Trust-wide Document

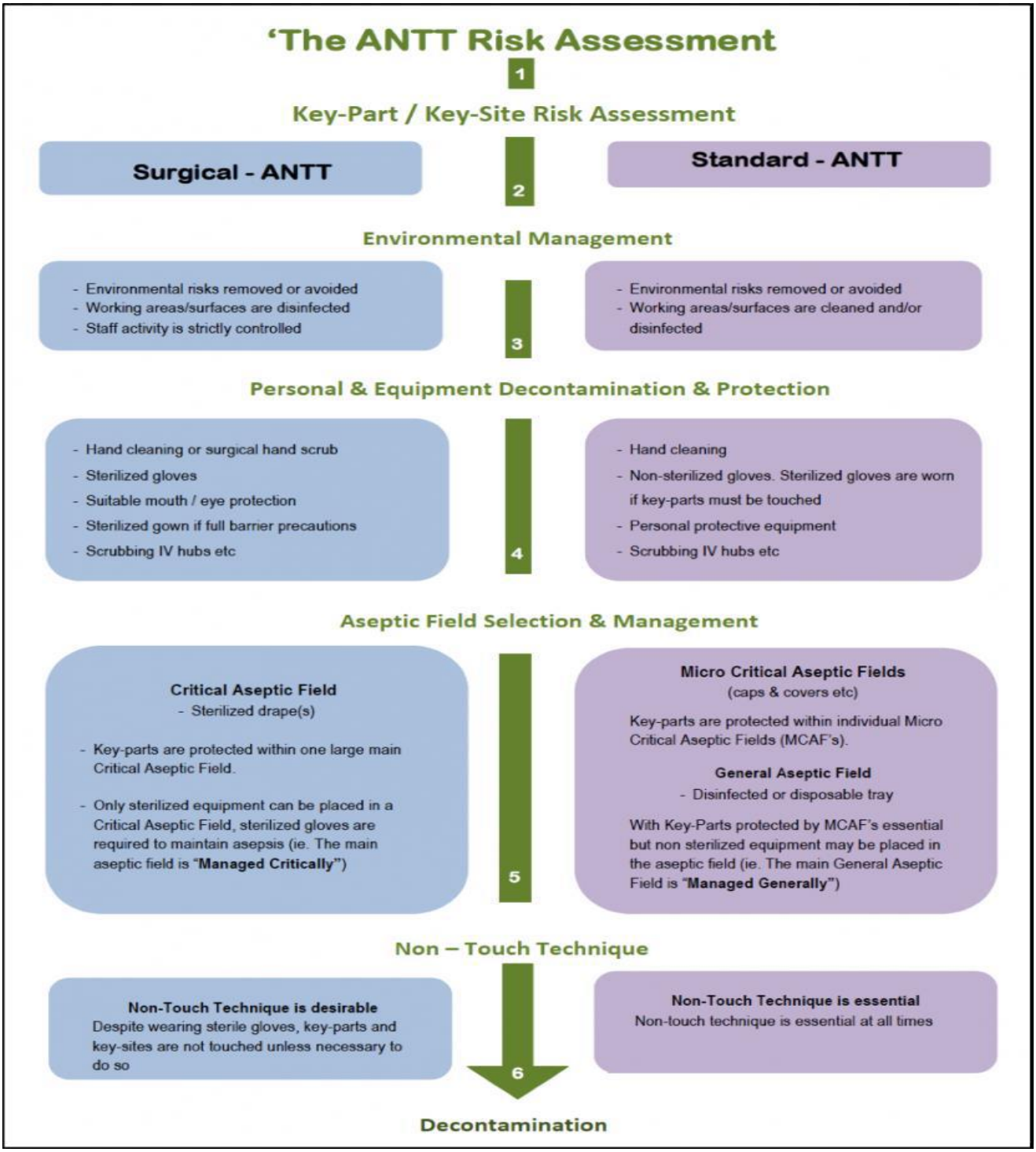
NHS
Great Western Hospitals
NHS Foundation Trust

