NHS
**University Hospitals of
DERBY and BURTON**
NHS Foundation Trust

TRUST POLICY FOR ASEPTIC NON-TOUCH TECHNIQUE

Reference Number POL-IC/12/10	Version: V5		Status Final	Author: Barbara Day **Job Title** Head of Professional & Practice Development
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	1	Oct 2010	Karen Hill	New Policy
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	2.1	July 2014	Pam Twine	Review and minor amendments
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	4	April 2019	Professional & Practice Development Team	Review, Update & minor amendments
	5	August 2022	Kath Hulkorey	Review, update & minor amendments
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To be read in conjunction with: Infection Control Policy, The Royal Marsden Manual for Clinical Nursing Procedures, Hand Hygiene policy				

In consultation with and Date: Trust Decision Group (TDG), Chief Nurses & AHP's, Senior Matrons, PPD, ICOG, Education &n Planning Group	
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Contact for Review	Head of Professional & Practice Development
Executive Lead Signature	*[signature]* Garry Marsh, Executive Chief Nurse

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1.   Introduction

All NHS organisations must adhere to preventing and controlling the risks of healthcare associated infections (HAI's). Historically, the 'aseptic technique' was adopted but did not reflect current evidence base, resulting in variable practice.

Aseptic Non-Touch Technique (ANTT) is an evidence-based framework of core theoretical principles which has been developed to standardise invasive clinical practice *'from* Surgery to the Community Care setting' (Association of Safe Aseptic Practice ASAP, 2018). ANTT is the safe and effective technique for all aseptic procedures. It encompasses the necessary infection control measures to prevent pathogenic micro-organisms on hands, surfaces, or equipment from being introduced to susceptible sites during clinical practice (Royal College of Nursing RCN, 2016).

The National Institute for Health Care Excellence (NICE, 2017), described ANTT as, *'A specific type of aseptic technique with a unique theory and practice framework'.* ANTT is now endorsed and referenced as a best practice example of standardised aseptic technique by a number of organisations including, Loveday et al (EPIC3), 2014, the Australian Guidelines for the Prevention and Control of Infection in Healthcare (ACSQH, 2012 and the RCN Infusion Standards,2016).

In the UK, it is a requirement for care organisations to practice a single, standardised aseptic technique in which education and monitoring can be demonstrated (Department of Health, 2012). NHS bodies must adhere to preventing and controlling the risks of HAI's; the Health and Care Act 2012 states:

- Invasive clinical procedures should be carried out in a manner which maintains and promotes the principles of asepsis.

- Education, training, and assessment in ANTT should be provided to all persons undertaking such procedures.

- Aseptic technique should be standardised across the organisation.

- Audit should be undertaken to monitor compliance with ANTT.

Hence, the principles of ANTT are required by University Hospitals of Derby and Burton NHS Foundation Trust.

2.   Purpose and Outcomes

The purpose of this document is to provide guidance in establishing ANTT as a standardised safe and effective technique for all invasive procedures. It describes the principles underpinning ANTT which must be adhered to when performing clinical procedures which bypass the body's natural defences.

It encompasses the necessary infection prevention and control steps 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 (WHO, 2009, RCN, 2016).

3. Definitions Used

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

Aseptic Non-Touch Technique (ANTT):
Is a standardised approach that identifies and protects the key parts in any clinically invasive procedure. Key parts should not be touched, and they should only come into contact with other key parts or sites.
To achieve 'Non-Touch', key parts must remain protected by their packaging or by additional items identified for that purpose. If invasive procedures cannot be completed without touching key parts, sterile gloves must be worn.

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

Invasive Procedure:
A medical procedure involving the introduction of instruments or other objects, usually by cutting or puncturing into the body or body cavities.

Key parts:
Specific parts of any equipment used during ANTT that, if contaminated by infectious material, could increase the risk of infection to the patient.

In intravenous therapy, for example, key parts are the parts of the equipment that come into direct or indirect contact with the liquid infusion or indwelling device, such as needles, syringe tips, intravenous line connections or exposed central line lumens.

Key sites:
Open wounds, insertion, and puncture sites.

Surgical (Sterile) ANTT
Surgical ANTT uses sterile working surfaces i.e., only equipment that has been sterilised and is aseptic can be introduced onto the working surface. It 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.

