

UNIQUE IDENTIFIER NO: C-40-2013
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Review Date: April 2020
Review Lead: Infection Prevention and Control Nurse

Section G - Aseptic Technique

Version 6

Important: This document can only be considered valid when viewed on the Trust's Intranet. If this document has been printed or saved to another location, you must check that the version number on your copy matches that of the document online.

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Document Summary Table		
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Committee Name	Committee Chair	Date
Infection Prevention & Control Committee	Consultant Microbiologist / Infection Prevention & Control Doctor	April 2017
Other Stakeholders Consulted		
<i>Stakeholders who were consulted on this document:</i>		
Infection Prevention & Control Team		

Does this document map to other Regulator requirements?	
<i>Regulator details</i>	<i>Regulator standards/numbers etc</i>

Document Version Control	
<i>Version 6</i>	Reviewed and updated to include the process for ANTT training.
<i>Version 5</i>	The policy has been updated and reviewed.
<i>Version 4</i>	The policy has been updated and reviewed. The Trust Equality Statement has been updated.
<i>Version 3</i>	<p>The document has been redesigned to ensure that all new and revised procedural documents are set out to a Trust wide format, the content of which includes a minimum set of criteria which include:</p> <ul style="list-style-type: none"> ▪ the training requirements for implementation ▪ monitoring arrangements for the document ▪ Equality Impact of the document <p>In addition, the monitoring arrangements for this document have been included.</p>

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1. Introduction

It is recognised effective infection prevention and control requires consistency in everyday practice (Department of Health, 2105). Supporting this, the term 'Aseptic technique' describes the method utilised by health care workers (HCW's), when undertaking invasive clinical procedures. Irrespective of the patients diagnosis or their setting, the aim of aseptic technique is to consistently prevent the transfer of invisible pathogenic organisms into or onto the patient, whether this is from HCW's, their equipment or from the immediate working environment (The Association for Safe Aseptic Practice (The – ASAP), 2015).

CHFT has adopted a specific type of aseptic technique known as 'Aseptic Non Touch Technique' (ANTT) as the chosen method for any aseptic procedure that breeches the body's natural defences (The ASAP, 2015). In accordance with Epic 3 guidance (2014) these include:

- Insertion and maintenance of invasive devices
- Infusion of sterile fluids and medication
- Care of wounds and surgical incisions

1.1 Key Points

- All staff involved in aseptic procedures must complete ANTT training and be assessed as competent, or provide written evidence of ANTT competence from another NHS organisation.
- All staff have a role in ensuring their own and others' compliance with ANTT.
- Where the standards within this policy are not followed, the omission and rationale must be documented.

2. Purpose

The purpose of this policy is to provide information regarding procedures that require Aseptic Technique and how, when and by whom this should be utilised within the Trust.

3. Duties (Roles and Responsibilities)

- The Chief Executive is responsible for ensuring that there are effective infection prevention and control arrangements in the Trust.
- As Key Trainers, the infection Prevention and Control team (IPCT) are responsible for ensuring ANTT assessor training is available and effective.
- ANTT Assessors are responsible for supporting, teaching and assessing all clinically based staff.

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- Line managers are responsible for monitoring staff training, (including clinical staff), to ensure everyone who undertakes **any** ANTT procedures has been deemed competent in the practice of ANTT and that the on line training declaration has been completed (refer to section 6).

4. Principles of ANTT

ANTT is a process for safe and effective practice. It can be applied to a variety of procedures with the aim of standardising aseptic practice. The principles underlying ANTT are:

- **Always** wash hands effectively
- **Never** contaminate key parts
- **Touch** non key - parts with confidence
- **Take** appropriate infective precautions

The principles of carrying out ANTT are standard, but components of the technique may vary according to the degree of risk. The Foundation Principles and Safeguards of ANTT are explained in the ANTT Theory and Practice Framework (Version 4.0) and illustrated in Appendix 1.

This Practice Framework provides practitioners and healthcare organisations with a robustly defined and reproducible process to teach and apply safe aseptic technique.

The founding and fundamental principle of ANTT is that Key-Parts and Key-Sites require protecting from harmful microorganisms – during invasive clinical procedures or the maintenance of invasive medical devices:

Key-Sites are open wounds, including insertion and puncture sites.

