

UNIQUE IDENTIFIER NO: C-40-2013  
Review Date: September 2023  
Review Lead: Infection Prevention and Control Nurse

## **Section G - Aseptic Technique**

### **Version 7**

**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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Infection Prevention & Control Committee	Consultant Microbiologist / Infection Prevention & Control Doctor	December 2020
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Infection Prevention & Control Team		
<b>Does this document map to other Regulator requirements?</b>		
Health & Social Care Act	2012	
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<b>Document Version Control</b>		
<i>Version 7</i>	Reviewed; updated to reflect an increased frequency of ANTT training competency. Definitions section added. Risk assessment section added. Competency form updated.	
<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>	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: <ul style="list-style-type: none"><li>▪ the training requirements for implementation</li><li>▪ monitoring arrangements for the document</li><li>▪ Equality Impact of the document</li></ul> In addition, the monitoring arrangements for this document have been included.	

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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
- Staff must undertake a risk assessment. Risk assessment is an important element of any nursing procedure or practice, including aseptic technique. It should incorporate assessment of the complexity of the procedure being undertaken and whether or not key parts can be protected by a non-touch technique. If there is a risk of key parts or sites being compromised, sterile gloves are required alongside other infection prevention precautions (Denton and Hallam, 2020)
- 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
- 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). ANTT assessment must be repeated every 3 years to ensure continued competency

### 4. Definitions

**ANTT / Aseptic Non-Touch Technique:** A specific type of aseptic technique with a unique theory and practice framework (NICE 2012).

**Key-Part & Key-Site Protection:** The unique concept central to how ANTT is taught and practiced.

**Key-Parts:** The critical parts of equipment that if touched either directly or indirectly, are most likely to result in patient contamination / infection.

**Key-Sites:** Any portal of entry for microorganisms on a patient, e.g. open wounds, insertion sites, surgical sites etc.

**Clean Technique & Sterile Technique:** Ambiguous and unachievable terms that are not used in ANTT.

**General Aseptic Field:** An aseptic field designed to PROMOTE asepsis, e.g. a plastic procedure tray that has been cleaned and disinfected.

**Critical Aseptic Field:** An aseptic field designed to ENSURE asepsis, e.g. a sterile drape or a sterile cap or the inside of recently opened equipment packaging.

**Micro Critical Aseptic Fields:** A type of Critical Aseptic Field e.g. sterile caps and the inside of sterilized product packaging.

### 5. Risk Assessment

**There are two types of ANTT Approach**

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

### **Standard-ANTT**

Standard-ANTT is used for procedures where it is technical straightforward not to touch Key-Parts and Key-Sites directly. There are likely to be few Key-Parts and no very large Key-Parts. Typical procedures include cannulation, IV therapy, venepuncture, simple wound care. Procedure time is likely to be short in duration.

### **Surgical-ANTT**

Surgical-ANTT is used for invasive procedures that are technically complex, longer in duration (approximately >20 min), involves multiple Key-Parts and/or large Key-Parts. Subsequently it is much harder or not possible to perform the procedure without touching Key-Parts directly. As a result, the main Critical Aseptic Field is managed 'critically' i.e. only sterilised aseptic equipment can come into contact with it. And the procedure may require full barrier precautions. Typical procedures include: major to minor surgery, central line insertion, urinary catheterisation, complex/complicated wound dressings.

### **Standard Precautions**

ANTT helps standardise the application and of these processes and promote staff compliance.

Both types of ANTT include standard precautions such as hand hygiene, wearing of personal protective equipment, e.g. gloves and aprons, the safe handling of sharps, waste and linen, decontamination of patient care equipment and environmental cleanliness.

## **6. 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.

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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.

## **7. 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 online declaration, accessed via the intranet hyperlink below, this must be updated every 3 years:

<https://antt.cht.nhs.uk/>

## **8. Trust Equalities Statement**

Calderdale and Huddersfield Foundation Trust aims to eliminate discrimination, harassment and victimisation and advance equality of opportunity through fostering good relationships, promoting inclusivity and embedding the “One Culture of Care” approach throughout the organisation. Stakeholder engagement is vital to analyse the equalities impact of this policy and ensure where there are any negative impacts, mitigation has been discussed and acted on.

## **9. 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

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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.

## **10. Associated documents / Further reading**

- ANTT training, assessment and guidance/resources are available on the Trust intranet and can be accessed via:  
<https://intranet.cht.nhs.uk/clinical-information/infection-prevention-control/aseptic-non-touch-technique-antt/>
- [www.antt.org.uk](http://www.antt.org.uk)
- Royal Marsden Manual of Clinical and Cancer Procedures. Chapter 4. Infection Prevention and Control. Aseptic Technique. Accessed 21/8/20  
<https://www.rmmonline.co.uk/manual/c04-sec-0099#c04-fea-0014>
- 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

## **11. References and Bibliography:**

Denton, A, Hallam,C (2020) Principles of asepsis 2: technique for a simple wound dressing. Nursing Times (online); 116:6, 29-31.

