Aseptic Non-Touch Technique Policy V2.0

Document reference code: IC/006/24

This is a joint policy between Cornwall Partnership NHS Foundation Trust and Royal Cornwall Hospitals NHS Trust.

Purpose: The purpose is to ensure a standardised technique is used for aseptic procedures undertaken throughout the Royal Cornwall Hospitals NHS Trust (RCHT) and Cornwall Partnership NHS Foundation Trust (CFT) as per the requirements of the Health and Social Care Act (DHSC 2015).

Target audience: RCHT and CFT Trust staff.

Document author and role: Graham Kaye, Senior Infection Prevention and Control (IPAC) Specialist Practitioner.

Document author contact details: 01872 254969.

Document definition: Policy.

Supporting committee and chairperson: RCHT and CFT IPAC Committees, Louise Dickinson - Director of Infection Prevention and Control (DIPC) for RCHT and CFT.

Executive director responsible for the policy: Chief Nursing Officer.

Freedom of information: Can be released under the Freedom of Information Act 2000

CFT Document section: Safety and risk, infection control

Audience:

☒ Cornwall Partnership NHS Foundation Trust.

☒ Royal Cornwall Hospitals NHS Trust.

Key words: Aseptic, asepsis, ANTT, procedure, technique, clinical, aseptic technique, aseptic procedure, non touch technique, non touch, NTT, infection control, infection prevention, IPAC.

Approval process

Approved at: RCHT and CFT Infection Prevention and Control Committee.

Date approved: 29 May 2024.

Executive approval: Louise Dickinson, Director of Infection Prevention and Control (DIPC).

Date approved by: 29 May 2024.

RCHT General manager confirming approval processes: Joanne Taylor, Deputy DIPC.

RCHT Governance lead confirming approval process: Joanne Taylor, Deputy DIPC.

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Version control

Version	Date	Author and/or reviewer	Section	Changes (key points)
V1.0	01/11/2020	Laura Ludman (RCHT/CFT IPAC Nurse Specialist. Mandy May CFT IPAC nurse team lead. Sarah Budden, IPAC Lead Nurse.	Whole document.	Full review including merging of both Cornwall Partnership NHS Foundation Trust and Royal Cornwall Hospitals NHS Trust policies. Review includes consultation. Reformatted in new joint RCHT/CFT policy template and replaces previous RCHT only document.
V1.1	01/05/2022	Liam Button, IPAC Lead Nurse.	Ownership and Responsibilities section.	Minor updates defining RCHT and CFT actions.
V2.0	04/04/2024	Graham Kaye, Senior IPAC Specialist Practitioner	Whole document.	ANTT posters and definitions updated. New reference added.

This document replaces: Aseptic Non-Touch Technique Policy V1.1

Summary: Mandatory Update

All staff who undertake aseptic procedures (or are likely to) as part of their clinical practice must be trained and deemed competent in the procedure **and** have been assessed as competent in the aseptic non touch technique (ANTT).

The mandatory ANTT update must be completed on an **annual** basis.

The update consists of:

- **Theory** - review Trust policy and posters / online e-learning via the Trust(s) Education and Training portal.
- **Practical Assessment** - The ANTT Competency Assessment Tool is available on both Trusts Intranet/shared drive. The competency assessment can be undertaken by a member of staff who has been assessed as competent in ANTT and is up to date with their ANTT mandatory training.
- **Declaration** - Following completion of the theory and practical elements, staff must complete the declaration on ESR/ CFT - send completed competency assessment documentation into the Education and Training Department.

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

Contents

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The Trusts have a duty under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679 to ensure that there is a valid legal basis to process personal and sensitive data. The legal basis for processing must be identified and documented before the processing begins. In many cases we may need consent; this must be explicit, informed, and documented. We cannot rely on opt out; it must be opted in.

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For more information about your obligations under the Data Protection Act 2018 and UK General Data Protection Regulations 2016/679, contact the Information Governance team.

- Cornwall Partnership NHS Foundation Trust: Email cpn-tr.infogov@nhs.net
- Royal Cornwall Hospitals NHS Trust: Email rch-tr.infogov@nhs.net

1. Introduction

1.1 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).

1.2 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 defenses, e.g., the skin or mucous membranes. For example cannulation, venepuncture, administration of intravenous (IV) medication, wound care, urinary catheter manipulation and central and peripheral line management.

1.3 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.

1.4 The Health and Social Care Act (Department of Health 2008) stipulates that where aseptic techniques are performed, it is important that:

- The principles of asepsis are followed.
- Clinical procedures are carried out in a manner that maintains and promotes the principles of asepsis.
- Education, training and assessment in the aseptic technique is available and provided prior to all persons undertaking such procedures.

- The techniques are standardised across the organisation.
- A quality improvement programme is undertaken to monitor compliance with the technique.

1.5 This version supersedes any previous versions of this document in CFT and RCHT.

2. Scope

This policy applies to all staff employed by or working on behalf of the Royal Cornwall Hospitals NHS Trust and/or Cornwall Partnership NHS Foundation Trust who are required to undertake aseptic procedures as part of their role and job description.

3. Definitions and glossary

3.1 **Asepsis**

The absence of pathogenic microorganisms (Loveday et al 2014).

3.2 **Aseptic fields**

Defined by The Association for Safe Aseptic Practice (The-ASAP) (2015) as:

3.2.1 **Critical Aseptic Field**

Typically a sterilised drape. The main aseptic field that **ensures** asepsis during procedures by providing essential and primary protection from the procedure environment. Critical Aseptic Fields require ‘Critical Management.’

3.2.2 **General Aseptic Field**

Typically a disinfected plastic tray or pulp tray. The main aseptic field that **promotes** asepsis during procedures by providing basic protection from the procedure environment. General Aseptic Fields are used when the procedure key-parts are easily and primarily protected by Micro Critical Fields (caps and covers). Therefore General Aseptic Fields only require ‘General Aseptic Field Management.’

