **Key-Parts** • Highly invasive • Large **Key-Part** • High activity environment • Large procedure area	**Surgical ANTT**	• Remove or avoid any environmental risks	• Surgical hand-scrub • Sterilized gloves • Other full barrier precautions	• **Critical Aseptic Field** • **Micro Critical Aseptic Fields** where practical e.g. Handling of PICC line	• **Non-touch technique** is desirable where practical
IV Preparation/ Administration	• Few **Key-Parts** • Small **Key-Parts** • Moderately invasive procedure	**Standard ANTT**	• Remove or avoid any environmental risks	• Hand cleaning Non-sterilized gloves & apron • Tray cleaning for **General Aseptic Field**	• **Key-Parts** protected by **Micro Critical Aseptic Fields** • Supported by a **General Aseptic Field**	• **Non-touch technique** is essential
Wound Cleaning & Dressing (Large exudating wound) in the community	• Multiple **Key-Parts** • Large **Key-Site**	**Surgical ANTT**	• Remove or avoid any environmental risks	• Hand cleaning • Non-sterilized or sterilized gloves as required • Irrigation or soaking performed with aseptic receptacle	• **Critical Aseptic Field**	• **Non-touch technique** is desirable where practical
Venepuncture	• Minimally invasive • Few **Key-Parts** • Small **Key-Parts**	**Standard ANTT**	• Remove or avoid any environmental risks	• Hand cleaning • Non-sterilized gloves & apron • Tray cleaning for **General Aseptic Field**	• **Key-Parts** protected by **Micro Critical Aseptic Fields** • Supported by a **General Aseptic Field**	• **Non-touch technique** is essential
Surgical Intervention in the operating room	• Multiple **Key-Parts** • Large **Key-Parts** • Large **Key-Site** • Long duration • Highly invasive • Controlled area but many personnel	**Surgical ANTT**	• Full Theatre Room Precautions	• Surgical scrub • Sterilized gowns & gloves • Full barrier precautions	• **Critical Aseptic Field**	• Scrub nurse • **Non-touch technique** is still desirable where practical

Appendix G

Typical procedure sequence for a typical Standard-ANTT® Procedure: Preparation and administration of intravenous medications into a peripheral or central line.

Step	Action	Rationale
1.	Risk assess procedure to decide betwe Standard or Surgical-ANTT® using the ANTT® risk assessment (This is invariably Standard-ANTT for th procedure).	The ANTT® risk assessment asks if the procedure can be performed without touching Key-parts and Key-Sites and includes assessing the number and size of Key-Parts / Key-Sites, the procedure environment, t duration of the procedure practitioner competency, and level invasiveness
2.	Clean hands with alcohol hand rub or soap and water	To reduce the risk of Key-Part / Key-Site contamination
3.	Clean a suitable surface e.g. plastic procedure tray	To create an effective General Aseptic Field that will help promo (but not ensure) an aseptic working area
4.	Gather all equipment and place around the tray	Gathering equipment here ensures the procedure is not interrupt later and asepsis is not compromised
5.	Clean hands with alcohol hand rub or soap and water	To protect Key-Parts, hands need to be cleaned after the above dirty activity and before commencing the equipment handling
6.	Apply non-sterile gloves and a single-use disposable plastic apron	Non-sterile gloves are typically worn to protect the user from drug and blood exposure etc. In addition, in the event of inadvertently touching Key-Parts non-sterile glove are probably less likely to contaminate the Key-Part than bare sk
7.	Assemble equipment and draw up any medication / fluids using a non-touch technique. Protect all Key-Parts w sterilized caps or the inside of steriliz packaging	The optimum way of not contaminating a Key-Part is simply not touch it. Caps and covers etc., serve as highly effective Micro Critical Aseptic Fields
8.	Proceed to the patient – if gloves a contaminated, remove, clean hands a reapply gloves	To re-establish asepsis
9.	Scrub Key-Parts using a large 2% Chlorhexidine / 70% alcohol wipe for seconds & allow to dry	Renders the IV hub aseptic prior to access, facilitating the ANT Key-Part / Key-Site Rule that states: *Key-Parts must only come into contact with other aseptic Key-Parts*
10.	Administer medications / fluids using a non-touch technique	To prevent contamination of Key-Parts and Key-Sites of t procedure - The optimum way of not contaminating a Key-Part simply not to touch it
11.	Safely dispose of sharps and used equipment	Compliance with safer sharps regulations and protection of staff and patients from cross infection
12.	Clean General Aseptic Field (e.g. Plastic tray) according to local policy	Prevent cross contamination / cross infection and promoting clean clinical environments
13.	Remove and dispose of gloves and apro	PPE removed as be best practice guidance (epic3 2014), protecting staff and patients
14.	Immediately following glove removal cle hands	Promote compliance with the WHOs Five-moments of hand hygiene, and control the movement of harmful microorganisms
N.B. Full evidence-based rationale for each procedural step is contained in the various ANTT® Evidence Bas Guidelines available: www. antt.org		

Appendix I

Financial and Resourcing Impact Assessment on Policy Implementation

NB this form must be completed where the introduction of this policy will have either a positive or negative impact on resources. Therefore this form should not be completed where the resources are already deployed and the introduction of this policy will have no further resourcing impact.