Standard ANTT
Standard ANTT uses clean working surfaces. It is used for technically uncomplicated procedures or those short in duration (approximately <20 minutes) and involves small key sites and key parts and/or minimal numbers of key parts.

4. Key Responsibilities/Duties

4.1 Executive Chief Nurse and Directors of Nursing
- Will report directly to the Chief Executive and the Board on changes to policy or process, or issues arising from ANTT.
- Will provide clinical leadership and strategic direction to the Professional and Practice Development Team.

4.2 Clinical Directors/ Clinical Governance Facilitators/Infection Control Leads / Divisional Nursing Director/ Consultants/ Matrons/ Senior Nurses/ Senior Sisters/ Charge Nurses:
- Will provide clinical leadership which instils a culture of ANTT practice across the organisation.
- Will monitor and facilitate compliance to ANTT practice.
- Will be a champion for ANTT practice.
- Will support consistent adherence to ANTT practice.
- Will challenge unsafe practice.
- Will use ANTT data on each clinical area to focus improvement work, share data and action plan with teams.

4.3 Professional and Practice Development Teams
- Will provide and disseminate evidence-based training and assessment across the organisation to ensure that all staff are aware of ANTT practice relevant to their role.
- Will act as an expert group to provide guidance, interpretation, and support on ANTT issues.
- Will be a resource for ANTT practice.
- Will ensure consistent adherence to ANTT practice.
- Will challenge unsafe practice.
- Will audit standards of compliance with the ANTT policy in the clinical area and departments where and when identified.

4.4 Key Trainers
- Will instil a culture of ANTT practice across their clinical area.
- Will demonstrate high levels of compliance to ANTT practice.
- Will undertake assessments as required to maintain compliance within their areas.
- Will challenge unsafe practice.

4.5 Employees
- Employees are responsible and will be held accountable for ensuring their practice; and that of the staff and students they supervise, complies with the Trust ANTT policy.
- Will access training, assessment and updates as required.
- Will challenge unsafe practice.

4.6 Trust Infection Prevention and Control Committee

- Will endorse the ANTT policy.
- Will provide an Annual Infection Control report to the Board, including ANTT activity.
- Will provide an Annual Infection Control report to the Quality Assurance Committee, followed by quarterly update reports, including ANTT activity.
- Will receive Action Plans from each Division, in line with the agreed rota, for discussion following ANTT Audits. Audit results are reported to the relevant Infection Control Lead, Matron / Senior Nurse / Senior Sister/ Charge Nurse.

5.   ANTT approach, training and assessment

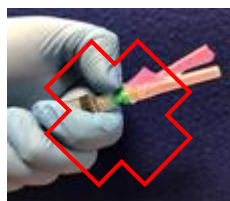### 5.1 The ANTT approach

The core components of ANTT are: -

Key part identification

&

Key part protection

For asepsis to be maintained key parts must not be touched or touch other non-sterile items or surfaces. Many key parts are already protected by their inner as well as outer packaging and this may be sufficient protection if no preparation is required for that key part.

Contact with key parts increases the risk of contamination. For example, needles are manufactured so that they do not require anchoring at the base to remove sheaths. Flicking or pushing off needles and catheters, popping items out of packaging, dropping items directly into the tray/onto a surface or palpating skin after decontamination increases the risk of contamination and should not be done.

Six Actions for Safe Aseptic Non-Touch Technique

Protect Patients Every Time with...
6 Actions for Safe Aseptic Technique
The ANTT-Approach

Consider: environment, invasiveness, technical difficulty, number and size of key parts and user competency.

1 Risk Assessment
Select Standard or Surgical-ANTT according to the technical difficulty of achieving asepsis

2 Manage the Environment
Avoid or remove contamination risks

Consider: location and timing of procedure relative to other activities in the clinical area.

Ensure: effective decontamination, use of PPE at appropriate times. **Consider:** factors that may undermine efforts.

3 Decontaminate & Protect
Hand cleaning, personal protective equipment (PPE). disinfecting equipment, surfaces and Key-Parts

4 Use Aseptic Fields
General, Critical and Micro Critical Aseptic Fields protect Key-Parts & Key-Sites

Ensure: selection of appropriate aseptic field for the invasive procedure being performed.

If something has not been touched, it is less likely to have been contaminated.

