Aseptic Non Touch Technique (ANTT)

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Staffordshire and Stoke on Trent Partnership Trust, Aseptic Non touch Technique policy v1 September 2103
### Version Control - Review and Amendment Log

<table>
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<tr>
<th>Version</th>
<th>Type of Change</th>
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<tr>
<td>V1.1</td>
<td>Merging and harmonisation of the three predecessor organisations policies</td>
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### Key Points

This policy is required to meet the requirements of the Health and Social Care Act 2008 (amended 2010). This policy does not duplicate any other Staffordshire and Stoke on Trent Partnership NHS Trust policy.

Aseptic technique is an essential procedure aimed at protecting patients from infection during invasive procedures, and is achieved by minimising the presence of pathogenic micro-organisms as is practically possible (Rowley et al 2010). The policy aims to provide a framework for the Trust to establish an Aseptic Non Touch Technique (ANTT) as the safe and effective technique for all aseptic procedures within the healthcare and community setting.

It encompasses the necessary infection control measures to prevent pathogenic microorganisms on hands, surfaces or equipment from being introduced to susceptible sites during clinical practice (RCN 2009).

### Available Support

Infection Prevention and control Team 01543 412987 or 0300 123 0995 ext 3724
# Policy Content

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Appendix 1- Equality Impact Assessment:
1.0 Introduction

1.1 The term Trust throughout this policy refers to Staffordshire and Stoke on Trent partnership trust,

1.2 The Health and Social Care Act 2008 (Department of health, amended 2010) requires NHS organisations to have up to date policies and procedures which minimise the risk of healthcare associated infection (HCAI). This includes evidence based Aseptic guidelines which promote timely and effective management to reduce the risks of cross infection.

1.3 Performing an aseptic technique relies on all staff carrying out Standard precautions as part of their daily work, consequently this policy should be read in conjunction with other key policy documents located in the Trust infection control policy manual.

1.4 The policy aims to provide a framework for the trust on reducing the risk of complications associated with poor asepsis within different healthcare settings.

2.0 Executive Summary

Aseptic technique is an essential procedure aimed at protecting patients from infection during invasive procedures, and is achieved by minimising the presence of pathogenic micro-organisms as is practically possible (Rowley et al 2010). The policy aims to provide a framework for the Trust to establish an Aseptic Non Touch Technique (ANTT) as the safe and effective technique for all aseptic procedures within the healthcare and community setting.

It encompasses the necessary infection control measures to prevent pathogenic microorganisms on hands, surfaces or equipment from being introduced to susceptible sites during clinical practice (RCN 2009).

3.0 Purpose and justification for the Policy

This policy applies to all Trust employees and staff working for and on behalf of the Trust including contractors, voluntary workers, students, locum and agency staff, voluntary workers and students.

This policy is required to meets the requirements of the Health and Social Care act 2008 amended 2010. This policy does not duplicate any other Staffordshire and stoke on Trent partnership NHS Trust policy.

The principles and practice of ANTT are intended for all clinical procedures that involve a risk of infection to the patient; from the community to the ward to the operating theatre (Rowley et al 2010). ANTT improves compliance with the core components of aseptic technique such as hand washing, the choice of aseptic field and glove choice. (Rowley and Sinclair 2004) and provides the opportunity to improve policies, work with CNS and review skin preps and equipment. Subsequently,
4.0 Background

The Health and Social Care Act (DoH 2008) page 16 stipulates that:

- Clinical procedures should be carried out in a manner that maintains and promotes the principles of asepsis.
- Education, training and assessment in the aseptic technique should be provided to all persons undertaking such procedures.
- The technique should be standardised across the organisation and audits should be undertaken to monitor compliance with the technique.


4.1 The Principles of ANTT

Historically, terms such as sterile technique, aseptic technique and clean technique have been used to describe practice. A review of the literature demonstrates that these terms have been applied subjectively and inconsistently (Gilmour 2000). This no doubt contributed to applications and standards of aseptic technique being highly variable and confusing (Aziz 2009). ANTT aims to...

