



Lincolnshire Partnership
NHS Foundation Trust

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Lincolnshire Partnership NHS Foundation Trust (LPFT)

Title of Policy

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The aim of the policy and procedure is to ensure that injury or harm to staff, patients and others by healthcare associated infections (HCAIs) is reduced to the lowest risk level possible. Correct use of Aseptic Non Touch Technique (ANTT) during any invasive procedure will enable the Trust to keep HCAIs to a minimum.

LINCOLNSHIRE PARTNERSHIP FOUNDATION TRUST**Aseptic Non Touch Technique (ANTT)****CONTENTS**

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1.0 INTRODUCTION

- 1.1 Healthcare Associated Infections (HCAI's) are estimated to cost the NHS over a billion pounds per year. In 2006, the National Audit Office (2006) estimated the occurrence rate to be 8.3%
- 1.2 Failed aseptic technique is probably the most significant cause of preventable HCAI. However, whilst this is widely accepted, there remains a significant gap between this knowledge and the required changes in clinical behaviour. It is therefore essential that practitioners fully understand the risks they pose to patients and that this knowledge is demonstrable in practice
- 1.3 Aseptic Non Touch Technique (ANTT) has been developed using research based evidence. The ANTT framework provides a standard for safe and effective aseptic practice that can be applied to all clinical procedures.
- 1.4 Variability in practice terms and practice definition has led to significant ambiguity in practice. ANTT avoids confusion by eliminating the use of different terminology e.g. clean or sterile technique.

2.0 POLICY PRINCIPLES.

- 2.1 The Health and Social Care Act 2008 has a Code of Practice on the prevention and control of infections and related guidance (updated July 2015). It stipulates that all National Health Service (NHS) organisations must have measures in place to reduce and control healthcare associated infections (HCAs). In addition, organisations must have in place core policies in relation to the prevention and control of HCAs, including Aseptic Non Touch Technique
- 2.2 Lincolnshire Partnership NHS Foundation Trust (LPFT) is committed to ensuring that injury or harm to staff, patients and others by HCAs is reduced to the lowest risk level possible. The use of Aseptic Non-Touch Technique (ANTT) during any invasive procedure, including wound care, will enable the organisation to keep HCAs to a minimum and also allow the Trust to comply with the Health and Social Care Act 2008.
- 2.3 This document should be used in conjunction with the most recent edition of the Royal Marsden NHS Trust Manual of Clinical Procedure and Wound Management Guideline FO/R/60.
- 2.4 Regardless of the setting, the aim of ANTT is always to prevent the transfer of pathogenic micro-organisms from the healthcare worker, the procedure equipment or the immediate working environment, into or onto the patient.
- 2.5 ANTT must be used for all clinical procedures which bypass the body's natural defences, such as inserting or accessing intravenous (IV) indwelling devices, phlebotomy, urinary catheterisation and wound dressings.
- 2.6 ANTT aims to prevent microorganisms from hands, surfaces or equipment being introduced into a susceptible (key) site such as an intravenous device, urinary catheter or wound, by identification and protection of the key parts of any procedure.

2.7 This policy will emphasise the aseptic non - touch technique which is required for many procedures undertaken in both hospital and community settings

3.0 RESPONSIBILITIES

Responsibilities are as set out in the overarching IPC policy 7a, except:

3.1 Managers

Managers are responsible for ensuring that, where relevant to their area of practice,

- An ANTT competency framework is in place
- All staff achieve competency in carrying out procedures involving ANTT

3.2 Infection Prevention and Control (IPC) Service

The IPC Service is responsible for:

- ensuring staff have access to an up to date policy
- signposting and/or providing advice or information relating to ANTT

3.3 All Clinical Staff

Clinicians providing services to patients are responsible for:

- Ensuring that they achieve and maintain competency in ANTT if it is relevant to their practice
- Seeking advice and support for provision of ANTT by making relevant referrals if they feel that being able to practice the technique effectively is outside of their skills and competency.

4.0 DEFINITIONS

4.1 **Asepsis**- is the absence of bacteria, fungi, viruses or other micro-organisms that could cause disease

4.2 **Aseptic technique** - defines the infection prevention method and precautions taken during invasive clinical procedures to prevent the transfer of microorganisms from the healthcare worker, procedure equipment or the immediate environment to the patient.