Aseptic Non-Touch Technique (ANTT) Policy

Document No	IP&C - 00016	**Version No**	1.0
Approved by	Policy Governance Group	**Date Approved**	17/10/19
Ratified by	Infection Control Commitee	**Date Ratified**	29/10/19
Date implemented (made live for use)	06/11/19	**Next Review Date**	29/10/22
Status	LIVE		
Target Audience- who does the document apply to and who should be using it. - The target audience has the responsibility to ensure their compliance with this document by: • Ensuring any training required is attended and kept up to date. • Ensuring any competencies required are maintained. • Co-operating with the development and implementation of policies as part of their normal duties and responsibilities.	All clinical employees directly employed by the Trust whether permanent, part-time or temporary (including fixed-term contract). It applies equally to all others working for the Trust, including private-sector, voluntary-sector, bank, agency, locum, and secondees. For simplicity, they are referred to as 'employees' throughout this policy		
Special Cases	Nil		
Accountable Director	Director Infection Prevention & Control (IP&C)		
Author/originator – Any Comments on this document should be addressed to the author	Infection Prevention & Control Lead		
Division and Department	Corporate Division Infection Prevention & Control		
Implementation Lead	Team Lead IP&C		
If developed in partnership with another agency ratification details of the relevant agency	NA		
Regulatory Position	Health and Social Care Act 2008 –Code of Practice on the prevention and control of infections and related guidance (Ref 2) Care Quality Commission (CQC) Regulation 12: Safe Care and Treatment (Ref 11)		
Review period. This document will be fully reviewed every three years in accordance with the Trust's agreed process for reviewing Trust -wide documents. Changes in practice, to statutory requirements, revised professional or clinical standards and/or local/national directives are to be made as and when the change is identified.			

Contents

Instant Information 1 – ANTT Risk Assessment



Instant Information 2 - Steps to an ANTT Procedure

Step 1	ANTT risk assessment: Does this procedure need the ANTT principles applied? Is a Standard or Surgical-ANTT required? Gain patient's consent and explain procedure Draw curtains around patient or take to appropriate room
Step 2	Decontaminate hands
Step 3	Clean trolley/tray with appropriate detergent wipe Gather equipment including alcohol hand rub
Step 4	Create suitable working environment. If procedure is performed at the bedside ensure no cleaning or bed making are on-going within the area for at least 30 minutes. Ensure windows are closed and no fans are on
Step 5	Decontaminate hands
Step 6	Apply single use disposable apron
Step 7	If required open dressing pack/sterile drape
Step 8	Open and prepare all equipment on the tray/trolley. Keep all equipment within their packaging. Identify Key-Parts
Step 9	Decontaminate hands
Step 10	Apply gloves if required
Step 11	Perform procedure using ANTT
Step 12	Remove gloves and aprons and other Personal Protective Equipment (PPE)
Step 13	Dispose of waste
Step 14	Decontaminate hands
Step 15	Take patient back to the bedside if required and ensure patient is comfortable
Step 16	Clean trolley/tray/environment
Step 17	Decontaminate hands

1 Introduction & Purpose

1.1 Introduction & Purpose

The Health and Social Care Act (2008): Code of Practice for the prevention and control of Healthcare Associated Infections (HCAI) stipulate that all National Health Service (NHS) organisations must have measures in place to reduce and control HCAIs. In addition, organisations must have in place core polices in relation to the prevention and control of HCAIs, including Aseptic Non Touch Technique (ANTT).

The Great Western Hospitals NHS Foundation Trust (GWH) is committed to ensuring that injury or harm to staff, patients and others by HCAIs is reduced to the lowest risk level possible. The use of Aseptic Non-Touch Technique during any invasive procedure, including wound care, will enable Trust staff to keep HCAIs to a minimum and also allow the Trust to comply with the Health and Social Care Act 2008.