3.2.3 **Micro Critical Aseptic Field (MCAF)**

A small Critical Aseptic Field used to protect a key-part, e.g. a syringe cap or needle cover.

3.3 **Aseptic Non-Touch Technique (ANTT)**

A framework for the aseptic technique based on the concept of defining key sites to be protected from contamination (Loveday et al 2014). 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).

3.4 **Aseptic technique**

A carefully controlled procedure that aims to prevent contamination by microorganisms (Loveday et al 2014).

3.5 **Hand Decontamination/Hand Hygiene**

The use of hand rub or handwashing to reduce the number of bacteria on the hands (NICE 2012).

3.6 **HCAI**

Health Care Associated Infection.

3.7 **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.

This includes, but is not limited to, intravenous medication administration, intravenous cannulation, venepuncture, wound care and urinary catheterisation.

3.8 Key-Part

3.8.1 Key-Part (Active)

Active Key-Parts are the critical parts of the procedure equipment that come into contact with Key-Sites, any liquid infusion, or with any other active Key-Parts connected to the patient via a medical device. If contaminated during a procedure, Key-Parts provide a route for the transmission of pathogens onto or into the patient and present a significant infection risk.

3.8.2 Key-Part (Inactive)

When Key-Parts such as closed IV ports are not active it is not practical to maintain them as aseptic. Inactive Key-Parts must be rendered aseptic prior to re-use by effective cleaning and disinfection (The-ASAP 2015).

3.9 Key-Site

Open wounds and insertion and puncture sites for invasive medical devices (The-ASAP 2015).

3.10 Key-Part/Site Protection

The protection of Key-Parts and/or Key-Sites from pathogenic microorganisms. During clinical procedures this is achieved by a range of methods including non-touch technique, aseptic field management, basic infection precautions such as hand cleaning and glove usage etc. as defined in ANTT. In between clinical procedures, wounds and medical devices may have Sustained Key-Part Protection from medical equipment or supplies e.g. a wound care dressing, a passive IV hub cap protector (The-ASAP 2015).

3.11 Pathogen

A microorganism that causes disease (Loveday et al 2014).

3.12 Personal Protective Equipment (PPE)

Equipment that is intended to be worn or held by a person to protect them from risks to their health and safety while at work. Examples include gloves, aprons, and eye and face protection (NICE 2012).

3.13 **Standard-ANTT**

For technically **uncomplicated** procedures and 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.

3.14 **Surgical-ANTT**

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. Ownership and responsibilities

4.1. Role of the Leaders

Care Group Leadership, Heads of Nursing and Area Directors are responsible for:

- Monitoring implementation of this policy.
- Ensuring action is taken when staff fail to comply with the policy.
- Ensuring that resources are available for health care workers to undertake both the theory and practice of ANTT.
- Ensuring this policy is accessible to all staff.

Ward Leaders, Department Managers, Matrons are responsible for:

- Ensuring implementation of this policy within their area.
- Ensuring all staff who work within the area adhere to the principles at all times.
- Ensuring all clinical staff who require ANTT training are aware of this policy and monitor compliance with the standards set out within.
- Ensuring that staff only undertake invasive techniques following training for the procedure and including assessment of competence in ANTT.
- Ensuring the practical assessment is undertaken by all relevant staff.
- Ensuring the current clinical guidelines are present in the clinical/clean utility rooms/available to staff.
- Promoting good practice.
- Challenging poor compliance.
- Ensuring completed ANTT competency assessments are stored in the individuals personal file (CFT).

4.2. Role of the Infection Prevention and Control Steering Group

The IPAC Steering Group is responsible for the implementation and monitoring of this policy.

4.3. Role of the Infection Prevention and Control Committee

The Infection Prevention and Control Committee is responsible for approving this document.

4.4. 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 appropriate assessment tool (see Appendix 18 and 19). 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.

4.5. Role of Consultant Medical Staff

Consultant Medical Staff are responsible for:

- Ensuring their staff adhere to the principles and standards contained within this policy.
- Ensuring their staff have completed the mandatory ANTT update.
- Applying ANTT principles to all procedures requiring aseptic technique.
- Promoting good practice.
- Challenging poor compliance.

4.6. Role of the Infection Prevention and Control Team

The Infection Prevention and Control Team are responsible for:

- Reviewing and updating this policy.
- Ensuring this policy remains consistent with the evidence base for safe practice.
- Ensuring the current clinical guidelines and competency assessment tool are available to staff.
- Providing expert advice in accordance with this policy.
- Supporting staff in the implementation of this policy.
- Assisting with risk assessment where complex decisions are required.
- Providing a more frequent ANTT update where additional training requirements have been identified.
- Support staff to allow ‘in practice’ ANTT assessment.
- Promoting good practice.
- Challenging poor compliance.

4.7. Role of the Infection Prevention and Control Link Practitioners

The Infection Prevention and Control Link Practitioners are responsible for:

- Adhering to this policy.

- Supporting staff with the implementation of the policy.
- Ensuring the relevant clinical guidelines are present in the clinical/clean utility rooms (within the hospital/clinical environments).
- Ensuring the current clinical guidelines and competency assessment tool are available to staff.
- Reporting breaches of this policy to the person in charge or line manager.
- Promoting good practice.
- Challenging poor compliance.
- Completing ANTT assessments in their clinical area.

4.8. Role of the Learning and Development/Education and Training Department

The Learning and Development/Education and Training Department are responsible for:

- Ensuring the theoretical aspect of the mandatory update is available to and undertaken by all relevant staff.
- Maintaining staff records to monitor compliance with both the theoretical and practical updates.

4.9. Role of Clinical Skills Facilitators/Practice Educators

The Clinical Skills Facilitators/Practice Educators are responsible for:

- Ensuring training, relevant policies and guidelines are compliant with the ANTT training.
- Ensuring ANTT basic principles are included in all training sessions where it is required as part of the procedure, and that staff are signposted to appropriate ANTT training and competency assessment.
- Ensuring this policy is referenced in all linked Trust policies/documents owned by the Education and Training/Learning and Development team.
- Within RCHT, providing a more frequent update where additional training requirements have been identified.
- Promoting good practice.
- Challenging poor compliance.

