



Public – To be published on the Trust external website

Title: Aseptic Non-Touch Technique (ANTT) Procedure

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1 Introduction

Aseptic Non-touch Technique (ANTT) is best practice based on research evidence. It provides a standard for safe and effective aseptic practice. Aseptic technique is the practice of carrying out a procedure in such a way as to minimize the risk of introducing contamination into a vulnerable area or an invasive device. The area or device will not necessarily be sterile – wounds, for example, will be colonized with micro-organisms – but the aim is to avoid introducing additional contamination.

This procedure aligns with our journey for change as set out in the overarching [Infection Prevention and Control Policy](#).

2 Purpose

Following this procedure will help the Trust to: -

- Provide staff with evidence based aseptic non touch technique guidelines
- Minimise the risk of introducing potentially pathogenic organisms into a wound or other susceptible site during aseptic or aseptic non-touch techniques
- Prevent the transfer of organisms capable of causing infection to other susceptible sites, patients, or staff

3 Who this procedure applies to

This procedure applies to all clinical staff employed by or working on behalf of the Trust who are required to carry out invasive procedures as part of their role and job description. Invasive refers to a procedure that invades (enters) the body, usually by cutting or puncturing the skin or by inserting instruments into the body.



Only perform the procedure if you are appropriately trained and competent in doing so or adequately supervised if in a learning capacity.

4 Related documents

This procedure describes what you need to do to implement the Outbreak of Infection section of the Infection Prevention and Control Policy



[The Standard \(Universal\) Precautions for Infection Prevention and Control](#) defines the universal standards for IPC which you **must** read, understand and be trained in before carrying out the procedures described in this document.

This procedure also refers to:-

- ✓ [Decontamination of equipment procedure](#)
- ✓ [Hand Hygiene](#)
- ✓ [Safe laundering of Linen](#)
- ✓ [Infection Prevention and Control Policy](#)
- ✓ [Skin Tear Prevention & Management](#)
- ✓ [Tissue Viability Policy](#)
- ✓ [Assessment, Prevention & Management of Pressure Ulcers](#)
- ✓ [Assessment, Prevention and Management of Moisture Associated Skin Damage](#)
- ✓ [Enteral Feeding \(PEG\) Procedure](#)

5 When must an aseptic non-touch technique be used?

ANTT must be used:

- When dressing wounds healing by primary intention, e.g., surgical wounds, burns, self-harm injuries
- When dressing wounds healing by secondary intention, e.g., pressure sores, leg ulcers, simple grazes, removing drains or sutures
- When inserting and maintenance of invasive devices, e.g., urinary catheter, nasogastric, gastrostomy or jejunostomy tube (referred to as PEG feeding tubes).
- When the patient is immunocompromised



The **key principles** of ANTT are:

Always decontaminate hands effectively

Never contaminate 'key parts' of the equipment or the patients' susceptible site

Touch non 'key parts' of the equipment with confidence

Take appropriate infection prevention and control precautions

6 Principles of ANTT

An effective aseptic technique requires strict application of guidance on hand hygiene and correct use of personal protective equipment.

6.1 Hand decontamination

Hand washing is the single most important procedure for preventing healthcare acquired infection as hands have been shown to be the common route of transmission of infection

- Hands should be washed and thoroughly dried. This will reduce or remove and destroy transient micro-organisms.
- Staff must be bare below the elbow when delivering direct patient care (bare below the elbow means: not wearing false nails, nail polish, a wristwatch, or stoned rings; wearing short-sleeved garments)
- Hands must be decontaminated prior to applying Personal Protective Equipment (PPE) and following removal of PPE.

6.2 Use of Personal Protective Equipment (PPE)

Selection of protective equipment must be based on an assessment of the risk of transmission of microorganisms to the patient, and the risk of contamination of the healthcare worker's clothing and skin by patients' blood, body fluids, secretions, or excretions.