4.3 **Aseptic Non Touch Technique** - a specific type of aseptic technique with a unique Theoretical and Clinical Practice Framework based upon the original concept of Key-Part and Key-Site Protection where staff identify and protect key parts and key sites (Rowley 2011)

4.4 **Key Part** – the critical part of equipment that comes into contact with a key site.

4.5 **Key site**- a part of the body that is at risk of contamination if ANTT is not used e.g. wound, urethral meatus, insertion and access sites for medical devices.

4.6 **Aseptic field**- a designated aseptic working space that contains and protects the procedure equipment from direct and indirect environmental contact-contamination by microorganisms. (See aseptic field types below.)

4.7 **General Aseptic Field** – the main aseptic field that **promotes** asepsis during procedures by providing basic protection from the procedure environment. Used when key parts can easily and efficiently be protected by micro critical aseptic fields e.g. caps and covers during intravenous therapy and phlebotomy.

4.8 **Critical Aseptic Field** – the main aseptic field that **ensures** asepsis during procedures by the use of a sterile field which protects the procedure environment. E.g. urinary catheterisation, complex wound care, surgical procedures

5.0 PRINCIPLES OF ANTT.

5.1 Aseptic non touch technique must be used for all clinical procedures which bypass the body's natural defences such as:

- Inserting or accessing IV indwelling devices and the on-going care of these
- Administering IV medicines and parenteral nutrition
- Urinary catheterisation and urine sampling via catheter port
- When dressing wounds healing by primary intention (before surface skin has sealed), e.g. surgical wounds, burns, lacerations/breaks in the skin, ulcerations
- Application of dressings to wounds healing by secondary intention e.g. leg ulcers, pressure sores.
- Enteral feed connection
- Surgical procedures, e.g. Minor Surgery, biopsies
- Phlebotomy

This list is not exhaustive and health care workers will need to identify the key and non-key parts prior to commencing care for all invasive procedures.

5.2 The overriding principle of ANTT is that the susceptible key site and key parts should not come into contact with any non-sterile items. A key part is a component that if contaminated with micro-organisms increases the risk of infection. When handling sterilised equipment, only the part of the equipment **not** in contact with the susceptible key site is handled.

5.3 All staff must ensure their actions minimise the likelihood of potentially pathogenic microorganisms being introduced into the patients' susceptible key site and being spread between patients and colleagues.

5.4 The Key principles of ANTT are:

- A** – Always ensure hands are decontaminated effectively prior to the procedure
- N** – Never contaminate key parts of sterile materials/equipment or the patient's susceptible key sites
- T** – Touch non-key parts with confidence
- T** – Take appropriate infection prevention and control precautions e.g. Personal Protective Equipment (PPE), waste

5.5 Hand Hygiene - The 5 Moments of Hand Hygiene

5.5.1 The patients immediate care environment should be managed at all times according to the World Health Organisation's (WHO) model, The Five Moments of Hand Hygiene (Sax et al 2007). The model is designed to protect the patient and the patient's environment by effective and timely hand hygiene, reducing the potential for environmentally influenced contamination of invasive aseptic procedures.

5.5.2 There are 5 recognised crucial points of care for hand hygiene, representing the time and place at which there is the highest likelihood of transmission of infection via the hands of healthcare staff (World Health Organisation 2006).

- Before patient contact
- Before an aseptic task
- After body fluid exposure risk
- After patient contact
- After contact with patient surroundings

6.0 KEY STAGES OF ANTT.

6.1 Different clinical procedures present different levels of complexity. Therefore, in order to be efficient as well as safe, any practice framework for aseptic technique must define what type of aseptic technique and precautions are required for both simple and complex procedures, and how to decide between the two approaches.

6.2 In ANTT, uncomplicated and complex approaches to technique are termed Standard-ANTT and Surgical-ANTT respectively. It is important to note that the two approaches adhere to exactly the same 'ANTT-Approach'.

6.3 The main difference between Standard and Surgical-ANTT is the type and management of aseptic field(s) depending on the number of Key- Parts and Key-Sites that require protection.