4.10. Role of Individual Staff

All staff including trust employed staff, contractor staff, agency and locum staff who carry out aseptic procedures as part of their role or job description must:

- Adhere to this policy.
- Have received training and be deemed competent in ANTT.
- Undertake the mandatory ANTT update and assessment in accordance with the Trusts Training Needs Analysis.
- Report breaches of this policy to the person in charge and line manager.
- Promote good practice.
- Challenge poor compliance.
- Ensure that the individual undertakes the practical assessment and is assessed by an appropriately trained member of staff.

5. Standards and practice

5.1 **The key principles of ANTT are:**

- **A**lways wash hands effectively.
- **N**ever contaminate key parts.
- **T**ouch non-key parts with confidence.
- **T**ake appropriate infective precautions (Rowley 2001).

The principles have been further developed and The-ASAP (2015) has produced principles and safeguards as part of the standardised framework for aseptic technique.

The ANTT® Clinical Practice Framework, Assessment and Clinical Guidelines Bundle were freely supplied on request on separate occasions to both Cornwall Partnership NHS Foundation Trust and Royal Cornwall Hospitals NHS Trust by The-ASAP via www.antt.org.

5.2 Standard Precautions

5.2.1 Hand Hygiene / Decontamination

Hand hygiene is considered one of the most important ways to reduce the transmission of infectious agents that cause healthcare associated infections (HCAIs).

Effective hand decontamination is an essential phase of ANTT. Further information regarding hand decontamination is available. In the national infection prevention and control hand book, (NHS, 2024).

5.2.2 Personal Protective Equipment

Personal protective equipment, such as gloves and aprons, provide a barrier between microorganisms on hands, clothing and the susceptible site.

Gloves must be:

- Worn when exposure to blood and/or other body fluids, non-intact skin or mucous membranes is anticipated or likely.
- Changed immediately after each patient and/or after completing a procedure/task even on the same patient, and hand hygiene performed.
- Changed if a perforation or puncture is suspected.
- Appropriate for use, fit for purpose and well-fitting.
- Never decontaminated with ABHR or soap between use.
- Low risk of causing sensitisation to the wearer.
- Appropriate for the tasks being undertaken, taking into account the substances being handled, type and duration of contact, size and comfort of the gloves, and the task and requirement for glove robustness and sensitivity.

Sterile gloves must be worn:

- When sterility is required in an operating theatre, and
- For some aseptic techniques e.g. insertion of central venous catheters, insertion of peripherally inserted central catheters, insertion of pulmonary artery catheters and spinal, epidural and caudal procedures.

NB - Double gloving is **not** recommended for routine clinical care. However, it may be required for some exposure prone procedures, e.g. orthopaedic and gynaecological operations, when attending major trauma incidents or as part of additional precautions for high consequence infectious disease management. (NHS, 2024).

Gloves are **single use** items.

- Non-sterile gloves can be used for IV medication, wound care, venepuncture or intravenous cannulation where it is possible to undertake the procedure without touching key parts as per Standard-ANTT.
- Sterilised gloves must be worn for urinary catheterisation or central venous catheterisation or for contact with sterile sites as per Surgical-ANTT.

Aprons must be:

- Worn to protect uniform or clothes when contamination is anticipated or likely.
- Changed between patients and/or after completing a procedure or task (NHS, 2024).

Full body gowns or fluid-resistant coveralls must be**:**

- Worn when there is a risk of extensive splashing of blood and/or body fluids e.g. operating theatre, ITU.
- Worn when a disposable apron provides inadequate cover for the procedure or task being performed.
- Changed between patients and removed immediately after completing a procedure or task.
- Sterile when sterility is required in an operating theatre and for some aseptic techniques e.g. insertion of central venous catheters, insertion of peripherally inserted central catheters, insertion of pulmonary artery catheters and spinal, epidural and caudal procedures. (NHS, 2024).

The National infection prevention and control manual for England recommend that personal protective equipment should be removed in the following sequence to minimise the risk of cross/self-contamination:

- Gloves.
- Apron.
- Eye protection (when worn); and
- Mask/respirator (when worn).

All PPE should be removed before leaving the care area and immediately disposed of directly into the appropriate waste stream.

Perform hand hygiene immediately upon removal of PPE.

Further information regarding personal protective equipment is available in the In the national infection prevention and control hand book, (NHS, 2024).

5.3 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.

5.4 Managing the immediate procedure environment

To prepare the immediate procedure environment, staff must:

- Ensure the immediate procedure environment is clean and tidy.
- Ensure windows are closed.
- Ensure door(s) to the room are closed.
- Ensure fans are turned off.

- Draw curtains around door/bed (if present).
- Limit the number of people entering/within the area.
- Ensure adequate lighting to perform the procedure.
- Pets should be temporarily removed from the immediate procedure environment.
- Ensure bed making is not performed during the procedure.

Check that the following are clean prior to commencing the procedure:

- Bedding materials or couch cover.
- Any equipment or surface which is to be used.

Procedures requiring Surgical-ANTT using a Critical Aseptic Field can be carried out in an operating theatre but may also be carried out on a ward or within a community environment, ensuring that the procedure environment is managed as per 5.6.

5.5 Managing the Aseptic Field

A clean working environment (prepared as prescribed above) and an aseptic field are essential for all clinical procedures irrespective of location. 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.

In the non-clinical setting such as the patient's home or other community setting, an aseptic field remains crucial when undertaking an aseptic procedure. An aseptic field must be established and must not be placed on the floor. Where the healthcare worker feels unable to maintain an aseptic field, a documented risk assessment must be undertaken including any mitigating actions taken to minimise the risk to the patient.

Reusable equipment used during the aseptic procedure, such as plastic trays or dressing trolleys must be thoroughly cleaned directly prior to the procedure with universal wipes or as instructed on the clinical guidelines. Plastic trays must be cleaned from the inside to the outside and allowed to dry whilst the equipment required is gathered. Items must not be assembled in the tray or other aseptic field until the surface is dry.