- Sterile gloves must be worn for invasive procedures, contact with sterile sites and intact / non-intact skin or mucous membranes, and all activities that have been assessed as carrying a risk of exposure to blood, body fluids, secretions, or excretions. Specialist advice is available from the Tissue Viability Nurse (TVN) or specific dressing documentation
- Examples of procedures that usually require non sterile gloves include leg ulcer management, venepuncture & catheter maintenance.
- Gloves must be worn as single-use items. They must be put on immediately before an episode of patient contact or treatment and removed as soon as the activity is completed. Gloves must be changed between caring for different patients, and between different care or treatment activities for the same patient.
- Wear a disposable plastic apron if there is a risk that clothing may be exposed to blood, body fluids, secretions, or excretions or
- Wear a long-sleeved fluid-repellent gown if there is a risk of extensive splashing of blood, body fluids, secretions or excretions onto skin or clothing.
- Aprons and gloves must be changed or removed after each episode of care.

6.3 Maintaining a safe Environment

The purpose of maintaining a safe environment is to reduce possible contamination of the susceptible site and the environment.

- If the ward has a clinical room this should be where all procedures which require an aseptic non touch technique are performed. Where this is impractical, clinical procedures performed at the patient's bedside must not occur directly after activities such as bed making which may contribute to airborne contamination. Windows must also be kept closed and fans turned off during the clinical procedure
- Expose the wound for the minimum time to avoid contamination and maintain temperature
- Limit the number of people in the room during the procedure
- The environment including any dressing trolley must be cleaned and disinfected in preparation before and after use
- Dispose of clinical / offensive waste correctly

7 Key stages of ANTT

Before every clinical procedure staff must review the whole procedure to ensure the principles of ANTT will be applied and followed throughout.



Key Stages of ANTT

- Prior to the procedure perform a robust risk assessment for the procedure, the environment and specific client risk factors
- Staff must ensure the patient area is visibly clean, free of dust and soilage before commencing clinical procedures using ANTT
- Ensure procedure trays or trolleys are cleaned thoroughly with neutral detergent and hot water or a universal wipe and allowed to thoroughly dry before use
- All the packaging of the necessary equipment must be checked for damage, expiry dates and sterility.
- If using a sterile pack, the contents must be slid out onto the procedure tray/ trolley and opened using only the corners of the sterile paper/cloth
- Equipment and the patient susceptible site will need to be cleaned as appropriate for the clinical procedure being performed

- A non-touch technique must be used. Only non-key parts of the equipment must be handled. For example, when touching a syringe with a needle you would handle the syringe but not the needle which is a key part.
- The clinical procedure which has been undertaken must be documented in the patient's health care records.

8 Undertaking ANTT

8.1 Patient Preparation

- Wherever possible, patients must be informed about the rationale behind procedures and the steps being taken to reduce the risk of them being exposed to an HCAI during their care.
- Explain the procedure to the patient
- Position the patient and yourself comfortably so that the procedure can be easily performed
- Ensuring the patient is fully aware of the procedure, this will improve compliance and reduce the likelihood of them inadvertently compromising the sterile field

8.2 Preparing and Maintaining a Sterile Field

After following the key stages of ANTT:

- Place all the equipment required for the procedure on the bottom shelf of the trolley. Making sure that the dressing pack and any equipment is undamaged, dry, and intact
- If staff have no access to an appropriate trolley, then the procedure must be performed in the most sterile area possible, treatment room, patient own room etc.
- The Trust recommended sterile wound packs are used which contain the majority of items required for an average wound
- Open the dressing pack and using only the corners place the sterile field onto the trolley

- Sterile items do not come into contact with non-sterile objects this includes not only products used during the procedure but also the final dressing. This will prevent the susceptible site or wound from being contaminated during the procedure
- Only sterile items come into contact with the susceptible site or wound

8.3 Undertaking ANTT in patients own home

Staff **must** follow ANTT principles in the patients' own home. Staff may adapt techniques due to lack of equipment in the home, i.e., dressing trolley. Instead, staff might use table-tops, trays, coffee-tables, stools, chairs and beds.

