Aseptic Non Touch Technique (ANTT) Policy

V4.0

8 May 2017
Summary.

All staff who complete ANTT procedures (or are likely to) as part of their clinical practice, must be in date with their annual ANTT update.
This consists of two parts:
1) Theory – review Trust policy and posters
2) Complete Practical assessment.

Following completion of both parts, staff must complete the ANTT declaration on ESR.

Prior to any ANTT procedure, staff must assess whether to use Surgical-ANTT or Standard-ANTT (see Appendix 3)
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1. Introduction

1.1. Over the last decade Aseptic non-touch technique (ANTT) has been adopted by NHS organisations to help with the reduction of Healthcare Associated Infections (HCAI’s) (Rowley and Clare 2011). This standardised approach developed in University College Hospital, London, has been shown to significantly improve the aseptic technique of healthcare workers, by providing a framework to both ‘standardise and raise clinical standards utilising a consistent and reliable approach to best practice whilst undertaking aseptic clinical procedures’ (Rowley 2001)

ANTT is the method used to reduce the risk of microbial contamination in a vulnerable body site. It aims to prevent the contamination of wounds and other susceptible sites, by ensuring that only uncontaminated equipment, referred to as ‘key parts’ or sterile fluids come into contact with susceptible or sterile body sites during clinical procedures. For this reason it should be used during any invasive procedure that bypasses the body’s natural defences, e.g. the skin or mucous membranes. For example cannulation, venepuncture, administration of intravenous (IV) medication, wound care, urinary manipulation and central and peripheral line management.

The step by step clinical guidelines are designed to allow the practitioner to: identify and protect the key parts during a procedure, institute a non-touch technique, ensure effective hand decontamination is undertaken and personal protective equipment is used at the appropriate time.

The Health and Social Care Act (DoH 2010) stipulates that:

- ANTT should be carried out in a manner that maintains and promotes the principles of asepsis
- The technique should be standardised across the organisation
- All clinical staff undertaking procedures involving asepsis should be provided with education, training and annual assessment

1.2. This version supersedes any previous versions of this document.

2. Purpose of this Policy/Procedure

2.1. The purpose of this document is to provide guidance in order to establish ANTT as the safe and effective technique for all aseptic procedures. It encompasses the necessary infection prevention and control measures to prevent pathogenic microorganisms on hands, surfaces or equipment from being introduced to susceptible sites during clinical practice and the contamination of specimens obtained for diagnosis (RCN 2010). In the past aseptic technique has been performed as a ritualistic procedure normally associated with wound care. The evidence base was poor with little consideration given to the technique (Rowley 2001).

3. Scope

3.1. The contents of this policy apply to all clinical staff employed by or working on behalf of the Royal Cornwall Hospitals NHS Trust who are required to undertake aseptic procedures as part of their role and job description.

4. Definitions / Glossary

4.1. Asepsis

The complete absence of bacteria, fungi, viruses or other micro-organisms that cause disease.
4.2. **Aseptic Non Touch Technique**

Aseptic non touch technique (ANTT) is the method employed to maintain asepsis, protecting the patient from healthcare associated infections and staff from contamination from the patient’s blood, body fluids and toxic substances. Aseptic non-touch technique is a standardised approach that 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.

There are two levels of ANTT practice – Surgical ANTT and Standard-ANTT (see Appendix 4)

4.2.1. **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 use Critical Aseptic fields i.e. only equipment that has been sterilized and is aseptic can be introduced into the aseptic field.

4.2.2. **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 ie 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.

4.3. **Aseptic Technique**

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

4.4. **Hand Hygiene**

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

4.5. **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.

4.6. **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.

4.7. **PPE**

Personal protective equipment
5. Ownership and Responsibilities

5.1. **Role of the Managers**
Divisional Managers are responsible for monitoring implementation of this policy and for ensuring action is taken when staff fail to comply with the policy. Leads must ensure that resources are available for health care workers to undertake both the theory and practice of ANTT.

Ward Sisters/ Charge Nurses, Department Managers, Matrons, Divisional Nurses are responsible for ensuring implementation within their area, and for ensuring all staff who work within the area adhere to the principles at all times. Managers are responsible for ensuring that all clinical staff who require ANTT Training are aware of this policy and monitor compliance with the standards set out within.

All clinical staff undertaking aseptic procedures have a responsibility to adhere to the best practice guidance set out within this policy.