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.

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.

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.

Regardless of the setting, the aim of ANTT is always to prevent the transfer of pathogenic microorganisms from the healthcare worker, the procedure equipment or the immediate working environment, into or onto the patient.

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.

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.

1.2 Glossary/Definitions

The following terms and acronyms are used within the document:

IV	Intravenous
WHO	World Health Organisation
PIR	Post Infection Reviews
RCA	Root Cause Anaylsis
MCAF's	
PPE	Personal Protective Equipment
GWH	Great Western Hospital
ASAP	Association of Safe Aseptic Practice
CQC	Care Quality Commission
DHSC	Department of Health and Social Care
EIA	Equality Impact Assessment
HCAI	Healthcare Associated Infections
IP&C	Infection Prevention and Control
NHS	National Health Service
Asepsis	Is the absence of bacteria, fungi, viruses or other micro-organisms that could cause disease
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.
Aseptic Non Touch Technique (ANTT)	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)
ASAP	Association of Safe Aseptic Practice
Key Part	The critical part of equipment that comes into contact with a key site.
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.
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.)
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.
Critical Aseptic	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

Field	wound care, surgical procedures

2 Main Document Requirements

2.1 Principles of ANTT

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. use of PPE, safe waste management

2.1.1 ANTT Clinical Guidelines

ANTT Clinical Guidelines, available from the Association of Safe Aseptic Practice (ASAP) have been formulated to standardise common clinical invasive procedures. 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.

The collections of Hospital and Community Care focussed ANTT Clinical Guidelines and associated audit tools are provided freely by ASAP and accessible on the IP&C webpage and Trust wide documents.

2.2 Key Stages of ANTT

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.

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'.

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.

2.2.1 Standard ANTT

Standard-ANTT can be used when the procedures meet all of the following criteria:

- The procedure involves minimal key-parts and small parts
- The procedures are not significantly invasive
- The procedures are technically uncomplicated to achieve asepsis
- The procedure is of short duration i.e. less than 20 minutes can be used as a guide.

Standard-ANTT use General Aseptic fields and manage asepsis by Micro Critical Aseptic fields such as caps or covers.

2.2.2 Surgical ANTT

Surgical-ANTT is used for complicated procedures where one or more of the following criteria are met:

- Large or numerous key-parts are involved
- It is a significantly invasive procedure i.e. central venous access
- The procedures are technically complex
- The procedure involves an extended time to complete i.e. greater than 20 minutes can be used as a guide

Surgical ANTT requires the use of a Critical Aseptic field e.g. sterile procedure pack.

2.2.3 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.

2.3 Preparation of the Patient

Inform the patient about the procedure, gain consent and make them comfortable. There should be adequate means to protect the patient's dignity. Unnecessary exposure of vulnerable sites should be avoided**.**

2.4 Preparation of the Environment

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

Windows must be kept closed and portable air conditioning units or fans turned off during the clinical procedure.

The immediate environment should be clean and free from visible dirt and dust.

Assess the need for standard or surgical ANTT and gather the appropriate equipment

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.

Sterile packs should be checked for expiry dates and to ensure there is no evidence of damage or moisture penetration.

2.5 Preparation of Staff

Hand Hygiene - Effective hand decontamination is essential to ANTT and should take place prior to and after all invasive techniques and after removal of gloves. Decontaminate hands following Hand Hygiene and Skin Care Policy (Ref 12).

2.5.1 Hand Hygiene - The 5 Moments of Hand Hygiene (Refer to Hand Hygiene Policy)

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) (Ref 7). 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.

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 2019).

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

2.5.2 Personal Protective Equipment

Each procedure should be risk assessed to determine the level of exposure to blood and bodily fluid splashing. Single use gloves and plastic aprons should always be worn where there is a risk of contact with blood or bodily fluids. If a key part has to be handled or a key site touched, then the gloves must be sterile e.g. urinary catheterisation. Eye and face protection may be required if the procedure has a risk of splashing blood or bodily fluids to the face.