Prior to use, ensure all product packaging is clean, dry, intact and within use by date.

Access ports and catheter hubs should be cleaned using a single-use application of 2% chlorhexidine gluconate in 70% isopropyl alcohol wipe for medical devices (or povidone iodine in alcohol for patients with sensitivity to chlorhexidine) for a minimum of 15 seconds and allowed to fully air dry before accessing the system (Loveday et al 2014).

Skin decontamination should be undertaken with a single use application of 2% chlorhexidine gluconate in 70% isopropyl alcohol for skin i.e. Chloraprep device (or povidone iodine in alcohol for patients with sensitivity to chlorhexidine) for 30seconds in a cross hatched motion and allowed to fully air dry (Loveday et al 2014).

After use, all reusable equipment must be cleaned with detergent/universal wipes and allowed to dry.

Further information regarding cleaning of equipment is available in the Trusts Decontamination Policy.

5.6 Managing Key-Parts and Key-Sites

Identification and protection of the Key-Parts and Key-Sites is essential to reduce contamination with pathogens.

5.7 Waste Management

Dispose of waste as per the Trusts Waste Management Policy.

5.8 Documentation

All assessments and clinical procedures must be documented as per the Trusts Clinical Record Keeping Policy.

Update care plans appropriately in patients individualised records.

5.9 Education, Training and Assessment

All staff who undertake aseptic procedures (or are likely to) as part of their clinical practice must be trained and deemed competent in the procedure **and** have been assessed as competent in the aseptic non touch technique (ANTT).

The mandatory ANTT update must be completed on an **annual** basis.

The mandatory update consists of:

- **Theory**
  Review Trust policy and posters / online e-learning via the Trusts Education and Training portal.

- **Practical Assessment**
  The ANTT Competency Assessment Tool is available on each Trusts Intranet/shared drive.

The competency assessment can be undertaken by a member of staff who has been assessed as competent in ANTT and is up to date with their ANTT mandatory training.

- **Declaration**
  Following completion of the theory and practical elements, staff must complete the declaration on ESR/ CFT - send completed competency assessments into the Education and Training Department.

  All staff undertaking aseptic procedures must be in date with their mandatory hand hygiene training.

  Additional training may be required following other management routes such as following audit reviews or an incident/outbreak of infective nature linked to

aseptic procedures, usually identified during the Patient Safety Review (PSR) process.

6. Related legislation, national and local guidance

- DoH (2007) Saving Lives: a delivery programme to reduce healthcare associated infection (HCAI) including MRSA. London: Department of Health.
- DoH (2003) Winning Ways: working together to reduce healthcare associated infection in England. London: Department of Health.
- Great Britain. Department of Health and Social Care (DHSC) (2015) The Health and Social Care Act 2008: Code of Practice for health and adult social care on the prevention and control of infections and related guidance. Updated December 2022. Available at: https://www.gov.uk/government/publications/the-health-and-social-care-act-2008-code-of-practice-on-the-prevention-and-control-of-infections-and-related-guidance.
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- The Association for Safe Aseptic Practice (The-ASAP) (2015) Aseptic Non Touch Technique: The ANTT Clinical Practice Framework…for all invasive clinical procedures from Surgery to Community Care V4.0. Available at: www.antt.org.
- The Association for Safe Aseptic Practice (The-ASAP) (2020) Aseptic Non Touch Technique (ANTT) Clinical Guideline Bundle. Available at: www.antt.org.

Links to key external standards:

- CQC Fundamental standards regulation number: 12.

7. Training requirements

All staff who undertake aseptic procedures (or are likely to) as part of their clinical practice must be trained and deemed competent in the procedure and have been assessed as competent in the aseptic non touch technique (ANTT).

The mandatory ANTT update **must** be completed on an **annual** basis. See section 5.9.

The organisation trains staff in line with the requirements set out in its training needs analysis and published in its Corporate Curriculum.
Training which is categorised as statutory or essential must be completed in line with the training needs analysis and Corporate Curriculum.

Compliance with statutory and essential training is monitored through the Learning and Development team (RCHT) and the Education and Training Team (CFT) with monthly manager's reports and staff individual training records twice yearly. Training reports are also submitted quarterly through the Trust Quality and Governance Committee Meeting.

Staff failing to complete this training will be accountable and could be subject to disciplinary action.

8. Implementation

The policy will be implemented via the following routes:

- The Infection Prevention and Control mandatory update will include information regarding the aseptic non touch technique.
- The online theoretical update will be available via the Trusts internal learning portal.
- Staff will be made aware of this policy via local induction.
- Staff training and support will be included in the educational roadshows provided by the clinical facilitators/practice educators.

9. Document Monitoring arrangements

Information category	**Detail of process and methodology for monitoring compliance**
Element to be monitored	Compliance with ANTT training.
Lead	Infection Prevention and Control Team (Integrated CFT/RCHT).
Tool	The on-going competency annual assessment will provide the information required to audit this policy.
Frequency	Quarterly as part of the Trusts key performance indicators.

Information category	Detail of process and methodology for monitoring compliance
Reporting arrangements	Compliance figures will be monitored through the Integrated Infection Prevention and Control Committee. The RCHT and CFT Infection Prevention and Control Committees will interrogate the report, identifying deficiencies in the system and provide action plans as needed. Documentation will be included in the Infection Prevention and Control Committee meeting minutes and action plan.
Acting on recommendations and lead(s)	The RCHT and CFT Infection Prevention and Control Committees 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.
Change in practice and lessons to be shared	Required changes to practice will be identified and actioned immediately where necessary. The Ward/Department/Team Leader will be identified to take each change forward where appropriate. Lessons will be shared with all the relevant stakeholders.

10. Updating and review

This policy will be reviewed by the RCHT and CFT Infection Prevention and Control Committees every three years or earlier should a change in circumstance dictate.