5.2. **Role of the Infection Prevention and Control Steering Group**
The IPAC Steering Group is responsible for the implementation and monitoring of this policy.

5.3. **Role of the Hospital Infection Control Committee**
The Hospital Infection Prevention and Control Committee is responsible for approving this document.

5.4. **Role of Individual Staff**
All staff members working on Trust premises, including Trust employed staff, contractor staff, agency and locum staff who carry out procedures requiring ANTT must have an annual update and assessment by any staff member who is currently in date with their assessment, utilising the assessment tool in Appendix 12. They are also responsible for:
- adhering to this policy, and
- for reporting breaches of this policy to the person in charge and to their line manager

5.5. **Role of Consultant Medical Staff**
Consultant Medical staff are responsible for ensuring their junior staff read and understand this policy, and adhere to the principles contained in it at all times.

5.6. **Role of the Infection Prevention and Control Team**
The Infection Prevention and Control Team are responsible for providing expert advice in accordance with this policy, for supporting staff in its implementation, and assisting with risk assessment where complex decisions are required. The team is also responsible for ensuring this policy remains consistent with the evidence-base for safe practice, and for reviewing the policy on a regular basis.
6. Standards and Practice

6.1. The key principles of ANTT are:

- **A**lways clean hands effectively
- **N**ever contaminate ‘key parts’
- **T**ouch none ‘key parts’ with confidence.
- **T**ake appropriate infection prevention precautions (use of standard precautions)

6.2. Hand Hygiene

Healthcare workers’ hands are the most common vehicle for the transmission of healthcare-associated pathogens from patient to patient and within the healthcare environment. Hand hygiene is the leading measure for preventing the spread of antimicrobial resistance and reducing HCAIs (Allegranzi, B and Pittet, D 2009). 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 Ayliffe’s six step technique (Appendix 3)

6.3. Personal Protective Equipment

Personal protective equipment, such as gloves and aprons, provide a barrier between micro-organisms on hands, clothing and the susceptible site

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 (Pratt et al 2007)

**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.

6.4. Key Parts

A core component of ANTT is maintaining asepsis during invasive procedures. Key parts are those parts of equipment that if contaminated by infectious material increase the risk of infection, not touching them either directly or indirectly is perhaps the single most important component of achieving asepsis.

In IV therapy for example, key parts are usually those which come into direct contact with the liquid infusion e.g. needles, syringe tips, exposed central line lumens. In wound care, consider all of the dressing pack equipment as key parts

6.5. Aseptic Field
A clean working environment and an aseptic field are essential precautions for all clinical procedures.

This can be achieved effectively by a non-touch technique method and a basic aseptic field such as a well cleaned tray or dressing trolley.

- Equipment used during ANTT such as plastic trays or dressing trolleys must be thoroughly cleaned before and after use.
- If the equipment is visibly soiled or not in regular use, clean from the inside to outside with a detergent wipe or soap and water and dry thoroughly.
- Immediately prior to use, clean the equipment with a 70% alcohol based product.
- After use, clean from the inside to outside with a detergent wipe or soap and water and dry thoroughly.

6.6. **Preparation of the environment**

Prior to undertaking the intervention staff MUST:

- Ensure the environment is clean and tidy
- Ensure windows are closed
- Ensure fans are turned off
- Draw curtains around door/bed
- Limit the number of people who will be entering the area
- Check that the following are clean prior to commencing the procedure
  - Service users clothing
  - Bedding materials, or couch cover
  - Any equipment which is to be used

7. **Dissemination and Implementation**

This policy will be implemented via the following routes:

- The policy will be included in the Trust’s Document Library
- The policy will be circulated to all Link Practitioners, Ward Sisters/Charge Nurses and Matrons
- The policy will be circulated to all Divisional Directors and Speciality Leads.

Each Division is responsible for the full implementation of this policy and will ensure it is accessible to all staff.

Information regarding ANTT is already included in the Infection Prevention and Control Mandatory Updates.

