



Policy / Procedure Information (Policy no CS024)	
Subject	Aseptic Non-Touch Technique (ANTT) policy (This policy is subject to periodic review and will be amended according to service development needs)
Applicable to	This policy applies to all staff, volunteers and contractors who work for or provide care on behalf of Nottinghamshire Hospice and who are undertaking procedures in which ANTT is used.
Date issued	Jan 2022
Next review date	Dec 2027
Lead responsible for Policy	Director of Care
Policy Reviewed by	Infection Prevention and Control Team - Nottingham CityCare Partnership. Care Services Team
Notified to	Quality and Safety Group
Authorised by	Board of Trustees
Links to other Policies	Infection Prevention and Control Policy
Summary	This document aims to provide a clear understanding of Nottinghamshire Hospices Infection Control Policy.
Target Audience	The policy aimed at all staff, volunteers and contractors who work for or provide care on behalf of Nottinghamshire Hospice and who are undertaking procedures in which ANTT is used.

IMPORTANT NOTICE: Staff should always refer to the website or the folder on the 'N' drive for the most up to date information.

If the review date of this policy or procedure has expired staff should seek advice from their clinical lead or manager regarding the appropriate action to be taken.

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1. Introduction and Purpose

The Health and Social Care Act (2008): Code of Practice for the Prevention and Control of Healthcare Associated Infections (HCAI) stipulate that all Health and Social Care providers must have measures in place to reduce and control HCAI's. In addition organisations must have in place core polices in relation to the prevention and control of HCAI's, including Aseptic Technique (Department of Health 2008).

The Department of Health (2003; 2005; 2007) identify that preventing HCAI within both community and hospital environments can be supported through the use of aseptic technique which is considered a fundamental method in minimising the risks.

The National Institute for Health and Care Excellence (2017) describes that using an aseptic technique ensures that all equipment and fluids that come into contact with susceptible body sites are not contaminated. It states that the technique should be used during any clinical procedure that bypasses the body's natural defences. The Aseptic Non Touch Technique (ANTT) is also a method by which microbial contamination from the healthcare workers hands is prevented during health care procedures. Using an aseptic non touch technique minimises the risk of introducing microbes into a wound or other susceptible sites by ensuring that the open wound or susceptible site does not come into contact with items which are not sterile.

Local data from the root cause analysis of Methicillin Resistant Staphylococcus Aureus (MRSA) bacteraemias has indicated that chronic wounds and the management of medical devices such as catheters and feeding tubes place patients at increased risk of infection. In order to reduce the risk of infection staff must use the principles of ANTT when caring for patients with wounds and/or medical devices.

All health care workers are expected to adhere to this policy in their delivery of care where an Aseptic Non Touch Technique is required. If staff are expected to undertake aseptic procedures, they should receive appropriate training and be deemed competent to practice in line with local policies (RCN 2017).

The purpose of this policy is to provide an overview of the principles of ANTT for Hospice staff that carry out invasive clinical procedures.

2. Evidence Base and Interaction with Other Policies and Procedures

Essential Practice for Infection Prevention and Control Guidance for nursing staff. RCN (2017)

Healthcare-associated infections: prevention and control in primary and community care, Clinical guideline. NICE (2017)

Nottinghamshire Hospice Medical Device and Medical Equipment Policy and Procedures

3. Scope and Responsibilities

The scope of this policy is for all Hospice staff undertaking Aseptic Non-touch Technique. The responsibilities for all roles and staff groups are to adhere to the policy when performing any invasive procedure or manipulating a medical device.

An invasive procedure is one where purposeful/deliberate access to the body is gained via an incision, percutaneous puncture, where instrumentation is used in addition to the puncture needle, or instrumentation via a natural orifice. It begins when entry to the body is gained and ends when the instrument is removed, and/or the skin is closed. BMJ (2019)

Organisational responsibilities:-

The Chief Executive is responsible for ensuring that there are arrangements in place to support infection prevention and control, in particular the relevant policies and training to reduce the risk of infections being transmitted.