5 Use Non-Touch Technique
Key-Parts must only come into contact with other Key-Parts & Key-Sites

6 Prevent Cross Infection
Safe equipment disposal, decontamination & hand cleaning

ANTT is a unique type of aseptic technique (NICE 2012)

For the ANTT Clinical Practice Framework see - www.antt.org

5.2 Training & assessment

Initial Training

All relevant clinical staff will receive instruction and training in ANTT. For new starters to the organisation ANTT training & simulated assessment will take place during their induction period as a mandatory requirement.

Reassessment

Practitioners are required to receive mandatory competency re-assessment on a **two-yearly** basis.

The practitioner will be asked to demonstrate full ANTT principles for a chosen procedure without prior tuition. This is based on the understanding that ANTT should have been embedded within their practice since their first assessment.

Reassessment can be undertaken in either of the following ways:

1. Assessment via the local key trainer on an element of clinical practice relevant to role.

2. Assessment via simulation on an organised training session.

All assessments are undertaken using the form in appendix one. The competency will be recorded on the Trusts electronic training database

> It is good practice to watch the video which outlines the ANTT principles prior to any update.
> (The video can be accessed through the Trust intranet)

5.3 Key Trainers

5.3.1 Initial training

To become a Key Trainer, the individual will undergo training and simulated assessment delivered by the Professional and Practice Development Team.

These individuals must demonstrate that they have the knowledge and skills to assess a range of tasks, share knowledge, assess others fairly and equitably and challenge unsafe practice. Key trainers are usually registered practitioners; however, non-registered staff may become key trainers. The rationale for the request must be discussed with the Professional and Practice Development Team who may decline any individual's request to become a key trainer if it is not deemed essential to service.

5.3.2 Updates

Key trainers are also required to update their competence every two years. This competence assessment can **only** be undertaken by a member of the Professional and Practice Development Team. The assessment is carried out using the key trainer quality assurance assessment tool in appendix 2.

If a Key Trainer fails to attend for their two-yearly update, without mitigating circumstances, they will be removed from the electronic training record. Any assessments undertaken by the individual after removal will be voided. The individuals assessed will not be deemed competent and will have to be reassessed by a member of the Professional and Practice Development Team.

5.4 Failure to achieve competency

Practitioners will be provided with feedback by the ANTT assessor following assessment. If practitioners do not achieve the competency on the first attempt, an ANTT reassessment algorithm (appendix 3) is in place to refer to.

6. Monitoring Compliance and Effectiveness

Monitoring requirement:	Infection control, training records and competencies, incident analysis.
Monitoring method:	ANTT audit, incident analysis, review of training records held within the electronic system
Report Prepared by:	Head of Professional and Practice Development or nominated deputy.
Monitoring Report presented to:	Infection Control Operational Group
Frequency of Report:	4 monthly

6.1 ANTT Audit

Practices are audited both monthly and three times per year by clinical educators and annually by the Trust peripheral cannula supplier. Audit is undertaken by key individuals to ensure a robust and valid process.

Audit applies to all areas of the Trust where asepsis is required. Areas for audits are selected by ICOG.

During audit if practice is witnessed that could compromise the safety of the patient or expose the patient to a risk of infection, auditors will need to notify the practitioner immediately (and respectfully) to remove the risk.

If it is felt that an individual requires additional training, the matter will be escalated to the individual's line manager and the appropriate member of the Professional and Practice Development team for support and action planning.

Audit results will be share in the infection control report, quarterly audit will be shared with Infection Control committee.

7. **References**

Australian Commission on Safety and Quality in Health Care (ACSQH) (2012). *National Safety and Quality Health Service Standards*. Standard 3: Preventing and controlling Healthcare Associated Infections. [online]. Available at: https://www.safetyandquality.gov.au/wp-content/uploads/2011/09/NSQHS-Standards-Sept-2012.pdf [Accessed 18 Mar. 2019].

Department of Health (2012). *Health and Social Care Act 2008: code of practice on the prevention and control of infections*. [online]. 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 [Accessed 18 Mar. 2019].

Loveday, H., Wilson, J., Pratt, R., Golsorkhi, M., Tingle, A., Bak, A., Browne, J., Prieto, J. and Wilcox, M. (2014). epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England. *Journal of Hospital Infection*, 86, pp.S1-S70.

National Institute of Clinical Excellence (2012). *HealthCare Associated Infections: Prevention and Control in Primary and Community Care*. Clinical Guideline 139. [online]. Available at: https://www.nice.org.uk/guidance/cg139/resources/healthcareassociated-infections-prevention-and-control-in-primary-and-community-care-35109518767045.[Accessed 18 Mar. 2019].