6.4 Standard-ANTT

- Standard-ANTT is the technique of choice when procedures meet all of the following criteria:
 - Involve minimal Key-Parts and small Key-Parts,
 - Are not significantly invasive,
 - Are technically uncomplicated to achieve asepsis
 - Are short in duration
- Standard ANTT requires the use of a general aseptic field i.e. a clean surface or tray on which to place equipment with key parts protected e.g. caps and covers

6.5 Surgical-ANTT

- Surgical-ANTT is demanded when procedures meet one or more of the following criteria:
 - Involve large or numerous Key-Parts,
 - Are significantly invasive, (e.g. Large Key-Sites(s) or central venous access)
 - Are technically complex to achieve asepsis
 - Involve extended procedure time.
- Surgical ANTT requires the use of a critical aseptic field e.g. sterile procedure pack

6.6 Standard and Surgical Procedure Duration

The longer Key-Parts and Key-Sites are exposed to the environment, the greater the potential for environmental or inadvertent touch contamination.

Key parts therefore must remain protected at all times until the point of use e.g. by leaving the sterile packet on a urethral catheter until the point of insertion or caps and covers on syringes.

6.7 Preparation of the Patient

- Inform the patient about the procedure, gain consent and make them comfortable.
- Consideration should be given to analgesia as some procedures requiring ANTT technique can cause considerable discomfort and distress to the patient.
- There should be adequate means to protect the patient's privacy and dignity.
- Unnecessary exposure of vulnerable sites should be avoided.

6.8 Preparation of the Environment.

- 6.8.1 The ideal environment for ANTT procedures is a designated clinic room. Where this is impractical, clinical procedures performed at the patients' bedside must not occur directly after activities such as bed making, which may contribute to airborne contamination
- 6.8.2 Windows must be kept closed and portable air conditioning units or fans turned off during the clinical procedure.
- 6.8.3 The immediate environment should be clean and free from visible dirt and dust.
- 6.8.4 Assess the need for standard or surgical ANTT and gather the appropriate equipment
- 6.8.5 The trolley/tray/surface on which equipment and dressings are placed for procedures must be thoroughly cleansed with detergent and water, dried and then disinfected with disinfectant wipes or spray. Alternatively, multi purpose wipes which both cleanse and disinfect can be used. The surface must be thoroughly dried afterwards. If a dressing trolley is used it should be designated for this purpose only.
- 6.8.6 Sterile packs should be checked for expiry dates and to ensure there is no evidence of damage or moisture penetration.

6.9 Preparation of Staff

- 6.9.1 Staff must be bare below the elbow (Hand Hygiene Policy) and must ensure that any cuts or abrasions on their hands or forearms are covered with a waterproof occlusive dressing.

6.9.2 Uniforms/ clothing should be protected with a single use disposable plastic apron if there is a risk of contamination with pathogenic organism or blood and body fluids. The apron should be changed for each patient prior to commencing an aseptic procedure or between different procedures on the same patient. (Correct Use of Personal Protective Equipment)

6.10 Performing the Procedure

6.10.1 Use a non touch technique at all times.

6.10.2 Sterile packs must be opened carefully to prevent contamination of contents.

6.10.3 Identify Key parts and remove equipment from the packaging carefully

6.10.4 Assemble all equipment and arrange in an organised manner in the aseptic field ensuring that key parts are protected at all times with caps, covers etc. Key parts should NEVER be touched as doing so will compromise the aseptic technique.

6.10.5 Ensure that sterile items do not come into contact with unsterile objects and only sterile items come into contact with the susceptible key site. For example when touching a syringe with a needle, staff may handle the syringe but not the needle as this is a key part

6.10.6 If a key part has to be handled or a key site touched, then sterile gloves must be worn e.g. urinary catheterisation.

6.10.7 Following the clinical procedure gloves and other personal protective equipment must be removed and disposed of appropriately and hands decontaminated.

6.10.8 The clinical procedure which has been undertaken must be documented in the patient's health care records. Following access of indwelling devices staff must always document the condition of the insertion and exit sites.

7.0 ANTT IN COMMUNITY SETTINGS

7.1 The environment within some community settings such as the patients' homes, GP practice, schools, etc. may not always be favourable for carrying out certain aspects of clinical practice. The healthcare worker may not have access to adequate hand washing facilities, trolleys, or other equipment and standards of environmental cleanliness cannot always be guaranteed. For these reasons, it is not envisaged that Community Staff in LPFT would carry out aseptic procedures outside of the hospital environment other than phlebotomy.