4.1 Identification and protection of key parts and key sites

- **Key sites** are open wounds, insertion and puncture sites
- **Key parts** are the parts of the procedure equipment that come into contact (direct or indirect) with key parts connected to the patient, any liquid infusion or key site. See work field below set up for a urinary catheterisation in diagram below.
• For example for a urinary catheterisation the key parts would be the local anaesthetic lubricant tip, catheter tip, catheter connection port, catheter bag tip and the sterile water syringe tip. In Intravenous therapy this can simply be described as the parts of equipment which come into direct contact with the liquid infusion or the patient.

• Often key parts such as IV ports need to be cleaned prior to use in order to render them aseptic. However, despite guidance, cleaning of key-parts often carries a failure rate of up to 80% (Rowley and Clare, 2009).

• ANTT port cleaning method is based on best evidence. For example, when cleaning an intravenous port, introduce the port tip into the centre of a large 70% alcohol /2% chlorhexidine impregnated wipe (Pratt et al, 2007). Scrub the tip hard generating friction for at least 15 seconds (manufactures guidance often states 30 seconds) (Kaler and Chinn, 2007). Different parts of the wipe should be used in order to clean away as well as kill any harmful organisms. The rest of the port and lumen is then cleaned working away from the tip.

4.2 Hand Decontamination

• Hands can be decontaminated using Alcohol Hand Rub (AHR) or soap and water. Where hands are visibly soiled the practitioner should use soap and water (NPSA 2006)

• The body of evidence confirming the need to decontaminate hands as a first line measure against HCAI is substantial (RCN 2005b, DoH 2003, BMA 2006, Pratt et al 2007). The WHO (2009) ‘Your 5 moments for hand hygiene’, states that effective hand decontamination needs to occur before patient contact, an aseptic procedure, after body fluid exposure risk, after patient contact and after contact with the patient surroundings.

4.3 Glove Selection and Personal Protective Equipment

• As procedures identified often involve the risk of contact with blood or body fluid (Pratt et al 2007) personal protective equipment (PPE) is indicated. Practitioners should undertake a risk assessment regarding PPE selection.

• Gloves are single-use items and should be removed and discarded immediately after the care activity.

• Eye/ face protection are indicated if there is a risk of splashing with blood or body fluids (DoH 2007).

• In ANTT, if it is necessary to touch key-parts directly then sterile gloves should be used to minimize the risk of contamination. Sterile gloves must be worn for wound care, urinary catheterisation or central venous catheter insertion. Otherwise, non-sterile gloves are usually the logical glove of choice. Non sterile gloves can be used for IV medication,
venepuncture or cannulation where it is possible to undertake the procedure without touching any key parts. However the Partnership Trust are working towards minimizing the amount of equipment staff have to carry around with them and also due to PPE being stored in sub optimal conditions in some instances, PPE within sterile packs are suggested for a large number of procedures, Please check with the individual Standard Operating procedure for the procedure you are undertaking.

4.4 Aseptic Field

- A clean working environment and an aseptic field are essential precautions for all clinical procedures.
- For the majority of IV procedures, one is maintaining the asepsis of only one or two small key-parts. This can be achieved effectively by a non-touch-method and a basic aseptic field such as a well cleaned plastic tray/surface.
- It is acknowledged clinical staff work in a range of settings including areas such as the domiciliary setting (patients homes). On those occasions where a trolley or tray that is used specifically for an aseptic technique is not available to a staff member the expectation is that the staff member will continue to adopt ANNT principles in their working methods. Wiping down a surface with a detergent wipe such as a cupboard, table, stool or a tray is preferential.
- Plastic trays used during ANTT must be thoroughly cleaned before and after use. Clean with a detergent wipe or soap and water if soiled. Dry with a clean paper towel.
- Ensure only sterile items come into contact with susceptible sites.