11. Equality and diversity

This document complies with the Cornwall Partnership NHS Foundation Trust and Royal Cornwall Hospitals NHS Trust equality and diversity statements. The statements can be found in the RCHT Equality Diversity And Inclusion Policy and CFT Equality, Diversity and Inclusion Statement.

The initial equality impact assessment screening form is at appendix 1.

12. Appendix 1: Equality Impact assessment Form

Title of policy or document for assessment: Aseptic Non-Touch Technique Policy V2.0.

Document library section: Clinical / Infection Prevention and Control.

Is this a new or existing document? Existing.

Date of assessment: 8 May 2024.

Person responsible for the assessment: Graham Kaye, Senior IPAC Specialist Practitioner.

What is the main purpose of the document?

The purpose is to ensure a standardised technique is used for aseptic procedures undertaken throughout the Royal Cornwall Hospitals NHS Trust and Cornwall Partnership NHS Foundation Trust as per the requirements of the Health and Social Care Act (DHSC 2015).

Who is affected by the document?

☒ Staff ☒ Patients ☐ Visitors ☐ Carers ☐ Other ☐ All

The document aims to improve access, experience and outcomes for all groups protected by the Equality Act 2010.

Concerns

Are there concerns that the procedural document could have a differential impact on the following areas?

If a negative impact has been identified, please complete a full EIA by contacting the Equality, Diversity, and Inclusion Team. For RCHT please contact rcht.inclusion@nhs.net and for CFT please contact cft.inclusion@nhs.net

Concern area	Response	If yes, what existing evidence (either presumed or otherwise) do you have for this?
Age	☐ Yes ☒ No	
Disability	☐ Yes ☒ No	
Sex	☐ Yes ☒ No	
Gender reassignment	☐ Yes ☒ No	
Pregnancy and maternity	☐ Yes ☒ No	
Race	☐ Yes ☒ No	
Religion and belief	☐ Yes ☒ No	
Sexual orientation	☐ Yes ☒ No	
Marriage and civil partnership	☐ Yes ☒ No	
Groups at risk of stigma or social exclusion such as offenders or homeless people	☐ Yes ☒ No	
Human rights	☐ Yes ☒ No	

Are there any associated objectives of the document? If yes, what existing evidence (either presumed or otherwise) do you have for this?

No.

Signature of person completing the equality impact assessment:

Name: Graham Kaye.

Date: 8 May 2024.

Please note all images included in the appendices below have been provided from the website: https://www.antt.org/antt-procedure-guidelines.html. The Association freely provides a range of picture based guidelines for the most common clinical procedures.