The Association for Safe Aseptic Practice (ASAP) (2018). *ANTT Clinical Practice Framework* .[online]. Available at: http://www.antt.org/ANTT_Site/theory.html [Accessed 18 Mar. 2019].

The Royal College of Nursing. (2016). *Standards for infusion therapy | Infection prevention and control | Royal College of Nursing*. [online] Available at:https://www.rcn.org.uk/clinical-topics/infection-prevention-and-control/standards-for-infusion-therapy [Accessed 18 Mar. 2019].

World Health Organisation (2009). *Guidelines on Hand Hygiene in Health Care*. World Health Organisation (WHO)

8. __Appendices__

Appendix 1: ANTT Practical competency assessment tool

Appendix 2: ANTT Key trainer quality assurance assessment tool

Appendix 3: ANTT Reassessment Algorithm

Aseptic Non-Touch Technique (ANTT) Practical Competency Assessment Form

NHS
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NHS Foundation Trust

Site & Division		**Ward/Department**	
Full Name	(as it appears on payslip)		
Job Title		**Assessors Name**	
Date		**Job Title**	

Please ensure that all details are legible. Failure to do so will result in your competency not being recorded and you will be required to re-attend training.
The PRACTITIONER should log their competency on My Learning Passport using the ANTT online assessment form via the following link: https://mylearningpassport-uhdb.org/course/view.php?id=1888

- An Observational Assessment *or* a Simulation of Practice can be used.
- Only key-trainers who are up to date with their own competence can assess.
- Key-trainers should test the theory and practice knowledge prior to the procedure.
- Where applicable positive patient identification is undertaken & informed consent sought.
- This tool allows for one assessment.

Invasive Procedure Being Assessed			
Where able staff should be assessed undertaking the highest risk procedure relevant to their clinical role. ☐ Infusion Therapy ☐ Peripheral Cannulation ☐ Phlebotomy ☐ Wound Care ☐ Blood Culture ☐ Injection ☐ Urinary Catheterisation ☐ Cannula Removal ☐ Other (please state)_____			

ANTT theory & practice terms	**Yes**	**No**	**Comments**
Explains and selects the appropriate type of ANTT to be used with a rationale *i.e clean area or surgical.*			
Can state the key-part / key-site rule *e.g. do not touch.*			
Identifies all the procedural key parts (ask).			
Preparation			
Performs hand hygiene prior to equipment preparation.			
Personal protective equipment (PPE) used appropriately for the procedure and the Trust dress code adhered to.			
Working surface (aseptic field) cleaned with appropriate solution /wipe and allowed to fully air-dry for a least 30 seconds.			
Key parts remain protected throughout the preparation.			
Procedure			
Performs hand hygiene prior to commencing procedure.			
Correct glove type selected as part of a risk assessment based on the invasive procedure being undertaken.			
Non-sterile key parts cleaned with an approved wipe /solution and allowed to fully air-dry for at least 30 seconds before continuing.			
Demonstrates effective key part protection throughout procedure.			
Disposal and Decontamination			
Equipment disposed of correctly with regards to waste management, PPE and the safe handling and disposal of sharps.			
Decontaminates and disinfects any working surfaces or equipment used.			
Performs hand hygiene on completion of the procedure.			
Outcome of Assessment			

☐ **Pass**	☐ **Fail** (please outline action plan on reverse of this form)

Key-Trainer Signature: _____

Practitioner Signature: ✗_____

Action plan following failed attempt

S	**Specific Issue**

M	**Measurable: In relation to achievement or progress**

AR	**Key-trainers comments: Achievable & Realistic – Is this felt to be achievable & attainable, what is the opportunity, motivation, commitment**

T	**Time Frame: Time – Period for achievement is clearly stated**

Key-Trainer Signature

Print Key-Trainers Name

Practitioners Signature

Print Practitioners Name

Date
☐ Line manager provided with a copy ☐ Referred to _____ ☐ Reassess

ANTT Aseptic Non-Touch Technique Key Trainer Quality Assurance Assessment

NHS
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NHS Foundation Trust

To be undertaken whilst the ANTT key trainer is assessing a practitioner

Site & Division		Department	
Key Trainer Name (as on payslip)			
Job Title		QA Assessor Name	
Date		Job Title	

Key Trainer and QA agree the ANTT procedure to be demonstrated by the practitioner is suitable for the QA process (based on the Key Trainers knowledge and experience).