5.0 Procedure

The ANTT framework is provided to develop an evidence base that promote aseptic practice in a range of clinical procedures. Within the Trust wound care is the commonly used as a focus for aseptic competency development.

A step by step clinical guideline is designed to allow the practitioner to:

- A lays decontaminate their hands effectively
- N ever contaminate key parts or sites
- T ouch non key parts with confidence
- T take appropriate infection control precautions

ANTT has been incorporated in to all clinical procedures. The Professional leads have Standard Operating procedure documents for all common procedures performed; the documents are available electronically in The Partnership Trust document centre
6.0 Training

6.1 Training records containing staff signatures must be retained and made available for inspection at short notice. All trainers will ask attendees to complete attendance sheets. The trainer may keep a copy, but the original will be sent to the training and education department.

6.2 In the case of non attendance at statutory and mandatory training events, the employee’s line manager will be informed for appropriate follow up. Attendance at Infection Prevention and Control training events and its application to practice will form part of the appraisal process.

6.3 The Education and Training department will provide attendance training figures to the Infection Prevention and Control Committee.

7.0 Responsibilities

7.1 The Trust’s responsibilities

- To provide a policy on the infection control management of.
- Staff will receive training in Infection Prevention and Control standard precautions according to the training needs analysis. The trust will ensure adequate resources are available for implementation of this policy.

The Infection Prevention and Control Team (IPCT) have a pivotal role in the coordination of ensuring all aspects of this policy are effectively implemented, risk managed and evaluated across the PCT. The IPCT will also have responsibility to respond to national initiatives, guidance publications and evidence base relating to Aseptic Non Touch Technique (ANTT) and to report via the Infection Control Group (ICG).

7.2 Chief Executive responsibilities:
The chief executive is responsible for ensuring that there are effective arrangements are in place for the implementation of the policy.

7.3 The Director of Infection Prevention and Control (DIPC) responsibilities.

- The DIPC has the executive authority and responsibility for ensuring the implementation of strategies to prevent avoidable healthcare associated infections at all levels of the organisation.
- The DIPC will provide assurance to the board that the systems are in place, and the correct policies and procedures are adhered to across the organisation to ensure safe and effective healthcare and to comply with the Health and Social Care Act 2008.

7.4 Directors and Managers responsibilities:
- Ensure that this policy and its associated procedures are fully adhered to within their area of responsibility.
- Establish local policies and practices with advice and guidance from the Infection Control Team, to ensure local work instructions reflect best practices in the prevention and control of exposure to CJD and related disorder.
- Ensure the appropriate risk assessments are carried out.
7.5 Staff Responsibilities
The term staff in the context of this policy refers to ‘any person whose normal duties concern the provision of treatment, accommodation or related services to patients in the normal course of their work’. Therefore this policy is not aimed solely at front line staff, but all other workers who come into contact with patients and/or their environment. The requirement for all staff to behave in a manner which supports Infection Prevention and Control will be stated in all job descriptions and will be included in personal appraisals.

- Co-operate and assist with the implementation of this Policy, and its associated Procedures.
- Bring to the notice of management, any problems or failings associated with the policy.
- Attend training as required.
- Make themselves aware of, and follow safe systems of work and control methods (including personal protective equipment) provided for their safety and the safety of others.
- Promptly report all incidents concerning the risks of exposure to CJD or related disorder in accordance with the Trusts’ Policy and Procedure on reporting incidents.
- Be responsible for liaising with appropriate personnel when patients are discharged.
- Staff must ensure that they are aware of the location, how to access and be able to demonstrate an understanding of Trust Infection Prevention and Control Policies. All clinical staff must at all times be seen to apply those policies in the clinical area

7.6 Responsibilities of Equipment Controllers
- Prior to purchase of equipment, confirmation must be obtained from the manufactures that all items of patient equipment which are not single use can safely be decontaminated by the trust.