13. Appendix 2: The ANTT – Approach

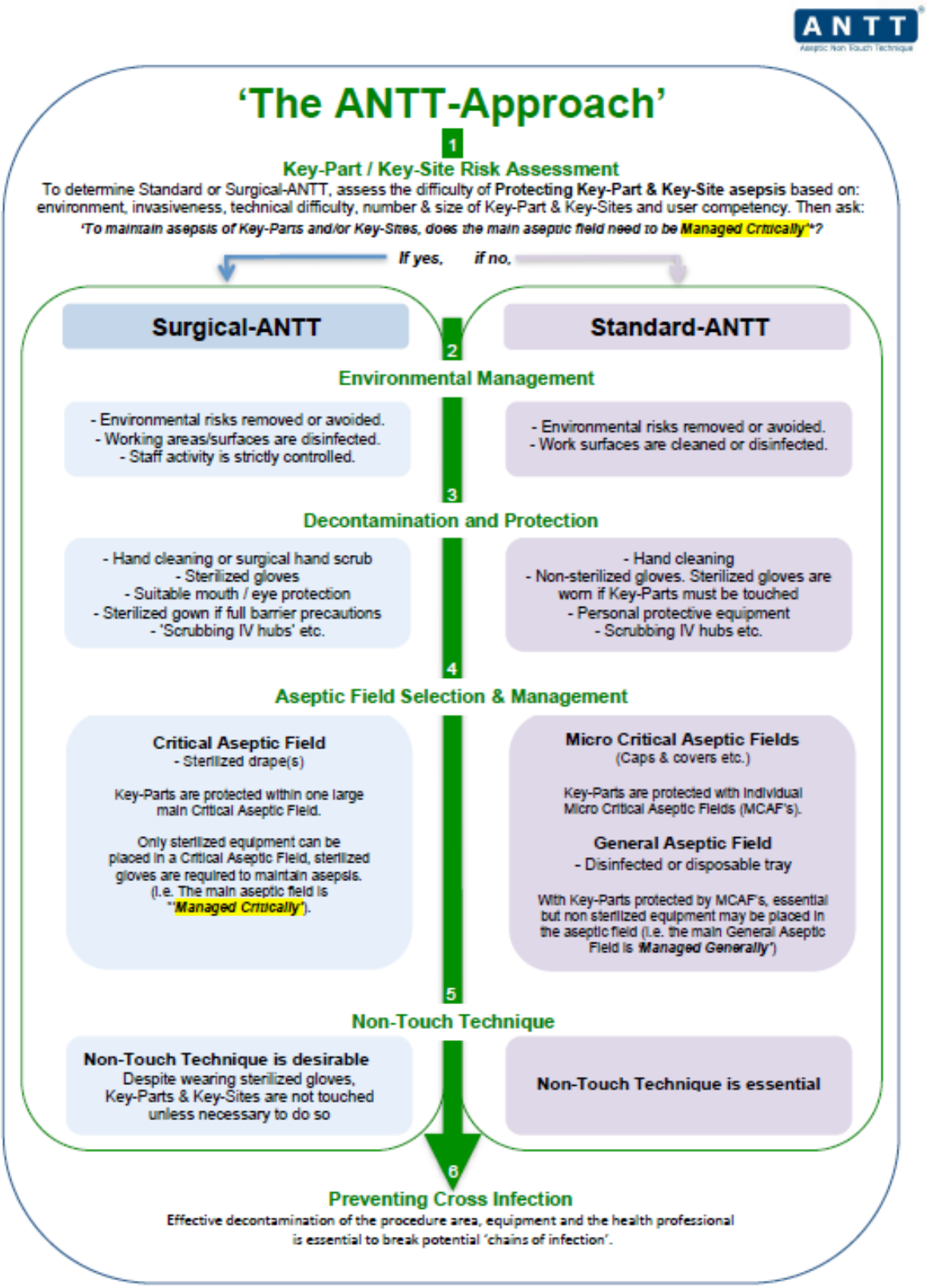

Fig 6

14. Appendix 3: The ANTT - Approach: Practice Examples

ANTT
Aseptic Non Touch Technique

The 'ANTT-Approach': Practice Examples

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

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

6 Preventing Cross Infection

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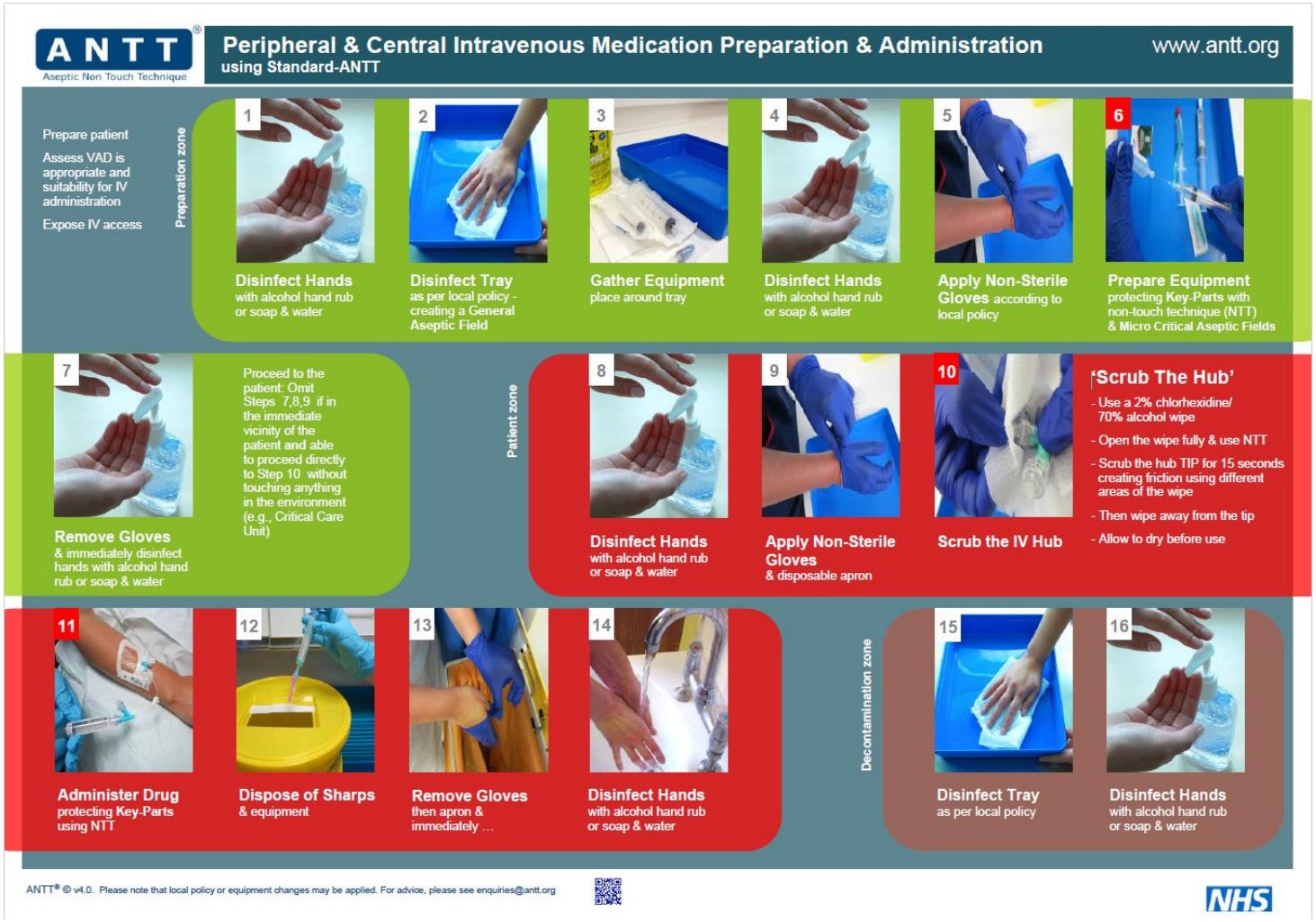
15. Appendix 4: Peripheral and Central Intravenous Medication and Preparation and Administration using Standard-ANTT