Gloves must be worn for :

- Invasive procedures
- Contact with sterile sites
- Non-intact skin
- Mucous membranes
- Activities where a risk of exposure to blood, body fluids, excretions and contaminated instruments can occur

Non sterile gloves can be used for IV medication, wound care, venepuncture or cannulation where it is possible to undertake the procedure without touching key parts.

Sterile gloves must be worn for urinary catheterisation or central venous catheter insertion and for contact with sterile sites.

Aprons offer protection to/from clothing at site of greatest exposure/contact during routine patient care activities.

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 on going care
- 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.

2.6 Performing the Procedure

- Use a non-touch technique at all times.
- Sterile packs must be opened carefully to prevent contamination of contents.
- Identify Key parts and remove equipment from the packaging carefully
- 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.
- 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.
- If a key part has to be handled or a key site touched, then sterile gloves must be worn e.g. urinary catheterisation.
- Following the clinical procedure gloves and other personal protective equipment must be removed and disposed of appropriately and hands decontaminated.
- 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.

2.7 ANTT in Community Settings

The environment within some community settings such as the patients' homes, health centres, schools, etc. may not always be favourable for carrying out 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.

However, the healthcare worker is responsible for ensuring that the environment allows the procedure to be carried out safely and minimises any identified risks. A clean surface where available i.e. table or tray that is able to decontaminated with disinfectant wipe, 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.

Best practice would be for patients to be provided with single patient use wipeable plastic tray and detergent disinfectant wipes, for staff to carry out ANTT procedures in a patient's own home. This practice includes the IV service.

Alternatively a single use paper tray can be used when a limited number of ANTT procedures are required.

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

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

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.

Gloves and aprons should not be kept in clinicians pockets.

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

3 Monitoring Compliance and Effectiveness of Implementation

The arrangements for monitoring compliance are outlined in the table below: -

- The IP&C Audit Programme
- Peer review audit of practice
- Compliance monitoring for ANTT will be included as part of the formal clinical competency programme
- Documentation audits
- Incident investigations including Root Cause Analysis (RCA) and Post Infection Reviews (PIR)

Any issues identified will be formalised in a report and sent to the appropriate manager for consideration and the completion of an improvement plan.

Improvement plans will be monitored by the Divisional audit tracker process.

Measurable policy objectives	Monitoring or audit method	Monitoring responsibility (individual, group or committee)	Frequency of monitoring	Reporting arrangements (committee or group the monitoring results is presented to)	What action will be taken if gaps are identified
Adherence to key principles	Audit of practice	IP&C and Academy	Annual	Divisional Clinical Governance meetings and ICC	Appropriate improvement action

4 Duties and Responsibilities of Individuals and Groups

4.1 Chief Executive

The Chief Executive is ultimately responsible for the implementation of this document.

4.2 Ward Managers and Matrons

All Ward Managers, Matrons and Managers for Non Clinical Services must ensure that employees within their area are aware of this document; able to implement the document and that any superseded documents are destroyed.

Matrons, Ward/Department Managers, and Ward/Department Sisters/Charge Nurses will ensure that all employees in their areas are aware of, understand and comply with the guideline.

4.3 Document Author and Document Implementation Lead

The document Author and the document Implementation Lead are responsible for identifying the need for a change in this document as a result of becoming aware of changes in practice, changes to statutory requirements, revised professional or clinical standards and local/national directives, and resubmitting the document for approval and republication if changes are required.