Document title	**Aseptic Non Touch Technique (ANTT) Policy**

Totals	**WTE**	**Recurring £**	**Non Recurring £**
Manpower Costs	**NA**	**NA**	**NA**
Training Staff	**NA**	**NA**	**initial training session for competency assessors (already financed in 2017/2018)**
Equipment & Provision of resources	**NA**	**NA**	**NA**

Summary of Impact:

Risk Management Issues:

Benefits / Savings to the organisation: Compliance with Health & Social Care Act 2008 Standardised approach to ANTT. Implementation of best practice

Equality Impact Assessment

- Has this been appropriately carried out? **YES**/NO
- Are there any reported equality issues? YES/**NO**

If "YES" please specify:

Use additional sheets if necessary.

Please include all associated costs where an impact on implementing this policy has been considered. A checklist is included for guidance but is not comprehensive so please ensure you have thought through the impact on staffing, training and equipment carefully and that ALL aspects are covered.

Manpower	**WTE**	**Recurring £**	**Non-Recurring £**
Operational running costs			
Totals:			

Staff Training Impact	Recurring £	Non-Recurring £
Totals:		

Equipment and Provision of Resources	Recurring £ *	Non-Recurring £ *
Accommodation / facilities needed		
Building alterations (extensions/new)		
IT Hardware / software / licences		
Medical equipment		
Stationery / publicity		
Travel costs		
Utilities e.g. telephones		
Process change		
Rolling replacement of equipment		
Equipment maintenance		
Marketing – booklets/posters/handouts, etc		
Totals:		

- Capital implications £5,000 with life expectancy of more than one year.

Funding /costs checked & agreed by finance:	
Signature & date of financial accountant:	
Funding / costs have been agreed and are in place:	
Signature of appropriate Executive or Associate Director:	

Appendix J

Equality Impact Assessment (EIA) Screening Tool

Document Title:	ANTT Policy
Purpose of document	The purpose of this policy is to direct the standardisation of aseptic technique throughout the organisation Isle of Wight NHS Trust using the ANTT® Clinical Practice Framework for all invasive procedures, including maintenance of indwelling medical devices, promoting safe practice and reducing the risk of healthcare associated infections (HCAIs).
Target Audience	All healthcare workers employed by Isle of Wight NHS Trust involved in the insertion, manipulation and ongoing maintenance and management of indwelling medical devices.
Person or Committee undertaken the Equality Impact Assessment	Karen Robinson Head of Infection Prevention and Control

1. To be completed and attached to all procedural/policy documents created within individual services.

2. Does the document have, or have the potential to deliver differential outcomes or affect in an adverse way any of the groups listed below? No

If no confirm underneath in relevant section the data and/or research which provides evidence e.g. JSNA, Workforce Profile, Quality Improvement Framework, Commissioning Intentions, etc.

If yes please detail underneath in relevant section and provide priority rating and determine if full EIA is required.

		Positive Impact	Negative Impact	Reasons
Gender	Men	NO	NO	
	Women	NO	NO	
Race	Asian or Asian British People	NO	NO	
	Black or Black British People	NO	NO	
	Chinese people	NO	NO	
	People of Mixed Race	NO	NO	
	White people (including Irish	NO	NO	

	people)			
	People with Physical Disabilities, Learning Disabilities or Mental Health Issues	NO	NO	
Sexual Orientation	Transgender	NO	NO	
	Lesbian, Gay men and bisexual	NO	NO	
Age	Children	NO	NO	
	Older People (60+)	NO	NO	
	Younger People (17 to 25 yrs)	NO	NO	
Faith Group		NO	NO	
Pregnancy & Maternity		NO	NO	
Equal Opportunities and/or improved relations		NO	NO	

Notes:
Faith groups cover a wide range of groupings, the most common of which are Buddhist, Christian, Hindus, Jews, Muslims and Sikhs. Consider faith categories individually and collectively when considering positive and negative impacts.

The categories used in the race section refer to those used in the 2001 Census. Consideration should be given to the specific communities within the broad categories such as Bangladeshi people and the needs of other communities that do not appear as separate categories in the Census, for example, Polish.

3. Level of Impact

If you have indicated that there is a negative impact, is that impact:			
		YES	**NO**
Legal (it is not discriminatory under anti-discriminatory law)		N/A	N/A
Intended			

If the negative impact is possibly discriminatory and not intended and/or of high impact then please complete a thorough assessment after completing the rest of this form.

3.1 Could you minimise or remove any negative impact that is of low significance? Explain how below:
N/A
3.2 Could you improve the strategy, function or policy positive impact? Explain how below:
N/A
3.3 If there is no evidence that this strategy, function or policy promotes equality of opportunity or improves relations – could it be adapted so it does? How? If not why not?

Scheduled for Full Impact Assessment	Date:07/06/21
Name of persons/group completing the full assessment.	Karen Robinson
Date Initial Screening completed	