16. Appendix 5: Intravenous Medication Preparation and Administration with Passive Disinfection Cap using Standard-ANTT

17. Appendix 6: Deep Corticosteroid Injection using Standard-ANTT

18. Appendix 7: Peripherally Inserted Central Catheter (PICC) using Surgical-ANTT

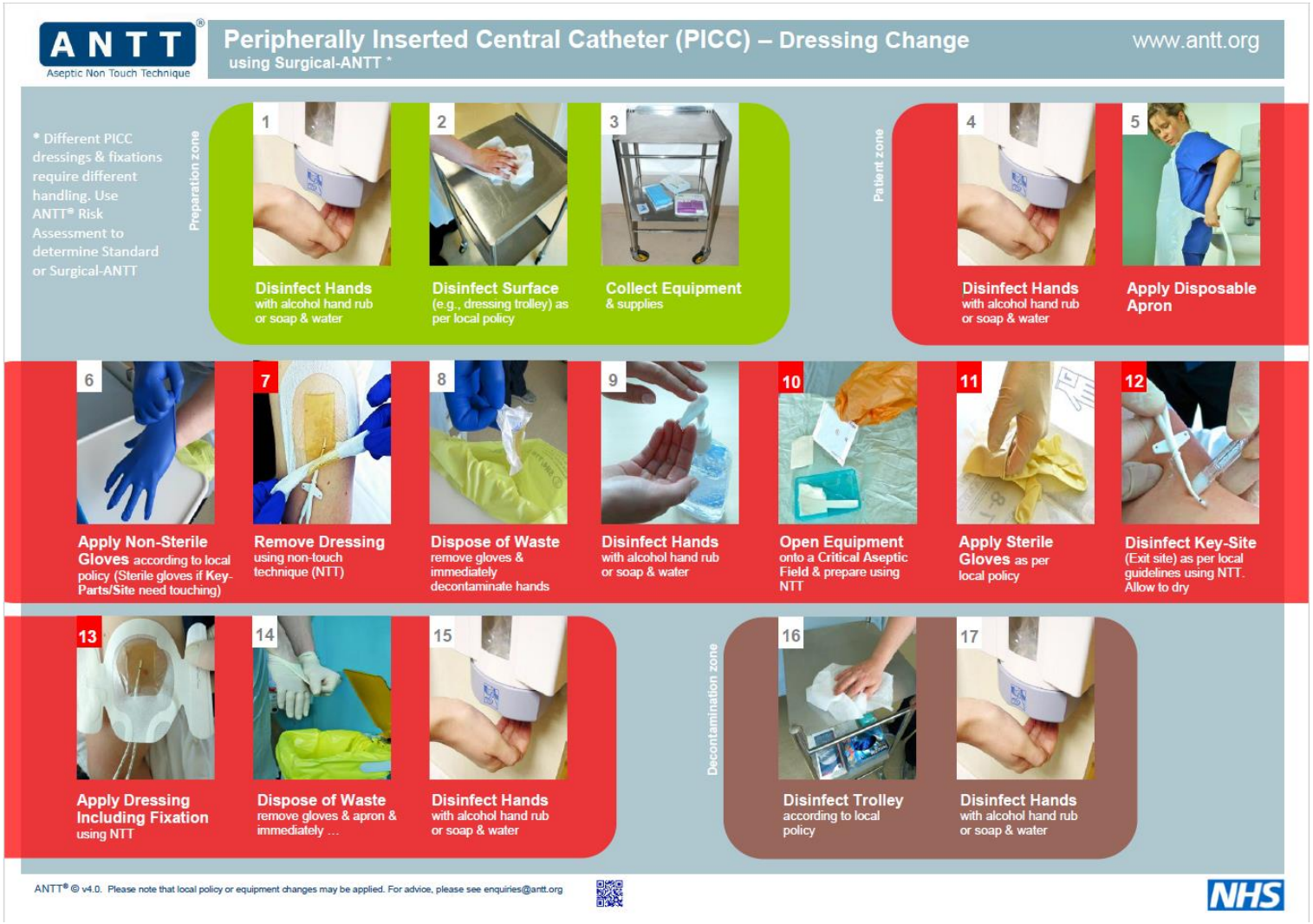
19. Appendix 8: Ultra-Sound Guided Extended Cannulation using Surgical-ANTT

20. Appendix 9: Blood Culture Collection using Standard-ANTT

21. Appendix 10: Peripheral Cannulation using Standard-ANTT

22. Appendix 11: Peripherally Inserted Central Catheter – Dressing Change using Standard ANTT

23. Appendix 12: Peripherally Inserted Central Catheter – Dressing Change using Surgical ANTT



24. Appendix 13: Simple Wound Care using Standard-ANTT

25. Appendix 14: Complex Wound Care using Surgical-ANTT

26. Appendix 15: Indwelling Urinary Catheterisation using Surgical-ANTT

27. Appendix 16: Peripheral Venepuncture / Phlebotomy using Standard-ANTT

28. Appendix 17: Peripheral Venepuncture / Phlebotomy using Standard-ANTT

29. Appendix 18: ANTT Direct Observation of Practice Competency Assessment – Standard ANTT

Aseptic Non Touch Technique - ANTT® Competency Assessment Tool (CAT)

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

Surname:			**Forename:**
Job Title:			**Ward / Department:**
An Observational Assessment or a Simulation of Practice ▪ Only assessors with evidence of ANTT® competence can assess staff - healthcare worker (HCW) ▪ The assessor must include the theory and practice questions before or during the procedure ▪ This tool allows for assessment of three clinical procedures – if required			
Competency Assessment (*mark all components :* ✓ *X* *or* *n/a*)			
Date: **Initial:** **Type:**	**Date:** **Initial:** **Type:**	**Date:** **Initial:** **Type:**	**Procedure Type (abbreviations)** Venepuncture – **V**; Cannulation – **C**; Urinary catheterisation – **UC** Blood cultures – **BC**; Simple wound care – SW; Complex Wound Care – **CW** Intravenous drug admin./ flush – **IV**; Other – **O** **Other Procedures & abbreviations:**_____
ANTT® principles & practice terms			
			Pre-Procedure
			State the three main ways that equipment can be contaminated during aseptic technique
			State a short definition of the terms a) Sterile b) Aseptic c) Clean
			State the practice aim of ANTT®
			State the type of invasive procedures ANTT® is suitable for
			State the fundamental practice **concept** that ANTT® is based upon
			Name the two types of ANTT®
			Explain the type of ANTT you are going to use and why you selected it
			State some practice variables you've considered when determining the type of ANTT
			Then state the ANTT Risk Assessment question that selects the type of ANTT
			Inter-Procedure
			Ask the practitioner to identify all the procedure Key-Parts of the procedure
			State the definition of a Key-Part
			State the definition of a Key-Site
			State the Key-Part / Key-Site **Rule**
			State the three types of aseptic field used in ANTT. Point them out in the procedure