The Executive Team is responsible for ensuring that staff have access to infection prevention and control policies to support their daily working practice.

Hospice employees are responsible for following this policy for any procedure that requires an aseptic non touch technique and ensure that the use and rationale for ANTT is documented within the patient's notes.

The Palliative Care Practice Lead is responsible for reviewing and updating this policy every 5 years or more often if relevant changes occur and offering mandatory training for clinical staff which incorporates ANTT

4. Equality & Diversity

Less favourable treatment of anyone on the grounds of their age, disability, gender, marital status, being pregnant or on maternity leave, race/ethnicity, religion or belief, sexual orientation, gender reassignment, responsibility for dependents, trade union or political activities, or any other reason which cannot be shown to be justified will not be tolerated. Positive action may be taken to improve the diversity of our workforce to reflect the city's population and to encourage people from protected groups to participate where their level of participation is disproportionately low.

Equality Impact Assessment Form (Short)

		YES/NO	COMMENT
1.	Does the policy affect one group less or more favourably than another on the basis of:		
	Age	No	

	Disability – learning disabilities, physical disability, sensory impairment and mental health problems	No	
	Gender Reassignment	No	
	Marriage/Civil Partnership	No	
	Pregnancy/Maternity	No	
	Race	No	
	Religion or Belief	No	
	Sex	No	
	Sexual Orientation	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	N/A	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	N/A	
6.	What alternatives are there to achieving the policy without the impact?	N/A	
7.	How can the impact be reduced by taking different action?	N/A	

5. Risk Management

Health care workers should adopt ANTT when undertaking any invasive procedures that may breach the body's natural defences. A poor technique may result in a risk of cross infection.

6. Equipment List (if applicable)

A sterile procedure pack, containing sterile gloves, aprons, sterile sheet such as a dressing or catheterisation pack

Additional sterile and non-sterile gloves as required

Additional plastic aprons as required

Equipment required to complete procedure e.g. dressings, catheter

Eye and face protection if there is a risk of splashing into the eyes or mouth

Waste receptacle

Sharps Bin

7. Definitions

ANTT - A standardised aseptic procedure where staff identify and protect key parts in any invasive procedure, carries out effective hand hygiene and chooses the correct personal protective clothing.

Asepsis: Is the aim for all invasive clinical procedures, including the maintenance and use of invasive clinical devices. The aim of ANTT is to protect patients from infections during invasive procedures. Therefore we need to ensure we use correct terminology to minimise confusion.

Aseptic: 'Free from pathogenic microorganisms' (Merriam-Webster, 2010).

Key Parts - These are the parts of any equipment being use and must only contact other key parts or key sites. If the key parts are touched ths increases the risk of contamination and thus, infection occurring e.g. wound dressings, needles, probes.

Key Sites – This is the area on the patient that must be protected from microorganisms e.g. wound, I.V insertion site, medical device.

Non-touch technique: Is the principle safeguard of achieving aseptic technique and should always be applied where practically possible eg. wounds, IV port.

Vacuum-Assisted Closure Therapy (VAC): A medical device that aids wound healing by decreasing the air pressure on the wound. This helps draw fluid from the wound reducing swelling. It may also clean and remove bacteria, pull wound edges together and promote growth of new tissue.

8. Key Parts

A core principle of ANTT is the protection of key parts. These are the parts of equipment that if touched increase the risk of contamination and thus, infection occurring. For example

- The urinary catheter when undertaking catheterisation.
- The side of a primary dressing that will have contact with the wound.
- Components of VAC Therapy that come into contact with the wound.

This list is not exhaustive and health care workers will need to identify the key and non-key parts prior to commencing care for all invasive procedures.