8. **Monitoring compliance and effectiveness**

<table>
<thead>
<tr>
<th>Element to be monitored</th>
<th>Compliance with ANTT Training</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lead</td>
<td>Louise Dickinson/Andrew Collinson</td>
</tr>
<tr>
<td>Tool</td>
<td>Quanta</td>
</tr>
<tr>
<td>Frequency</td>
<td>Monthly as part of the Trusts key performance indicators</td>
</tr>
<tr>
<td>Reporting</td>
<td>Results reported to the Quality Indicator Evaluation Reporting</td>
</tr>
<tr>
<td>arrangements</td>
<td>Group on a monthly basis</td>
</tr>
<tr>
<td>------------------------------------</td>
<td>--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Acting on recommendations and Lead(s)</td>
<td>The Quality Indicator Evaluation Reporting Group will undertake subsequent recommendations and action planning for any or all deficiencies and recommendations within reasonable timeframes. Required actions will be identified and completed within a month.</td>
</tr>
<tr>
<td>Change in practice and lessons to be shared</td>
<td>Required changes to practice will be identified and actioned immediately where necessary. The ward Sister/Charge Nurse will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.</td>
</tr>
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</table>

9. **Updating and Review**
   9.1. This policy will be reviewed within 3 years.

10. **Equality and Diversity**
    10.1. This document complies with the Royal Cornwall Hospitals NHS Trust service Equality and Diversity statement which can be found in the [‘Equality, Diversity & Human Rights Policy’](#) or the [Equality and Diversity website](#).

    10.2. **Equality Impact Assessment**
    The Initial Equality Impact Assessment Screening Form is at Appendix 2.
### Appendix 1. Governance Information

<table>
<thead>
<tr>
<th>Document Title</th>
<th>Aseptic Non Touch Technique (ANTT) Policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date Issued/Approved:</td>
<td>8 May 2017</td>
</tr>
<tr>
<td>Date Valid From:</td>
<td>1 June 2017</td>
</tr>
<tr>
<td>Date Valid To:</td>
<td>31 May 2020</td>
</tr>
<tr>
<td>Directorate / Department responsible (author/owner):</td>
<td>Infection Prevention and Control Department</td>
</tr>
<tr>
<td>Contact details:</td>
<td>01872 254969</td>
</tr>
</tbody>
</table>

**Brief summary of contents**

This document provides guidance on ‘Aseptic Non Touch Technique’ (ANTT). It encompasses the necessary infection prevention and control measures to prevent pathogenic micro-organisms on hands, surfaces or equipment from being introduced to susceptible sites during clinical practice and the contamination of specimens obtained for diagnosis.

**Suggested Keywords:**

Aseptic Non Touch Technique, ANTT, Infection Control, Infection Prevention.

**Target Audience**

<table>
<thead>
<tr>
<th>RCHT</th>
<th>PCH</th>
<th>CFT</th>
<th>KCCG</th>
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<tbody>
<tr>
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<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Executive Director responsible for Policy:**

Nurse Executive

**Date revised:**

This document replaces (exact title of previous version):

Aseptic Non-Touch Technique (ANTT) Policy

**Approval route (names of committees)/consultation:**

Infection Prevention and Control Steering Group, Hospital Infection Prevention and Control Committee

**Divisional Manager confirming approval processes**

Louise Dickinson

**Name and Post Title of additional signatories**

‘Not Required’

**Name and Signature of Divisional/Directorate Governance Lead confirming approval by specialty and divisional management meetings**

{Original Copy Signed}

**Signature of Executive Director giving approval**

{Original Copy Signed}

**Publication Location (refer to Policy on Policies – Approvals)**

Internet & Intranet ✔ Intranet Only
<table>
<thead>
<tr>
<th>Document Library Folder/Sub Folder</th>
<th>Clinical/Infection Prevention &amp; Control</th>
</tr>
</thead>
<tbody>
<tr>
<td>Links to key external standards</td>
<td></td>
</tr>
<tr>
<td>Aseptic Non Touch Technique The ANTT Clinical Practice Framework. V4.0 2015 <a href="http://www.antt.org">www.antt.org</a></td>
<td></td>
</tr>
</tbody>
</table>

| Training Need Identified? | No |
## Version Control Table

<table>
<thead>
<tr>
<th>Date</th>
<th>Version No</th>
<th>Summary of Changes</th>
<th>Changes Made by (Name and Job Title)</th>
</tr>
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<tbody>
<tr>
<td>23.07.10</td>
<td>1</td>
<td>New policy</td>
<td>Louise Dickinson Consultant Nurse Joint Director Infection prevention and Control</td>
</tr>
<tr>
<td>06.07.12</td>
<td>2</td>
<td>Reformatted to comply with new policy template Changes to Appendices</td>
<td>Louise Dickinson Consultant Nurse Joint Director Infection prevention and Control</td>
</tr>
<tr>
<td>12.05.15</td>
<td>3</td>
<td>Reformatted and updated Changes to Appendices</td>
<td>Louise Dickinson Consultant Nurse Joint Director Infection prevention and Control</td>
</tr>
<tr>
<td>08.05.17</td>
<td>4</td>
<td>Addition of surgical ANTT P5. Added frequency of training to role of individual staff P6. Appendix 4 and 12 added. Posters updated. References updated</td>
<td>Jean James Clinical Nurse Specialist.</td>
</tr>
</tbody>
</table>