7.7 Responsibilities of the Infection Prevention and Control Team (IPCT)
- The IPCN’s will have a pivotal role in the coordination of ensuring all aspects of this policy are effectively implemented, risk managed and evaluated across the Trust.
- The IPCN’s will also have the responsibility to respond to national initiatives, guidance publications and evidence base relating to effective Aseptic Technique and report to the Infection Prevention and Control committee (IPCC)
- Provide information, advice and training to enable managers and users to undertake risk assessments as required.
- Conduct investigations into areas of special risk advising on safe practice.
- Monitoring standards in line with current legislation and guidance.
- Identify areas for improvement and report to Managers, Infection Prevention and Control Committee, Clinical Risk, Health & Safety and others as appropriate.
- Support the clinical trainers education programme of staff within the Trust and by special arrangement with Care Homes.
- Review and update ANTT policy
- Give additional advice regarding the implementation of ANTT where required
- Promote good practice and challenge poor compliance.

7.8 Responsibilities of Infection Prevention and Control link Practitioners and Ward Managers
- The ward manager and link practitioner will promote and monitor compliance with all Infection Prevention and Control policies and undertake regular audits in accordance with the agreed schedule for their area.

7.9 Responsibilities of estates/facilities department
- Preventing and controlling infection should be considered at all stages in any refurbishment, redevelopment or new build projects. Consequently the project lead must ensure that the IPCT via the team lead is involved at all stages of the process.

8.0 Implementation and Monitoring of Policies

8.1 Implementation of this policy will be the responsibility of Team leaders within local teams.

8.2 Monitoring will be undertaken through observations of care, patient stories and documentation review by the senior managers responsible for each service provision with support from the Professional leads and IPCN's if required.

9.0 Breach of policy

9.1 Failure to adhere to the principles set out in this policy may result in disciplinary action.

9.2 Any incidents where failures have occurred or where there are issues associated with decontamination or inappropriate risk assessments these must be reported through the incident reporting system
10.0 References


Staffordshire and Stoke on Trent Partnership Trust, Aseptic Non touch Technique policy v1 September 2103


11.0 Glossary of Terms Used

Asepsis
The complete absence of bacteria, fungi, viruses or other micro-organisms that could cause disease

Aseptic Non Touch Technique
Standardized aseptic techniques where staff are taught to identify and protect the key-parts of any procedure, perform effective hand hygiene, institute a non-touch technique, and wear only the appropriate personal protective equipment.

Aseptic Technique
A method developed to ensure that only uncontaminated objects /fluids make contact with sterile/susceptible sites

Hand Hygiene
A general term that applies to hand washing, antiseptic hand wash, antiseptic hand rub, or surgical hand antisepsis.

Invasive procedure
A medical procedure that invades (enters) the body, usually by cutting or puncturing the skin or by inserting instruments into the body cavity.

Key part
Any part of a piece of equipment used during aseptic technique that will increase the risk of infection if contaminated by infectious material