7.2 However, the healthcare worker is responsible for ensuring that the environment allows any procedure to be carried out safely and minimises any identified risks.

7.3 A clean surface where available i.e. table or tray should be used to arrange the necessary equipment. Where this is not possible the sterile field in the dressing pack

should be used and placed as near to the patient as possible but away from the patient's immediate vicinity i.e. not placed on a bed next to the patient or on the floor, to avoid the risk of contamination.

7.4 Pets should be kept away from the environment during the procedure.

7.5 Items of medical equipment should be stored in a designated box/bag away from the floor.

7.6 Where spare non sterile gloves and aprons are required and are decanted into another bag/container from their original box/packaging, the clinician undertaking this practice must have decontaminated their hands effectively first. This is to prevent contamination from the hands to the personal protective equipment.

7.7 Gloves and aprons should not be kept in clinicians pockets.

7.8 Decontamination of Hands-. All staff on domiciliary visits should be supplied with liquid soap, paper towels, alcohol hand rub & hand cream. (Hand Hygiene Policy)

8.0 ANTT CLINICAL GUIDELINES

8.1 ANTT Clinical Guidelines, available from the ANTT.org have been formulated to standardise common clinical invasive procedures.

8.2 These guidelines aim to reduce practice variability and to ensure that hand decontamination occurs at appropriate times during the ANTT procedure. They also aim to ensure that susceptible key sites and key parts are protected at all times by using a non-touch technique.

8.3 The collections of Hospital and Community Care focussed ANTT Clinical Guidelines and associated audit tools are provided freely on request by ANTT.org

9.0 TARGET AUDIENCE

All Trust Staff involved in clinical care delivery

10.0 TRAINING

10.1. The IPC Nurse Specialist can assist with access to additional training on request which will include information contained in this policy.

10.2. All members of staff have an individual responsibility to ensure that they access IPC mandatory training.

11.0 CHAMPION AND EXPERT WRITER

11.1 The Champion for this policy is the Director of Nursing and Quality

11.2 The Expert Writer is the Infection Prevention and Control Nurse Specialist

12.0 CONSULTATION.

Consultation for version 1 occurred through:

- Infection Prevention and Control Committee
- Nursing Executive members
- Public Health England

Additional Consultation for the revised version:

- Head of Physical Healthcare, IPC, Medical Devices and Smoking Cessation.
- IPC link practitioners
- Matrons
- Physical Healthcare Practitioners

13.0 LEGISLATION, GUIDANCE AND REFERENCES

- The Health and Social Care Act 2008 Code of Practice on the prevention and control of infections and related guidance (Revised 2015) (Department of Health) London.
- ANTT Clinical Practice Framework. Version 3.0b 2012. The ANTT Organization
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- ANTT Theoretical Framework for Clinical Practice. Rationale and Supporting Evidence. V2.5 2011 19TUwww.antt.orgU19T
- The Health Act 2008 (Code of Practice for the Prevention and Control of Health Care Associated Infections (Department of Health 2010) Revised edition. DH. London.
- Pratt R, J. et al (2014) Epic 3: National Evidence Based Guidelines for Preventing Healthcare –Associated infections in NHS Hospitals in England. Journal of Hospital Infection. 86S1.S1-S70.
- Department of Health (2006). Essential Steps to Safe, Clean Care London. Crown Copyright.
- Rowley S, Clare.S (2009) Improving standards of aseptic practice through an ANTT trust-wide implementation process: a matter of prioritisation and care
- Journal of Infection Prevention 10 (1): s18
- World Health Organisation (2009) Guidelines on Hand Hygiene in Healthcare World Health Organisation.ISBN978 92 4 159790 6
- Patient Safety Alert (2008) Clean Hands Saves Lives National Patient Safety Agency 2PndP Edition London
- Sax H et al (2007) Journal of Hospital Infection 67(1):9-21
- Nottinghamshire Healthcare NHS Trust Policy 18.14 for Aseptic Non Touch Technique

14.0 MONITORING COMPLIANCE

14.1 Compliance with this policy will also be monitored through the IPC Audit Programme

14.2 Any Post Infection Review or Root Cause Analysis should include evidence of adherence to this policy

14.3 Untoward incident reports and serious incident reports will be reported to the Patient Safety and Experience Committee bi-monthly and at IPC Link Practitioner meetings. Any good practice or lessons to be learnt will be detailed in the minutes and fed

through to the relevant Trust management systems either through distribution of the minutes or through escalation processes as laid out in the terms of reference.