Key-Parts are the critical parts of the procedure equipment that come into direct or indirect contact with active Key-Parts connected to the patient, any liquid infusion or Key-Site. If contaminated they present a significantly high risk of infection. Examples include IV ports, syringe tip, sterile needle.

5. Standard & Surgical ANTT

5.1 Standard ANTT

This is used for uncomplicated procedures which meet all of the following criteria:

- Are not significantly invasive
- Are technically uncomplicated
- Involve minimal and small key parts

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- short in duration (approximately less than 20 minutes)

Some examples include peripheral cannulation and IV preparation, venepuncture, wound dressings.

5.2 Surgical ANTT

This is used when procedures meet one or more of the following criteria:

- Involve large or numerous key parts.
- they are technically complex
- involve extended procedure time (approx more than 20 minutes)
- Are significantly invasive e.g. involves a large key site or central venous access

Surgical ANTT will employ a critical aseptic field i.e. only sterilised and aseptic equipment can come into contact with the aseptic field – typically a sterilized drape and the use of sterile gloves. Some examples include PICC insertion, surgical intervention in theatre, large educating wound dressing.

To help determine whether Standard or Surgical ANTT is required refer to appendix 2 (The ANTT Clinical Practice Framework, 2015).

6. Training and Implementation

EPIC3 guidance (2014), advocates all healthcare workers are trained and competent in performing aseptic technique. In response, CHFT provides cascade training (demonstrated in appendix 4). In the first instance the Infection Prevention & Control team facilitate a rolling programme of ANTT Assessor training, to ensure there are designated ANTT assessors throughout the Trust.

These assessors are available within the clinical environment, and provide ANTT training/assessment for all staff who undertake ANTT procedures. A list of assessors is available on the intranet, via the IPC link. They also require mandatory update bi-annually.

All staff who undertake any aseptic procedure must first receive appropriate ANTT training from a designated ANTT Assessor. The assessor must deem the member of staff competent and complete both an ANTT competency assessment form (appendix 3), and the on line declaration, accessed via the intranet hyperlink below:

<http://nww.cht.nhs.uk/divisions/corporate/workforce-and-organisational-development/workforce-development/competency-assessments/>

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7. Monitoring Compliance with this Procedural Document

It is the responsibility of all clinical staff to comply with this policy; senior clinical staff and managers are asked to lead by example. Continued failure by an individual to adhere to this policy may be managed under the Trust's disciplinary policy. Audit of the standard ANTT process is led by the IPCT.

8. Associated documents / Further reading

- ANTT training, assessment and guidance/resources are available on the Trust intranet and can be accessed via:
<http://nww.cht.nhs.uk/divisions/diagnostic-and-therapeutic/infection-prevention-control-news/antt/>
- www.antt.org.uk
- Related IPC policies: Standard Precautions (Section C); Decontamination and Disinfection Policy (Section F); Hand Hygiene (Section H/I); Isolation Policy (Section J/K); Specimen Policy (Section R); Multi-resistant organism policy (Section T); Waste disposal policy (Section U/V).
- Uniform Policy

9. References and Bibliography:

The Association for Safe Aseptic Practice (2015). The ANTT Clinical Practice framework – Essential Theory Applied to Practice, Version 4.0

Pratt et al (2014) Epic 3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England. Journal of Hospital Infection 86S1, S1-S70

The Health & Social Care Act (2015): 'Code of Practice on the prevention and control of infections and related guidance.' Department of Health.

Wilson J. (2006), Infection Control in Clinical Practice 3rd Edition, Bailliere Tindall, London.

The Foundation Principles and Safeguards of ANTT (The ANTT Theory and Practice Framework Version 4.0, 2015).



The Foundation Principles and Safeguards of ANTT

The ANTT Clinical Practice Framework provides practitioners and healthcare organizations with a robustly defined and reproducible process by which to teach and apply safe aseptic technique.