ASSESSMENT CRITERIA	Yes	No	Comments.
Understanding of Roles & Responsibilities:			
Can demonstrate an awareness of current Trust guidelines and policies i.e. ANTT, infection control, hand hygiene, sharps and waste disposal, dress code.			
Can articulate their responsibilities in the mandatory training process in respect of targets, compliance and recording.			
Can explain the purpose of quality assurance.			
Can provide constructive feedback to the practitioner under assessment.			
Prior to Assessment of the Practitioner by the ANTT Key Trainer:			
Explains the purpose of the assessment.			
Explains the format of the assessment.			
Can assist the practitioner to identify a skill for assessment that is within the practitioner's scope or role.			
Explains and understands the implications and actions to be considered of an unsuccessful assessment.			
Understands impact of unsuccessful assessment on practitioner and clinical area.			
ANTT Key Trainer ensures the practitioner carries out or, discusses the following:			
Undertaking of hand hygiene at required intervals.			
Adherence to dress code including appropriate personal protective equipment (PPE) following a risk assessment.			
Identifies the correct working surface (aseptic field) and that it is cleaned with a Trust approved wipe/solution and allowed to dry for minimum of 30 seconds.			
Key parts are identified to the key trainer.			
Key parts are protected at all times during preparation.			
The practitioner wears the correct gloves as part of a risk assessment and that they can identify the correct glove choice i.e. sterile or non-sterile.			
Key parts are cleaned with a Trust approved wipe/solution where necessary and allowed to dry for min30 seconds.			
Key parts are protected during the activity.			
Correct disposal of equipment including the safe handling and disposal of sharps. and safer sharps.			
Correct use of positive patient identification & informed consent sought.			

ANTT Key Trainer Underpinning Knowledge			
The key trainer can clearly identify the key parts for any given task related to ANTT.			
The key trainer can identify how key parts should be managed e.g. touching, mishandling, placing on unsuitable surfaces, popping packages etc.			
The key trainer can identify how key parts should be connected or disconnected e.g. not flicking off needles, use of sharps box to remove needles from the syringe etc.			
The key trainer can identify how to manage key parts during an emergency / urgent situation.			
The key trainer can articulate the need for a methodical process which removes / avoids the contamination of key parts.			
The key trainer can identify between an acceptable departure from the process and the unacceptable contamination of key parts.			
The Key trainer can discuss reassessment options if the practitioner is unsuccessful and can identify how and who to escalate concerns to.			
Comments: Actions required, or development opportunities identified			

I confirm my understanding of my responsibilities in relation to the assessment criteria when undertaking competency assessment of ANTT

Key Trainer   ………………………………………… (Sign)

I confirm that the ANTT Key Trainer has demonstrated sufficient knowledge to assess others

ANTT QA   ………………………………………….. (Sign)

ANTT Reassessment Algorithm

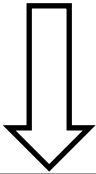| **ANTT assessment failure - Attempt 1**	**ANTT assessment failure - Attempt 2**	**ANTT assessment failure - Attempt 3**

Provide feedback/advice/updates to current practice.

Complete a SMART action plan considering the following interventions:

- Re-visit the ANTT policy.
- Re-visit the ANTT video.
- Agree a re-assessment date
- Access/read the ANTT clinical guidelines on the intranet.
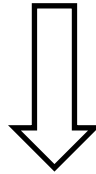- Inform the line manager

Provide feedback/advice/updates to current practice.

Complete a SMART action plan considering the following additional interventions:

- One to one training.
- Consultation with senior colleagues for other support.
- Inform the line manager and divisional senior clinical educator/clinical educator
- Agree & document any practice restrictions
- Agree a reassessment date

Provide feedback/advice/updates to current practice.

Complete a SMART action plan considering the following additional interventions:

- Contact HR for advice regarding Capability policy.
- Consider OH for advice/support
- Consider Performance Improvement Plan

All documentation used for failed attempts must be forwarded directly to the line manager.

Originals should not be given back to the individual, only copies.

All assessments should be recorded using the relevant electronic form

Submit paper copy of the forms to the practitioner's line manager for their personal file.