- 14.4 Surveillance data of infections and untoward incidences that include HCAs will be reviewed at the Patient Safety and Experience Committee and action taken as necessary

15.0 RELEVANT TRUST POLICIES & PROCEDURES

- 7b. Hand Hygiene
- 7d. *Meticillin Resistant Staphylococcus Aureus (MRSA)* Management and Control
- 7f. Isolation
- 7g Decontamination
- 7h. Surveillance of Alert Organisms and Dissemination of Information
- 7i Management of Sharps
- 7j Occupational Exposure to Blood Borne Viruses
- 7n Correct use of Personal protective Equipment in the Healthcare Environment

16.0 REVIEW DATE

This policy/procedure will be reviewed in 3 years or in light of organisational or legislative changes.

17.0 Record of changes

Date	Author	Policy/Procedure	Details of change(s).
November 2017	J. Lord	7 a	<ul style="list-style-type: none"> • Widespread grammatical changes • Changes of job title • Responsibilities clarified • New Introduction added • Format changed for consistency • Revised references added/updated • Record of changes added

APPENDIX 1

ASEPTIC NON TOUCH TECHNIQUE GUIDELINES

Aseptic technique is used to prevent contamination of the invasive procedure site by microorganisms that may cause infection.

Only those staff trained and assessed as competent are to perform aseptic technique procedures.

Indications for Use	Rationale
<ul style="list-style-type: none"> ○ Wounds healing by primary intention (first 48 hrs.) e.g. surgical wounds, burns and lacerations 	<ul style="list-style-type: none"> ○ Superficial skin sealing will not occur until the leakage has stopped
<ul style="list-style-type: none"> ○ Urinary Catheterisation (indwelling and suprapubic) ○ Urine sampling from indwelling urinary catheters 	<ul style="list-style-type: none"> ○ EPIC guidance ○ To prevent the insertion of periurethral flora into the bladder during insertion ○ To prevent the introduction of microbes
<ul style="list-style-type: none"> ○ Preparation and administration of enteral/peg feeds 	<ul style="list-style-type: none"> ○ EPIC guidance ○ To prevent the introduction of microbes
<ul style="list-style-type: none"> ○ Suturing ○ Removal of sutures 	<ul style="list-style-type: none"> ○ To prevent the introduction of microbes
<ul style="list-style-type: none"> ○ Medical devices procedures 	<ul style="list-style-type: none"> ○ To prevent the introduction of microbes
<ul style="list-style-type: none"> ○ Invasive vaginal examinations using instruments and equipment inclusive of smear testing and HVS ○ Assisted vaginal deliveries inclusive of forceps and ventouse 	<ul style="list-style-type: none"> ○ Infection control risk increases when instruments are inserted into the reproductive system ○ Guidance from Medical devices agency SAB (94) 22

Appendix 2

Procedure Guidelines: Aseptic Non Touch Technique

- To reduce and minimise the risk of airborne contamination ward cleaning should have ceased 30 minutes prior to the dressing procedure.
- All movement should be kept to a minimum during the dressing procedure. (This includes closure of adjacent windows, discontinuation of fans and movement of healthcare personnel discouraged.)

Best Practice

- Hand Hygiene is one of the most important procedures for preventing healthcare associated infection (Pratt *et al* 2007). Alcohol gel can be used if hands are visibly clean (National Patient Safety Agency 2008).
- Ensure single-use items are used only once. If compromised then there is a risk of contamination and cross infection. Re-using single-use equipment places product liability from the manufacturer to the clinician (NHS Estates 2004).

Equipment

Gather all equipment needed prior to embarking on any procedure. Leaving the clean field to fetch forgotten items will compromise the aseptic field.