5 Further Reading, Consultation and Glossary

5.1 References, Further Reading and Links to Other Policies

The following is a list of other policies, procedural documents or guidance documents (internal or external) which employees should refer to for further details:

Ref. No.	Document Title	Document Location
1	Rowley. S (2011) Aseptic Non-Touch technique (ANTT) a Practice Framework for Clinical Practice-Theory applied to practice, The Association for Safe Aseptic Practice (ASAP)	www.antt.org
2	The Health and Social Act: Code of Practice for the Prevention and Control of Health Care Associated Infections (2008)	Department of Health, London (Department of Health 2015) Revised edition. DH. London.
3	ANTT Theoretical Framework for Clinical Practice. Rationale and Supporting Evidence. V2.5 2011	www.antt.org (updated 2017)
4	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.
5	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
6	Guidelines on Hand Hygiene in Healthcare World Health Organisation	World Health Organisation (2009

Ref. No.	Document Title	Document Location
7	About SAVE LIVES -WHO 5 moments	World Health Organisation (2019)
8	Patient Safety Alert (2008) Clean Hands Saves Lives	National Patient Safety Agency 2nd Edition London
9	Department of Health (2006). Essential Steps to Safe, Clean Care London	Crown Copyright.
10	NICE 2012 CG139 Healthcare-associated infections: prevention and control in primary and community care	https://www.nice.org.uk
11	Regulation 12: Safe care and treatment	https://www.cqc.org.uk
12	Hand Hygiene and Skin Care Policy	T:\Trust-wide Documents

5.2 Consultation Process

The following is a list of consultees in formulating this document and the date that they approved the document:

Job Title / Department	Date Consultee Agreed Document Contents
Divisional Director of Nursing, Planned Care	02/10/2019
Swindon Community Health Services, Community Nurse lead	18/09/2019
Assistant Practitioner, End User Unscheduled Care	02/10/2019
Training and Development manager, Academy	17/09/2019
Head of Midwifery	02/10/2019
Infection Control Doctor	20/09/2019

6 Equality Impact Assessment

An Equality Impact Assessment (EIA) has been completed for this document and can be found at Appendix A.

Appendix A - STAGE 1: Initial Screening For Equality Impact Assessment

At this stage, the following questions need to be considered:			
1	What is the name of the policy, strategy or project? Aseptic Non Touch Technique Policy		
2.	Briefly describe the aim of the policy, strategy, and project. What needs or duty is it designed to meet?		
3.	Is there any evidence or reason to believe that the policy, strategy or project could have an adverse or negative impact on any of the nine protected characteristics (as per Appendix A)?		**No**
4.	Is there evidence or other reason to believe that anyone with one or more of the nine protected characteristics have different needs and experiences that this policy is likely to assist i.e. there might be a *relative* adverse effect on other groups?		**No**
5.	Has prior consultation taken place with organisations or groups of persons with one or more of the nine protected characteristics of which has indicated a pre-existing problem which this policy, strategy, service redesign or project is likely to address?		**No**

Signed by the manager undertaking the assessment	Lisa Hocking
Date completed	16/9/19
Job Title	Workforce Transformation Lead

On completion of Stage 1 required if you have answered YES to one or more of questions 3, 4 and 5 above you need to complete a STAGE 2 - Full Equality Impact Assessment

Equality Impact Assessment

Are we Treating Everyone Equally?

Define the document. What is the document about? What outcomes are expected?

Consider if your document/proposal affects any persons (Patients, Employees, Carers, Visitors, Volunteers and Members) with protected characteristics? Back up your considerations by local or national data, service information, audits, complaints and compliments, Friends & Family Test results, Staff Survey, etc.

If an adverse impact is identified what can be done to change this? Are there any barriers? Focus on outcomes and improvements. Plan and create actions that will mitigate against any identified inequalities.

If the document upon assessment is identified as having a positive impact, how can this be shared to maximise the benefits universally?

Trust Equality and Diversity Objectives

Better health outcomes for all	Improved patient access & experience	Empowered engaged & included staff	Inclusive leadership at all levels

Our Vision

Working together with our partners in health and social care, we will deliver accessible, personalised and integrated services for local people whether at home, in the community or in hospital empowering people to lead independent and healthier lives.