30. Appendix 19: ANTT Direct Observation of Practice Competency Assessment – Standard ANTT (continued)

Preparation			
			Did the HCW clean their hands prior to equipment preparation?
			If a cleanable procedure tray is used was it disinfected effectively?
			Was all equipment gathered before cleaning hands and initiating equipment assembly?
			Was the personal protective equipment (PPE) appropriate for the procedure?
			Did the HCW clean their hands at the start of the procedure?
			Was the choice of glove type appropriate for this Standard-ANTT® procedure?
			Were gloves applied at the appropriate stage for the procedure?
			When assembled was the equipment placed into a main General Aseptic Field (e.g. plastic or cardboard tray as per local policy)?
			Was only necessary equipment in the tray and kept organised throughout?
			Did the HCW avoid touching Key-Parts (i.e. non-touch technique)?
			Were all Key-Parts protected by Micro Critical Aseptic Fields when not in use (e.g. aseptic caps, covers or inside of packaging)?
			Were Key-Parts were not touched by any objects or surfaces
Procedure			
			Did the HCW remove or avoid any obvious environmental risks – such as bed making or dusting taking place near the procedure area?
			Did the HCW clean their hands and apply appropriate PPE before starting the procedure?
			Were inactive Key-Parts disinfected before use (e.g. IV injection hub – scrubbed for 15 sec with an alcoholic /CHG wipe & allowed to dry)?
			Were all Key-Parts individually protected at all times when not in use during the procedure by Micro Critical Aseptic Fields (Caps, covers, inside of packaging)?
			Was the asepsis of Key-Parts promoted by organised management of the General Aseptic Field throughout the procedure?
			Did the HCW avoid touching all Key-Parts with their gloved hands?
			Did any Key-Part touch any objects or surfaces such as the procedure tray or *non*-Key-Parts.
			Did the patients' Key-Site(s) touch any *non*-Key-Parts or gloved hands?
Decontamination			
			Did the HCW safely dispose of all sharps, equipment and waste according to local policies?
			Did the HCW clean their hands IMMEDIATELY after glove removal?
			Did the HCW decontaminate and disinfect the General Aseptic Field (e.g. plastic tray), and allow it to dry before storage?

Assessors' signature: _____ HCW's signature: _____Date: _____ Passed: _____ Failed: _____

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31. Appendix 20: ANTT Direct Observation of Practice Competency Assessment – Surgical ANTT

ANTT® Aseptic Non Touch Technique

Aseptic Non Touch Technique - ANTT®
Competency Assessment Tool (CAT)

ASAP The Association for Safe Aseptic Practice

Surgical-ANTT® After basic precautions and appropriate personal protective equipment are applied, such as hand cleaning and glove use, all the Key-Parts are protected **together** in one main **Critical Aseptic Field**; usually a sterilized drape. Asepsis is maintained during handling of this equipment by the healthcare worker (HCW) wearing sterilized gloves. In Surgical-ANTT, all the equipment within the Critical Aseptic Field is managed as Key-Parts.

NB: Surgical-ANTT is typically performed in an operating room environment for open surgery. However, Surgical-ANTT may also be performed in different settings such as ward bed side, in the patients home etc. for procedures such as urinary catheterisation, a complicated cannulation etc.

Surname:			**Forename:**
Job Title:			**Ward / Department:**
An Observational Assessment or a Simulation of Practice • Only assessors with evidence of ANTT® competence can assess staff - healthcare worker (HCW) • The assessor must include the theory and practice questions before or during the procedure • This tool allows for assessment of three clinical procedures – if required			
Competency Assessment (*mark all components :* ✓ *X* *or* *n/a*)			
Date: **Initial:** **Type:**	**Date:** **Initial:** **Type:**	**Date:** **Initial:** **Type:**	**Procedure Types (abbreviations)** Venepuncture – **V**; Cannulation – **C**; Urinary catheterisation – **UC** Blood cultures – **BC**; Simple wound care – **SW**; Complex Wound Care – **CW** Intravenous drug admin./ flush – **IV**; Other – **O** **Other Procedures & abbreviations:**_____
ANTT® principles & practice terms			
			Pre-Procedure
			State a short definition of the terms a) Sterile b) Aseptic c) Clean
			State the practice aim of ANTT®
			Name the two types of ANTT®
			Inter-Procedure
			Ask the practitioner to identify all the procedure Key-Parts of the procedure
			State the definition of a Key-Part
			State the definition of a Key-Site
			State the Key-Part / Key-Site **Rule**
			State the difference in non-touch technique between Standard and Surgical ANTT

32. Appendix 21: ANTT Direct Observation of Practice Competency Assessment – Surgical ANTT (continued)

Preparation			
			Did the HCW clean their hands prior to equipment preparation?
			Did the HCW open the Critical Aseptic Field (sterilized drape) and equipment onto it without contaminating it?
			Did the HCW clean their hands at the start of the procedure? (If surgery, the hand clean should be a surgical hand scrub)
			Were sterilized gloves used and applied without contaminating them?
			During preparation, did the HCW protect all aseptic equipment on the Critical Aseptic Field by only touching it with uncontaminated sterilized gloves?
			Were sterilized gloves changed if contaminated?
			Was the personal protective equipment (PPE) used appropriate for the procedure?
			Was any indwelling equipment (e.g. Central Line, pacemaker etc. maintained in its protective sterilized packaging until needed?
			Other:
			Other:
Procedure			
			Did the HCW remove or avoid any obvious environmental risks – such as bed making or dusting taking place near the procedure area?
			During the procedure, was all equipment in the Critical Aseptic Field only touched by uncontaminated sterilized gloves? (Non touch technique)
			If equipment was contaminated during the procedure was it removed and replaced appropriately?
			Sterilized gloves were not contaminated (e.g. by coming into contract with the procedure environment outside of the Critical Aseptic Field)
			Were all aseptic Key-Parts prevented from coming into contact with any non-aseptic equipment (e.g. anything outside of the main Critical Aseptic Field)?
			Were the Key-Site(s) protected from touching non-aseptic equipment?
			Were the patients' Key-Site(s) prevented from coming into contact with any non-aseptic Key-Parts?
			Other:
			Other:
Decontamination			
			Did the HCW safely dispose of all sharps, equipment and waste according to local policies?
			Did the HCW clean their hands IMMEDIATELY following glove removal?

Assessors' signature: _____ HCW's signature: _____ Date: _____ Passed: _____ Failed: _____

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