1. Procedure pack containing galipots or an indented plastic tray, swabs or medical foam, gloves, sterile field and disposable bag
2. Fluids for cleaning and /or irrigation
3. Hypoallergenic tape
4. Appropriate wound dressing (Wound Care Formulary) or as advised by Tissue Viability Nurse, District Nurse or Physical Healthcare Practitioner
5. Any other material determined by the nature of the intervention e.g. disposable scissor and swabs
6. Prepare work surface by cleaning with multi-surface wipes and spray with Hard Surface Spray or follow local procedures. Clean again after use.
7. Wash hands with soap and water.

Action	Rationale
○ Explain and discuss the procedure to the patient	○ To ensure the patient understands the procedure and gives his/her consent
○ Consider if the use of analgesia is necessary	○ Some procedures undergone during ANTT can cause pain, discomfort and distress
○ Decontaminate hands with soap and water	○ To prevent cross-infection ○ Hands must be cleaned before and after every patient contact and before commencing the preparations for aseptic technique procedure

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<ul style="list-style-type: none"> ○ Prepare work surface by cleaning with universal wipes 	<ul style="list-style-type: none"> ○ To provide a clean working surface ○ To reduce risk of cross infection
<ul style="list-style-type: none"> ○ Decontaminate hands with soap and water 	<ul style="list-style-type: none"> ○ To remove any contamination from hands acquired during cleaning ○ Hands must be cleaned before and after every patient contact and before commencing the preparations for aseptic technique procedure
<ul style="list-style-type: none"> ○ Put on a single use disposable apron and non-sterile single use gloves ○ Screen work area, if necessary, and position the patient comfortably so that the area to be dealt with is easily accessible without exposing the patient unduly 	<ul style="list-style-type: none"> ○ To allow airborne organisms to settle before the sterile field and wound is exposed ○ To maintain the patient's dignity and comfort ○ To reduce the risk of cross infection
<ul style="list-style-type: none"> ○ Loosen the dressing tape if dressing is already in situ ○ Remove non sterile gloves ○ Decontaminate hands with soap and water 	<ul style="list-style-type: none"> ○ To make it easier to remove the dressing ○ To reduce the risk of cross infection
<ul style="list-style-type: none"> ○ Check the pack is in date, sterile, undamaged, dry and intact 	<ul style="list-style-type: none"> ○ To ensure only sterile, appropriate, safe products are used
<ul style="list-style-type: none"> ○ Open the outer packaging of sterile dressing pack, taking care not to touch the pack and slide the contents onto the top shelf of the trolley. ○ Place packaging below 	<ul style="list-style-type: none"> ○ To prevent cross infection
<ul style="list-style-type: none"> ○ Open the aseptic field using only the corners of the paper 	<ul style="list-style-type: none"> ○ To prevent potential contamination
<ul style="list-style-type: none"> ○ Check any other packs for sterility. ○ Open remaining packs tipping gently onto centre of the aseptic field 	<ul style="list-style-type: none"> ○ To prevent potential contamination
<ul style="list-style-type: none"> ○ Decontaminate hands with soap and water 	<ul style="list-style-type: none"> ○ To ensure hands are not contaminated from handling outer packaging
<ul style="list-style-type: none"> ○ Place hand in disposable bag and arrange contents of dressing pack and equipment 	<ul style="list-style-type: none"> ○ To maintain sterility of pack
<ul style="list-style-type: none"> ○ Invert the disposable bag and stick to trolley ○ Put on non-sterile disposable gloves and remove used dressing ○ Place used dressing in disposable bag ○ Remove gloves and dispose of into 	<ul style="list-style-type: none"> ○ To minimise risk of contamination