CLINICAL PRACTICE

Principle 1

Asepsis is the aim for all invasive clinical procedures, including the maintenance and use of invasive clinical devices (*For surgery to community care*)

Principle 2

Asepsis is achieved by 'Key-Part & Key-Site Protection'; Protecting Key-Parts & Key-Sites from microorganisms transferred from the healthcare worker & the immediate environment

Principle 3

ANTT needs to be efficient as well as safe; therefore Surgical-ANTT is used for complicated procedures and Standard-ANTT for uncomplicated procedures

Principle 4

The need for Surgical or Standard-ANTT is determined by ANTT risk assessment that is based on the technical difficulty of achieving asepsis

Safeguard 1

Basic Infective Precautions

Basic infective precautions such as environmental controls, hand cleaning & disinfecting medical devices significantly reduce the risk of contaminating Key-Parts and Key-Sites

Safeguard 2

Identification of Key-Parts & Key-Sites

Key-Parts are the critical parts of the procedure equipment that if contaminated are most likely to cause infection. Key-Sites are open wounds and medical device access sites

Safeguard 3

Non-Touch Technique

Non-Touch Technique is a critical skill that protects Key-Parts & Key-Sites from the healthcare worker and the procedure environment. It is essential in Standard-ANTT & desirable in Surgical-ANTT

Safeguard 4

Aseptic Field Management

Aseptic Fields protect Key-Parts and Key-Sites from the immediate procedure environment. Surgical and Standard-ANTT require different aseptic field management

CLINICAL AND ORGANIZATIONAL MANAGEMENT

Principle 5

Aseptic practice should be standardized

Principle 6

Safe aseptic technique is reliant upon effective healthcare worker training and environments and equipment that are fit for purpose