Key principles of Aseptic Non Touch Technique

Always decontaminate hands effectively

Never contaminate key parts

Touch non key parts with confidence

Take appropriate infection control precautions

Key parts should be protected at all times during the procedure. Non key parts can be touched with confidence. To ensure Key-Part and Key-Site protection during a procedure i.e. establishing, maintaining and protecting asepsis of Key-Parts and Key-Sites; the type of ANTT approach needs to be identified. This is determined by an ANTT assessment that is based on the technical difficulty of achieving asepsis.(Fig 1)

Fig 1

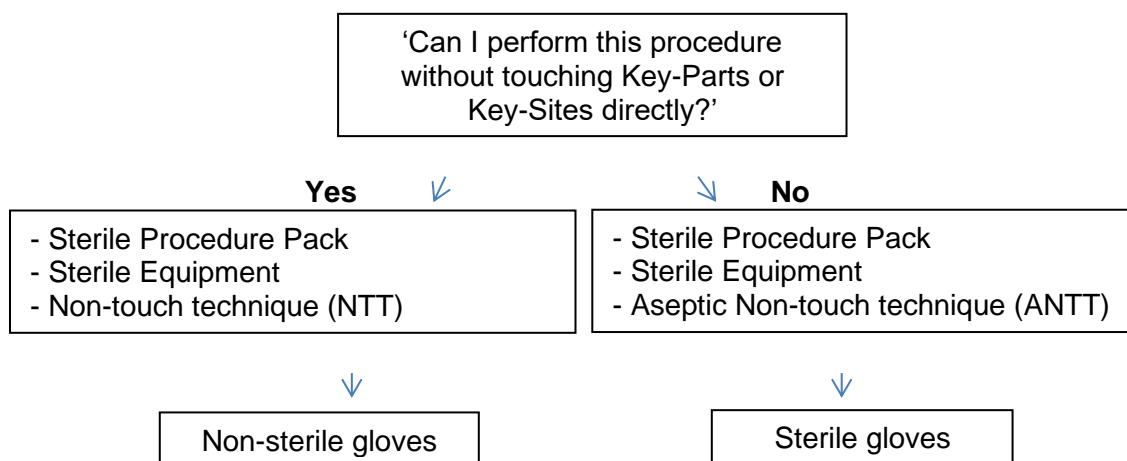
ANTT Risk Assessment to determine the approach of ANTT, consider the risks posed by:

- The procedure environment
- Procedure invasiveness
- The number & size of Key Parts & Key-Sites
- Operator competency
- Procedure duration

Then ask yourself:

‘Will I need to touch any Key-Parts or Key Sites?’ (Only sterilized and aseptic equipment may come into contact with the aseptic field to maintain asepsis of Key-Parts and Key-Sites).

The Choice of Approach will then Determine Equipment Selection (Fig 1)



Non-touch technique:

- A superficial wound dressed with an adhesive dressing that does not require you to touch the dressing part that will have contact with the patients wound (Non-Sterile Gloves and Sterile Field).

Aseptic Non-touch technique:

- A deep cavity wound which requires probing
- A wound that requires VAC therapy.
- A small wound that requires a primary dressing that you have to touch e.g. Inadine under an occlusive dressing (Sterile Gloves and Sterile Procedure Pack).
- Catheterisation.

NB: Wound care including leg ulcers should be approached as a two part procedure.

1. Removing the old dressing and cleansing the wound. (Non-sterile gloves)
2. Replacing a new primary dressing. (Depending on approach either non-sterile or sterile gloves).

9. Describing the Care

Basic Infective Precautions

Correct Infection Prevention and Control principles significantly reduce the risk of contaminating Key-Parts and Key-Sites. Therefore ensure effective hand hygiene, appropriate glove use, correct personal protective equipment and management of the environment is essential.

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 including insertion and puncture sites.

Non-Touch Technique

Non-Touch Technique is a critical skill that protects Key-Parts & Key-Sites from the healthcare worker and the procedure environment. Correct hand cleaning cannot always remove all pathogenic organisms, therefore, a non-touch technique, the skill of being able to identify Key-Parts and not touch them directly is a vital safeguard of achieving asepsis.

Aseptic Field Management

To maintain asepsis of Key-Parts the main Aseptic Field only has contact with equipment that has been sterilized. The whole aseptic field must be managed as a Key-Part (i.e. the whole working space must only come into contact with other aseptic equipment).