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**All or part of this document can be released under the Freedom of Information Act 2000**

**This document is to be retained for 10 years from the date of expiry.**

**This document is only valid on the day of printing**

**Controlled Document**

This document has been created following the Royal Cornwall Hospitals NHS Trust Policy on Document Production. It should not be altered in any way without the express permission of the author or their Line Manager.
## Appendix 2. Initial Equality Impact Assessment Form

<table>
<thead>
<tr>
<th>Name of service, strategy, policy or project (hereafter referred to as <em>policy</em>) to be assessed:</th>
<th><strong>Aseptic Non Touch Technique (ANTT) Policy</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Directorate and service area:</strong></td>
<td><strong>Infection Prevention and Control</strong></td>
</tr>
<tr>
<td><strong>Is this a new or existing Policy?</strong></td>
<td><strong>Existing</strong></td>
</tr>
<tr>
<td><strong>Name of individual completing assessment:</strong></td>
<td><strong>Louise Dickinson</strong></td>
</tr>
<tr>
<td><strong>Telephone:</strong></td>
<td><strong>01872 254969</strong></td>
</tr>
</tbody>
</table>

1. **Policy Aim**
   - **Who is the strategy / policy / proposal / service function aimed at?**
   - This document provides guidance on ‘Aseptic Non Touch Technique’ (ANTT). It encompasses the necessary infection prevention and control measures to prevent pathogenic micro-organisms on hands, surfaces or equipment from being introduced to susceptible sites during clinical practice and the contamination of specimens obtained for diagnosis.

2. **Policy Objectives**
   - **To provide clear guidance on the necessary infection prevention & control measures to prevent the spread of pathogenic micro-organisms.**

3. **Policy – intended Outcomes**
   - **To reduce the risk of cross infections.**

4. **How will you measure the outcome?**
   - Mandatory reporting, monthly through KPI scores. Annual Infection Prevention & Control Audits.

5. **Who is intended to benefit from the policy?**
   - All staff and patients

6a) **Is consultation required with the workforce, equality groups, local interest groups etc. around this policy?**
   - Yes

b) **If yes, have these *groups been consulted?**
   - Yes

C). **Please list any groups who have been consulted about this procedure.**
   - Infection Prevention and Control Steering Group
   - Hospital Infection Prevention and Control Committee

7. **The Impact**
   - Please complete the following table.

<table>
<thead>
<tr>
<th>Are there concerns that the policy could have differential impact on:</th>
<th><strong>Yes</strong></th>
<th><strong>No</strong></th>
<th><strong>Rationale for Assessment / Existing Evidence</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Equality Strands:</strong></td>
<td><strong>Age</strong></td>
<td></td>
<td><strong>Infections may affect any age</strong></td>
</tr>
</tbody>
</table>

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### Aseptic Non Touch Technique Policy

| **Sex (male, female, transgender / gender reassignment)** | ✓ | Infections may affect any gender |
| **Race / Ethnic communities / groups** | ✓ | Infections may affect any groups. |
| **Disability - Learning disability, physical disability, sensory impairment and mental health problems** | ✓ | Infections may affect all regardless of disability |
| **Religion / other beliefs** | ✓ | Infections may affect any religion |
| **Marriage and civil partnership** | ✓ | Infections may affect all people – married or otherwise |
| **Pregnancy and maternity** | ✓ | Infections may affect any pregnant woman. Pregnant members of staff may need to take additional precautions depending on the organism involved. |
| **Sexual Orientation, Bisexual, Gay, heterosexual, Lesbian** | ✓ | Infections may affect all regardless of sexual orientation |

You will need to continue to a full Equality Impact Assessment if the following have been highlighted:
- You have ticked “Yes” in any column above and
- No consultation or evidence of there being consultation - this excludes any policies which have been identified as not requiring consultation. or
- Major service redesign or development

8. Please indicate if a full equality analysis is recommended.  
   | Yes | No ✓ |

9. If you are not recommending a Full Impact assessment please explain why.

None of the equality strands have been identified in the initial impact assessment

**Signature of policy developer / lead manager / director**  
Date of completion and submission 30th September 2014

**Names and signatures of members carrying out the Screening Assessment**  
1. Louise Dickinson

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Keep one copy and send a copy to the Human Rights, Equality and Inclusion Lead,  
c/o Royal Cornwall Hospitals NHS Trust, Human Resources Department, Knowledge Spa, Truro,  
Cornwall, TR1 3HD

A summary of the results will be published on the Trust’s web site.