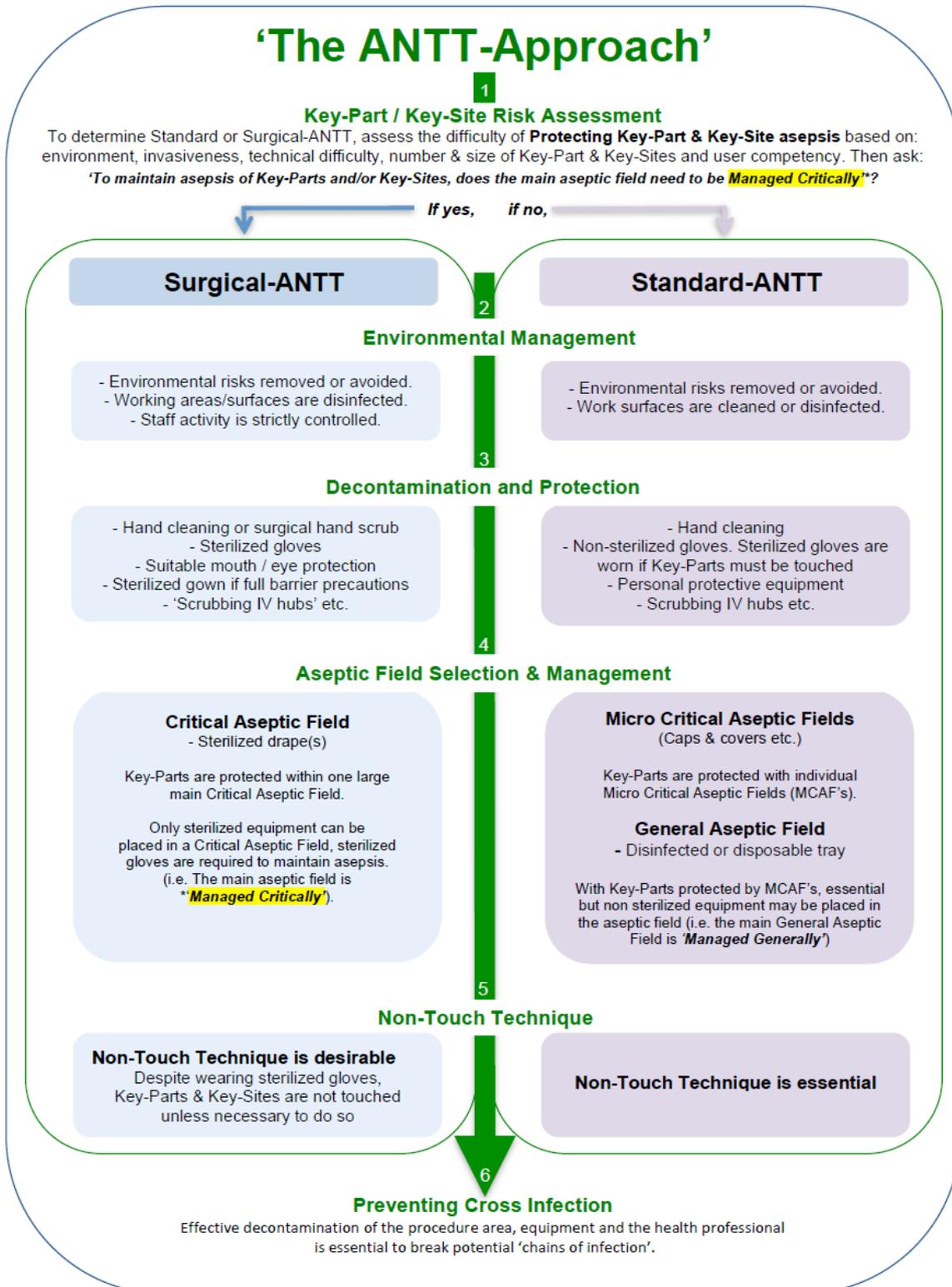


Fig 6

ANTT COMPETENCY ASSESSMENT FORM

STANDARD CRITERIA FOR ASSESSMENT

PREPARATION		Yes	No	COMMENT
1	Decontaminate hands using technique as per Trust policy. Please see page 9 re. hand hygiene technique.			Ensure BBE (No stoned rings, wrist watches, wrist jewellery and no false or long nails. Observe and check Hand hygiene technique.
2	Clean trolley/tray with soap and water/detergent wipes and allow drying. Approximately 30 seconds. Gather equipment whilst trolley/tray is drying.			Discuss the importance of decontamination. Ensure equipment is decontaminated adequately and allowed to air dry.
3	Decontaminate hands using technique as per policy and apply appropriate PPE (risk assess the use of appropriate PPE).			PPE is primarily worn to protect the HCW from exposure to drugs at this stage. May also provide some protection of equipment from clothing/uniform that may be contaminated.
4	Decontaminate key parts as appropriate i.e. drug vial tops, blood culture bottles using a pink alcohol PDI wipe and allow to dry 30 seconds.			Check technique for decontaminating equipment and rationale.
5	Prepare equipment protecting key parts at all times (staff member can identify key parts) Sharps are disposed of immediately into sharps container.			Ask HCW to identify key parts at preparation stage and explain the consequence of contaminating key parts.
6	Once equipment is prepared remove contaminated gloves and decontaminate hands..			Discuss how cross infection can occur from glove use and the importance of Hand Hygiene at this stage.
POINT OF CARE				
7	At the bedside and before touching the patient, hands to be decontaminated as per policy and clean gloves applied (sterile or non-sterile depending on procedure).			Again, emphasise the importance of Hand hygiene at this stage and rationale.
8	Where applicable, Injection ports/ skin is decontaminated with 2% chlorhexidine pink PDI wipe and allowed to dry for 30 seconds. (In IV therapy patency of device checked using a normal saline flush).			Check technique for decontaminating hubs/skin.
9	Procedure is carried out using ANTT, key parts/sites identified and protected.			Ask HCW to identify key parts/sites (Key-parts should not be touched by anything, other than other aseptic key-parts).
DECONTAMINATION				
10	Where applicable, sharps disposed of immediately into sharps container.			Discuss importance of safe sharps disposal, in particular disposing of needles and syringes as one unit.
11	Gloves and apron removed at the point of care and equipment disposed of in the appropriate waste stream. Plastic tray/trolley cleaned with detergent wipe after use and returned to clean storage area.			Explain why PPE should be removed at the point of care. Ensure equipment is left clean for next use.
12	Hands decontaminated with soap and water following glove removal using technique as per Trust policy.			Why is soap & water recommended at this stage?
13	All relevant documentation completed.			Rationale for accurate and timely documentation.
PASS		REFER		
Name of Candidate				
Signature of Candidate		Date		
Position		Ward		
Name of Assessor				
Signature of Assessor		Date		
Position				
Date and time Candidate's details entered on ANTT portal:		Date	Time	

ANTT Training Process