PPE
Personal protective equipment
**Appendix 1**

**EQUALITY ANALYSIS**

Aseptic non touch technique (ANTT) Policy

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<th><strong>STEP 1:</strong> What is the background and starting point for this policy?</th>
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<td>Standardisation approach to Aseptic non touch technique (ANTT)</td>
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<td>This policy is a review of three existing policies from the three predecessor provider PCT trusts. The policy aims to provide a framework for the trust on reducing the risk of infection and confusing around carrying our procedures that may pose a risk of infection. Effective management is essential to minimise risks from Healthcare Associated Infection (HCAI) (Department of Health – Health and Social Care Act 2008.) but also to maintain affective quality care for the patient and the family. The policy aims to provide a framework for the Trust to establish an Aseptic Non Touch Technique (ANTT) as the safe and effective technique for all aseptic procedures within the healthcare and community setting. It encompasses the necessary infection control measures to prevent pathogenic micro organisms on hands, surfaces or equipment from being introduced to susceptible cites during clinical practice (RCN 2009).</td>
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<th><strong>STEP 2:</strong> What do we want to achieve?</th>
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<td>The guidance provided will enable staff to contribute in reducing the risk of transmission of potentially harmful pathogens. The aim of the policy is to provide clinical staff with the most up to date information and research relating to aseptic technique, so that they can work safely, protecting themselves, the public and the patients in which they are caring for. Carrying out the technique correctly and at the right time, will help reduce cross infection.</td>
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<th><strong>STEP 3:</strong> What do we know?</th>
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<td>The policy sets out correct procedures and compliance monitoring systems for Aseptic technique. A list of the references are contained within the main body of the policy. The main text of the policy was formulated using research based evidence from the Nice Guidelines, National Patient Safety agency and the Department of Health. The Department of Health have carried out a considerable piece of work with the National Patient Safety agency and NHS procurement hubs. Identifying and agreeing skin disinfection products suitable to be used in the National Health Service, that meets the needs of the European guidance, Microbiology, Occupational health and Religious leaders.</td>
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STEP 4: What consultation has been taken: engagement and involvement
The draft policy was circulated initially to all members of the; Infection prevention and control Committee and Infection Control Operational groups

DIPC
Infection Control Doctors x2
Consultant in Communicable Disease Control Health Protection Agency
Head of Infection control commissioners
Chief Operating officers North and South
Associate Director for Nursing and Quality
Associate Director for Facilities and Estates
Director for Dentistry
Podiatry Team Leader
Professional lead for nursing
Professional lead for OHP’s
District nurse CPE group
Community hospital Matrons
Prison Health Quality Lead
Deputy Hospital Managers
Health and Safety
Mandatory and Statutory Training Manager
Hospital Manager
Risk manager

The agreed document was then circulated to all team leaders and service leads, the final document was then submitted to the Infection Prevention and control committee for approval and ratified by the Quality Governance Committee.

STEP 5: The policy will aid standardisation of techniques and define when staff should carry out ANTT. To ensure compliance or if there are negative affects these will be picked up as part of the monitoring audit programme.

There are financial implications for all teams as individual teams must ensure they are compliant with the policy, all staff must be provided with alcohol hand rub at the point of care, soap, paper towels and moisturiser. Dressing packs, transport boxes for specimens and an agreed method of disposing of waste.

There are financial and reputational implications to the trust if ANTT procedures are not carried out according to policy which contributes to a patients suffering from a healthcare associated infection.

STEP 6: Have you identified any actions:
As teams are being integrated, it has become apparent that the make of products utilised are not all standardised, between Health and Social care teams, as the Integrated team work progresses, procurement are working with individual teams to standardise products.

STEP 7: How will we know that the policy has been successful?
Audits are be carried out by individual teams and shared within the local teams, audit results are collected and reported at Safety and Effectiveness meeting. Non-compliance and exception reporting is monitored by the Infection Prevention and Control Committee.

Surveillance data is collected for alert organisms in the community hospitals and bacteraemias for the whole health economy, as part of the root cause
### STEP 8: Executive Summary

Due regard has been taken into the development of this policy which is in accordance with the NHS Litigation Authority Risk Management Standards to promote a robust framework ensuring compliance with the Equality Act.

Aseptic technique is an essential procedure aimed at protecting patients from infection during invasive procedures, and is achieved by minimising the presence of pathogenic micro-organisms as is practically possible (Rowley et al 2010). The policy aims to provide a framework for the Trust to establish an Aseptic Non Touch Technique (ANTT) as the safe and effective technique for all aseptic procedures within the healthcare and community setting.

**It encompasses the necessary infection control measures to prevent pathogenic micro-organisms on hands, surfaces or equipment from being introduced to susceptible sites during clinical practice (RCN 2009).**

This policy is required to meet the requirements of the Health and Social Care Act 2008 (amended 2010). And the NHSLA Standard 4.6 Hand hygiene Training. This policy does not duplicate any other Staffordshire and Stoke on Trent Partnership NHS Trust policies.