Staff **must** clean the area with detergent wipes and ensure it is free from dust. If not possible use a new unused plastic apron under the sterile field for more protection.

Avoid using the floor or bed. If not possible, use a new unused plastic apron on top of the floor or bed. Then put the sterile field on top of the apron for more protection.

Staff **must** minimise air movement by closing windows.

No pets. Staff **must** ensure removal of pets from the room. Staff must explain the reason for this when gaining consent for the intervention.

Staff **must** assess the patients' own home:

- can staff follow the ANTT principles here?
- what is the risk of the patient developing a potential infection?

If the risk is high - consider having the patient attending a clinic if possible.

Staff **must** document this assessment, including the patient's environment.

9 Terms and definitions

Term	Definition
ANTT	<ul style="list-style-type: none"> • Aseptic Non Touch Technique
IPCT	<ul style="list-style-type: none"> • Infection Prevention Control Team
PPE	<ul style="list-style-type: none"> • Personal Protective Equipment

TVN	<ul style="list-style-type: none"> Tissue Viability Nurse
WREN	<ul style="list-style-type: none"> Wound Resource Education Nurse

10 How this procedure will be implemented

- This procedure will be published on the Trust’s intranet and external website.
- Line managers will disseminate this procedure to all Trust employees through a line management briefing.

10.1 Training needs analysis

Staff/Professional Group	Type of Training	Duration	Frequency of Training
Registered Healthcare Professionals	Face to face as part of Wound Resource Education Nurse (WREN)	X3 full training days which incorporates i.e., pressure ulcer prevention, self harming and burns	Annually, as part of rolling programme
Nursing Support Staff	Face to face as part of Wound Resource Education Nurse (WREN)	X3 full training days which incorporates i.e., pressure ulcer prevention, self harming and burns	Annually, as part of rolling programme
Registered Healthcare Professionals	Face to face as part of the Support Infection Prevention Specialists (SIPS) Programme	X2 full days training, x1 45 minute session regarding ANTT.	Annually, as part of a rolling programme
Nursing Support Staff	Face to face as part of the Support Infection Prevention Specialists (SIPS) Programme	X2 full days training, x1 45 minute session regarding ANTT.	Annually, as part of a rolling programme

11 How the implementation of this procedure will be monitored

Number	Auditable Standard/Key Performance Indicators	Frequency/Method/Person Responsible	Where results and any Associate Action Plan will be reported to, implemented and monitored; (this will usually be via the relevant Governance Group).
1	Pressure Ulcer Point Prevalence Audit	Frequency - Annually Method – Report generated Person - Tissue Viability Service	Report to EQAIG
2	Waterlow Pressure Ulcer Risk Assessment Audit	Frequency - Annually Method – Report generated Person - Tissue Viability Service	Report to EQAIG

12 References

Aseptic technique - Royal Marsden Manual. Available at: <https://www.rmmonline.co.uk/manual/c04-sec-0099#c04-fea-0014>
(Accessed: March 17, 2023).

Department of Health (2015) *The Health and Social Care Act 2008: Code of Practice on the Prevention and control of infections and related guidance*. [available from] [Health and Social Care Act 2008: code of practice on the prevention and control of infections and related guidance - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/424242/Health_and_Social_Care_Act_2008_code_of_practice_on_the_prevention_and_control_of_infections_and_related_guidance.pdf) (publishing.service.gov.uk) (accessed 20/11/2023)

Prevention and control of healthcare-associated infections in primary and community care (NICE, 2012) Available at: <https://www.nice.org.uk/guidance/cg139>

Rowley, S and Clare, S (2011) ANTT: A standard approach to aseptic technique. *Nursing Times* 107(36), pp. 12-14.

Wilson, A, J., Loveday, P, H et al (2014) epic3: National Evidence-Based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England. *Journal of Hospital Infection*. S1-S70.