Any equipment that will come into direct contact with the susceptible site during an invasive procedure must be sterile. A sterile field is required to enable the clinician to protect the key parts of the equipment being used. A sterile field is created by opening a sterile procedure pack e.g. dressing or catheterisation pack and opening the sterile items to be used onto it.

The sterile field should be created as close as possible to the area where the procedure will take place. The sterile field should be prepared immediately prior to the procedure and placed on a clean surface not directly onto the floor. If there is no clean area available a clean area should be created by using items available e.g. couch roll, clean apron

If key parts become contaminated before the procedure has commenced the procedure should be abandoned and started over. This includes hand hygiene. If it is appropriate to use non sterile gloves ensure that the key parts of items are protected at all times (e.g. are not touched).

If non sterile gloves are decanted from their original box into bags of “gloves, bags and aprons” the clinician undertaking this practice must have decontaminated their hands effectively first. This is to prevent contamination from the hands to the personal protective equipment. Gloves should not be kept in clinicians pockets.

The environment in which the procedure is being undertaken can result in contamination of equipment with microbes therefore the following should also be considered;

- Any pets should be kept away from the environment during the procedure.
- Items of medical equipment should be stored in a designated covered box/bag away from the floor.
- Portable fans should not be used whilst the procedure is on-going to prevent contamination of the sterile field and sterile items to be used (EFA 2019).

NB: Effective decontamination of the procedure area, equipment and the health professional’s hands is essential to break the potential ‘chains of infection’.

10. Hand Hygiene

The Health and Social Care Act (2008) states that all staff and those employed to provide care in all settings must be fully involved in the process of preventing and controlling infection. Regular and effective hand hygiene is the single-most important thing you can do to protect yourself and others from infection. RCN (2017) Effective hand hygiene should be undertaken prior to and after all invasive techniques (Please refer to the Nottinghamshire Hospice Hand Hygiene Policy).

Alcohol gel can be used if hands are visibly clean (National Patient Safety Agency, 2008). If facilities in the home are not available for hand washing, hand hygiene packs containing liquid soap and paper towels can be ordered from supplies.



11. Glove Selection

The health care worker must consider whether the procedure will be performed with or without touching the key parts:

- If it is possible to undertake the procedure without touching the key parts then non-sterile gloves can be used.
- If it is not possible to perform the procedure without touching the key parts then sterile gloves are required.
- Some procedures will require more than one glove change so it is important to have an additional supply of gloves available and not to open more procedure packs if the rest of the items within the pack will not be required.

12. Personal Protective Equipment (PPE)

Single use gloves and plastic aprons are required for an ANTT procedure. Eye and face protection may be required if the procedure has a risk of splashing blood or bodily fluids to the face. A risk assessment of the procedure must be undertaken to determine the level of exposure to blood and bodily fluid splashing (Please refer to the Personal Protective Equipment Policy). PPE may need changing during a procedure if it should become contaminated.

13. Single Use Items

Ensure single use items are used once only. Single use items should only be used on an individual patient during a single procedure then discarded. If they were to be reused there is a risk of contamination and cross infection. Anyone who reuses or reprocesses a device intended by the manufacturer for use on a single occasion bears full responsibility for its safety and effectiveness (MHRA, 2013). Reusing single use items would also breach Hospice infection prevention and control policy. Single use equipment including scissors and forceps are provided by the Organisation for ANTT.

14. Waste

Waste should be disposed of according to the Waste Management Policy.

15. Education and Training

Reference to the content of this policy is included on the training programme offered to clinical staff by the Infection Prevention and Control Team. This includes The ANTT Clinical Practice Framework which provides practitioners and healthcare organisations with a robustly defined and reproducible process by which to apply safe aseptic technique

16. Further Guidance

If you have any concerns or issues with the contents of this policy or have difficulty understanding how this policy relates to you and/or your role, please contact the author.

17. References

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