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

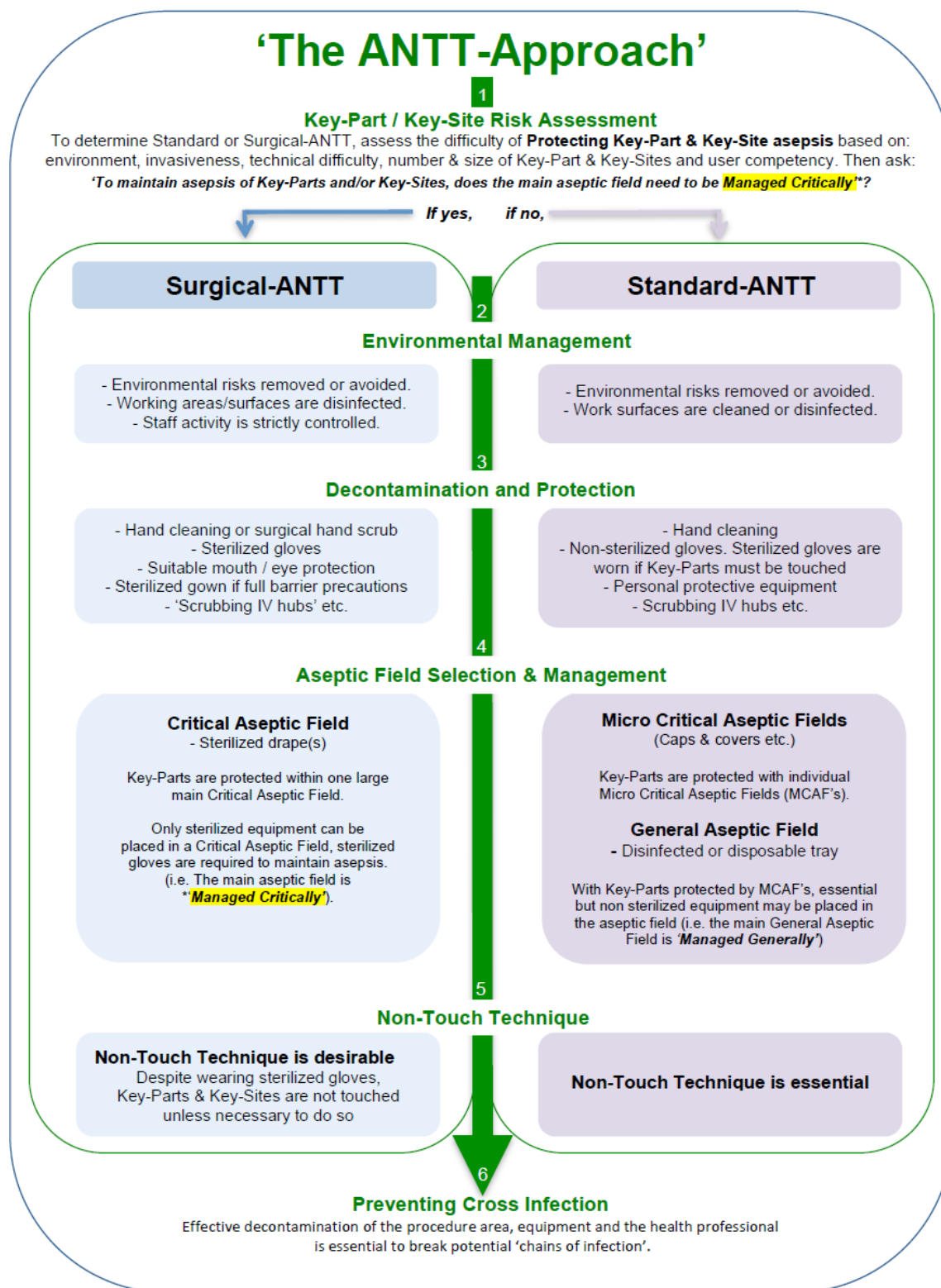


Fig 6

<b>ANTT COMPETENCY ASSESSMENT FORM</b>				
<b>STANDARD CRITERIA FOR ASSESSMENT</b>				
<b>PREPARATION</b>		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	Decontaminate trolley/tray with detergent/tristel and allow to dry. Gather required equipment.			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 a disposable apron (and gloves if preparing drugs)			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. Dispose sharps immediately into a sharps container.			Ask HCW to identify key parts at preparation stage and explain the consequence of contaminating key parts.
6	After drug preparation, remove gloves and decontaminate hands. You can keep your disposable apron on if you are going immediately to your patient.			Discuss how cross infection can occur from glove use and the importance of Hand Hygiene at this stage.
<b>POINT OF CARE</b>				
7	Before touching the patient and their environment, decontaminate hands and apply clean gloves (risk assess whether to wear sterile or non-sterile gloves).			Again, emphasise the importance of Hand hygiene at this stage and rationale. Discuss the glove choice risk assessment
8	Prepare for the procedure: where applicable, decontaminate the skin/invasive device ports for 30 seconds with a 2% pink PDI wipe and allow to dry for a further 30 seconds.			Check technique for decontaminating hubs/skin.
9	Carry out the procedure using ANTT, ensuring all the identified key parts/sites are protected.			Ask HCW to identify key parts/sites (Key-parts should not be touched by anything, other than other aseptic key-parts).
10	Dispose of any, sharps immediately into sharps container.			Discuss importance of safe sharps disposal, ie disposal of needles and syringes as one unit.
11	Immediately remove and dispose of gloves, apron and all equipment into the appropriate waste stream. Decontaminate hands.			Explain why PPE should be removed at the point of care.
<b>DECONTAMINATION</b>				
12	Return trolley/tray to designated storage area. Decontaminate as required with detergent/tristel and decontaminate hands as per trust policy			Ensure equipment is left clean for next use.
13	Complete EPR documentation.			Rationale for accurate and timely documentation.
<b>PASS</b>		<b>REFER</b>		
Name of Candidate				
Signature of Candidate		Date		
Position		Clinical area		
Name of Assessor				
Signature of Assessor		Date		
Position				
Date and time Candidate's details entered on ANTT portal:		Date	Time	

# ANTT Training Process