<p>disposable bag</p> <ul style="list-style-type: none"> ○ Decontaminate hands using soap and water 	
<ul style="list-style-type: none"> ○ Put on sterile gloves, touching only the inside wrist end 	<ul style="list-style-type: none"> ○ To prevent potential contamination of outer glove
<ul style="list-style-type: none"> ○ Carry out the procedure ○ Maintaining asepsis throughout ○ Ensure patient is comfortable 	<ul style="list-style-type: none"> ○ To prevent cross-infection
<ul style="list-style-type: none"> ○ Dispose of contaminated dressings/swabs into the disposable bag and dispose of into appropriate waste stream ○ Dispose of all outer packaging in domestic waste stream ○ Remove the gloves and dispose of into appropriate waste stream ○ Decontaminate hands with soap and water 	<ul style="list-style-type: none"> ○ To prevent environmental contamination ○ To reduce the risk of spreading infection
<ul style="list-style-type: none"> ○ Clean work surface using universal wipes or follow local procedures ○ Decontaminate hands using soap and water 	<ul style="list-style-type: none"> ○ To prevent environmental contamination ○ To reduce the risk of spreading infection
<ul style="list-style-type: none"> ○ Where appropriate place sterility label from outer surgical instrument packs into patient's notes/ care plan. <p>NB packs that have gone through a sterile process e.g. Sterile services department</p>	<ul style="list-style-type: none"> ○ Provides a record of the aseptic process. ○ *Please note that for some procedures it may be appropriate to use different types of sterile packs (e.g. intravenous packs) Since usage of these will vary locally reference is generally made to sterile dressing packs.

Appendix 3

ANTT Clinical Practice Framework.

Clinical Practice.

Principle 1

The aim of ANTT for invasive clinical procedures or maintenance of invasive medical devices is always asepsis

Principle 2

Asepsis is achieved by protecting Key-Parts and Key-Sites from microorganisms transferred from the healthcare worker & the immediate environment

Principle 3

ANTT needs to be efficient as well as safe (Surgical-ANTT is used for complicated procedures and Standard-ANTT for uncomplicated procedures – ‘From Surgery to Community Care’)

Principle 4

Choice of Surgical or Standard-ANTT is based on ANTT Risk Assessment - according to the technical difficulty of protecting Key-Part and Key-Site Asepsis

Safeguard 1

Basic Infective Precautions

Basic infective precautions such as hand cleaning and environmental controls significantly reduce the risk of contaminating Key-Parts and Key-Sites

Safeguard 2

Identification of Key-Parts & Key-Sites

Key-Parts are the critical parts of the procedure equipment that if contaminated are most likely to cause infection.

Key-Sites are open wounds and medical device access sites.

Safeguard 3

Non-Touch Technique

Non-Touch Technique is a critical skill that protects Key-Parts & Key-Sites from the healthcare worker and the procedure environment – in both Surgical and Standard-ANTT

Safeguard 4

Aseptic Field Management

Aseptic Fields protect Key-Parts and Key-Sites from the immediate procedure environment.

Surgical and Standard-ANTT require different aseptic field management

Clinical and Organisational Management

Principle 5

Aseptic practice should be standardised

Principle 6

Safe aseptic technique is reliant upon effective healthcare worker training and environments and equipment that are fit for purpose.

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Appendix 4 Equality Analysis Form

Name of Policy/ project/ service		Aseptic Non Touch Technique (ANTT)			
Aims of policy/ project/ service		This policy details the rationale, process and evidence base for the use of Aseptic non Touch Technique in order to prevent the transmission of Healthcare associated infections			
Is this new or existing?		Existing			
Person(s) responsible		Jane Lord			
Key people involved		Jane Lord			
Who does it affect?		Service users <input checked="" type="checkbox"/>		Staff <input checked="" type="checkbox"/>	Wider Community <input type="checkbox"/>
Is the policy/ project/ service likely to have an effect on any of the protected characteristic groups? (please tick)					
	Positive	Negative	None	Is action possible to mitigate any negative impact?	Details of action planned (including dates or why action is not possible)
Age	√				
Disability	√				
Sex	√				
Gender Reassignment	√				
Sexual Orientation	√				
Race	√				
Religion and Belief	√				
Marriage and Civil Partnership	√				
Pregnancy and Maternity	√				

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Carers	√				

Any other information that is relevant to the equality impact of the policy/ project/ service?

Detail any positive outcomes for any of the protected groups listed above

The policy will ensure best practice to prevent transmission of infectious disease

Result of Equality Analysis

Based on the information above- what is the outcome of the Equality analysis?

a) No change <input checked="" type="checkbox"/> <input type="checkbox"/>	b) Adjust the activity <input type="checkbox"/>	c) Stop/remove the activity <input type="checkbox"/>
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Detail any adjustments that are to be made and how these will be monitored

Person who carried out this assessment	Jane Lord
Date assessment completed	19/07/2017
Name of responsible Director/General Manager	Anne-Maria Olphert
Date assessment was signed	
Date of next review	19/07/2020