Signed ___________________________  Date ___________________________
Appendix 3 HAND DECONTAMINATION

Six steps to washing hands correctly, and reducing infection

Wet hands under warm running water, apply soap, then follow this procedure

1. Rub palm to palm

2. Rub the back of both hands (right palm over left back and then *vice versa*)

3. Rub palm to palm interlacing the fingers

4. Rub the backs of fingers by interlocking the hands

5. Rub the thumbs (rotational rubbing of right thumb clasped in the left palm, and then *vice versa*)

6. Rub palms with fingertips (rotational rubbing of right fingers on left palm, and then *vice versa*)

Rinse the hands under running water, and **dry thoroughly**.

Standard technique based on that of Ayliffe *et al* (1978)
Appendix 4 The ANTT Risk Assessment

The ANTT Risk Assessment

1. Key-Part / Key-Site Risk Assessment
   - Surgical - ANTT
     - Environmental management
       - Environmental risks removed or avoided
       - Working areas/surfaces are disinfected
       - Staff activity is strictly controlled
   - Standard - ANTT
     - Environmental management
       - Environmental risks removed or avoided
       - Working areas/surfaces are cleaned and/or disinfected

2. Personal & Equipment Decontamination & Protection
   - Surgical - ANTT
     - Hand cleaning or surgical hand scrub
     - Sterilized gloves
     - Suitable mouth / eye protection
     - Sterilized gown if full barrier precautions
     - Scrubbing IV hubs etc
   - Standard - ANTT
     - Hand cleaning
     - Non-sterilized gloves. Sterilized gloves are worn if key-parts must be touched
     - Personal protective equipment
     - Scrubbing IV hubs etc

3. 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 within 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")

4. Non-Touch Technique
   - Non-Touch Technique is desirable
     - Despite wearing sterile gloves, key-parts and key-sites are not touched unless necessary to do so
   - Non-Touch Technique is essential
     - Non-touch technique is essential at all times

Decontamination
Appendix 6 Peripheral Cannulation

1. Consent patient - Patient cleans hand and arm
2. Clean hands with alcohol hand rub or soap & water
3. Clean tray according to local policy ensuring a General Asepsis Field whilst it dries...
4. Gather equipment (A cannula pack standardizes equipment & saves time)
5. Clean hands with alcohol hand rub or soap & water
6. Prepare equipment protecting Key Parts with non-touch technique (NTT) and Micro Critical Aseptic Fields (Caps & Covers)
7. Clean hands and apply apron
8. Position arm on drape and pillow
9. Apply disposable tourniquet, locate vein, release tourniquet
10. Clean hands with alcohol hand rub or soap & water
11. Re-tighten tourniquet
12. Apply gloves (Use sterilized gloves if Key Parts or Key Ticks need touching directly)
13. Clean site for 30 sec using a 2% iodine solution 70% alcohol applicator & allow to dry
14. Anchor vein securely using NTT & secure
15. Using NTT, attach catheter set, flush device, use sterile semi-permeable dressing & a fixation device
16. Dispose of sharps and equipment
17. Dispose of gloves immediately clean hands with soap and water
18. Clean tray according to local policy
19. Clean hands with alcohol hand rub or soap and water

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Appendix 7 Indwelling Urinary Catheterization
Appendix 8 Peripheral and Central Intravenous Medication Administration

1. Clean hands with alcohol hand rub or soap & water
2. Clean tray according to local policy - creating a 'Work Cleaning Field', whilst it dries...
3. Gather equipment place around tray
4. Clean hands with alcohol hand rub or soap
5. Apply non-sterilized gloves and plastic apron (use sterilized gloves if you must touch Key-Parts)
6. Prepare Equipment protecting Key-Parts with non-touch technique (NTT) and Mini Critical Aseptic Fields (Caps & Covers)
7. Dispose of gloves and apron and wash hands with soap and water
8. Prep patient and expose IV access
9. Clean hands with alcohol hand gel or soap and water
10. Apply disposable apron
11. Apply non-sterilized gloves (use sterilized gloves if you must touch Key-Parts)
12. Scrub the hub
   - Use a 2% chlorhexidine/70% alcohol wipe
   - Open the wipe fully & use NTT
   - Scrub the HUB 180° for 15 secs creating friction using different areas of the wipe
   - Then wipe away from the tip
   - Allow to dry before use
13. Administer drugs using NTT
14. Dispose of sharps & equipment
15. Dispose of gloves then apron & immediately
16. Clean tray according to local policy
17. Clean hands with alcohol hand rub or soap & water

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Appendix 10 Blood Culture Collection
Appendix 11 Peripherally Inserted Central Catheter (PICC)

Prepare patient:
- Raise bed
- Position patient
- Assess veins
- Tourniquet ready

Apply hat & mask to protect aseptic field from hair/spit contamination

Clean hands with soap & water or alcohol gel

Clean procedure trolleys as per local policy

Open equipment using non-touch technique (NTT) onto a sterilized drapes / Critical Aseptic Field. Leave Key Parts in inner packs where possible

Scrub hands & wrists as per local policy

Apply gown (sterilized) without contaminating the exterior

Apply sterilized gloves using closed gloved technique

Prepare Critical Aseptic Field using NTT to protect Key Parts where practical

Draw up local anaesthetic & saline using NTT

Apply sterilized drape under patient’s arm

Disinfect skin using 2% chlorhexidine/70% alcohol applicator for 30 secs using a cross hatch method. Allow to dry

Apply sterilized drapes head to toe

Apply sterilized cover to ultrasound probe

Access vein & insert micro-introducer & measure for PICC

Insert PICC using tourniquet (NTT)

Apply dressing as per local policy

Dispose of waste gloves & immediately...

Wash hands

Clean trolleys as per local policy

Clean hands with soap & water or alcohol gel
## Appendix 12 ANTT Assessment Form

### ANTT Assessment

Date: ___________________________  Ward / Dept. _______________________

Name of Observed Practitioner: ____________________  Designation of Observed Practitioner: ____________________

Name of Assessor: ____________________  Designation of Assessor: ____________________

**Please state the type of activity being assessed:**

1. Were hands cleansed using soap & water or alcohol gel using the six stage hand cleaning technique?  
   - Yes  
   - No  
   - Comments: ____________________

2. Was the plastic tray/trolley cleaned with a 70% alcohol wipe and allowed to dry?  
   - Yes  
   - No  
   - Comments: ____________________

3. Was the equipment gathered when the tray was drying?  
   - Yes  
   - No  
   - Comments: ____________________

4. Were hands cleansed using the six stage hand cleaning technique using soap & water or alcohol gel?  
   - Yes  
   - No  
   - Comments: ____________________

5. Was the equipment prepared whilst protecting Key-Parts?  
   - Yes  
   - No  
   - Comments: ____________________

6. Choice of gloves:  
   - Sterile  
   - Non-sterile  
   - Was an appropriate glove choice made?  
   - Yes  
   - No  
   - Comments: ____________________

7. Were clean gloves from the clean area taken to the patient? (If sterile gloves used this is not applicable)  
   - Yes  
   - No  
   - Comments: ____________________

8. Go to patient. Were hands cleansed with soap & water or alcohol gel and the patient prepared for procedure?  
   - Yes  
   - No  
   - Comments: ____________________

9. Were Key-Parts cleaned for 30 seconds using different parts of a large 2% Chlorhexidine & 70% Isopropanol wipe & allowed to dry for 30 seconds? (15 seconds for needle free devices/blood culture bottles)  
   - Yes  
   - No  
   - Comments: ____________________

10. Were dressings removed and disposed of appropriately?  
    - Yes  
    - No  
    - Not applicable  
    - Comments: ____________________

11. Were Key-Parts identified and protected throughout the procedure?  
    - Yes  
    - No  
    - Comments: ____________________

12. Were sharps and other equipment (including gloves) disposed of correctly?  
    - Yes  
    - No  
    - Comments: ____________________

13. Was the plastic tray/trolley cleaned with detergent wipes and dried before storing?  
    - Yes  
    - No  
    - Comments: ____________________

14. Were hands cleansed using the six stage hand cleaning technique with soap & water?  
    - Yes  
    - No  
    - Comments: ____________________

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Aseptic Non Touch Technique Policy  

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