13 Document control (external)

To be recorded on the policy register by Policy Coordinator

Date of approval	20 April 2023
Next review date	20 April 2026
This document replaces	Reinstated procedure (previously staff were referred to Royal Marsden Clinical Manual of Nursing Procedures Online)
This document was approved by	IPCC
This document was approved	20 April 2023
This document was ratified by	n/a
This document was ratified	n/a
An equality analysis was completed on this policy on	17/03/2023
Document type	Public
FOI Clause (Private documents only)	N/A

Change record

Version	Date	Amendment details	Status
v2	20 April 2023	Reintroduced procedure (previously the trust referred staff to the Royal Marsden Clinical Manual of Nursing Procedures Online).	Approved

Appendix 1 - Equality Analysis Screening Form

Please note: The Equality Analysis Policy and Equality Analysis Guidance can be found on the policy pages of the intranet

Section 1	Scope
Name of service area/directorate/department	Infection Prevention and Control Team
Title	Aseptic Non Touch Technique Procedure
Type	Procedure
Geographical area covered	Trustwide
Aims and objectives	Provide staff with evidence based aseptic non touch technique guidelines
Start date of Equality Analysis Screening	March 2023
End date of Equality Analysis Screening	March 2023

Section 2	Impacts
Who does the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan benefit?	TEWV staff and patients
Will the Policy, Service, Function, Strategy, Code of practice, Guidance, Project or Business plan impact negatively on any of the protected characteristic groups?	<ul style="list-style-type: none"> • Race (including Gypsy and Traveller) NO • Disability (includes physical, learning, mental health, sensory and medical disabilities) NO • Sex (Men, women and gender neutral etc.) NO • Gender reassignment (Transgender and gender identity) NO • Sexual Orientation (Lesbian, Gay, Bisexual, Heterosexual, Pansexual and Asexual etc.) NO • Age (includes, young people, older people – people of all ages) NO

	<ul style="list-style-type: none"> • Religion or Belief (includes faith groups, atheism and philosophical beliefs) NO • Pregnancy and Maternity (includes pregnancy, women who are breastfeeding and women on maternity leave) NO • Marriage and Civil Partnership (includes opposite and same sex couples who are married or civil partners) NO • Armed Forces (includes serving armed forces personnel, reservists, veterans and their families) NO
Describe any negative impacts	
Describe any positive impacts	Helps to protect all patients regardless of any protective factors.

Section 3	Research and involvement
What sources of information have you considered? (e.g. legislation, codes of practice, best practice, nice guidelines, CQC reports or feedback etc.)	See references
Have you engaged or consulted with service users, carers, staff and other stakeholders including people from the protected groups?	Yes, all IPCC members
If you answered Yes above, describe the engagement and involvement that has taken place	Members reviewed procedures and all comments reviewed and included. (pending)
If you answered No above, describe future plans that you may have to engage and involve people from different groups	

Section 4	Training needs
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As part of this equality analysis have any training needs/service needs been identified?	No
Describe any training needs for Trust staff	N/A
Describe any training needs for patients	N/A
Describe any training needs for contractors or other outside agencies	N/A

Check the information you have provided and ensure additional evidence can be provided if asked

Appendix 2 – Approval checklist

To be completed by lead and attached to any document which guides practice when submitted to the appropriate committee/group for consideration and approval.

	Title of document being reviewed:	Yes / No / Not applicable	Comments
1.	Title		
	Is the title clear and unambiguous?	Yes	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Yes	
2.	Rationale		
	Are reasons for development of the document stated?	Yes	
3.	Development Process		
	Are people involved in the development identified?	Yes	
	Has relevant expertise has been sought/used?	Yes	
	Is there evidence of consultation with stakeholders and users?	No	
	Have any related documents or documents that are impacted by this change been identified and updated?	N/A	
4.	Content		
	Is the objective of the document clear?	Yes	
	Is the target population clear and unambiguous?	Yes	
	Are the intended outcomes described?	Yes	
	Are the statements clear and unambiguous?	Yes	
5.	Evidence Base		
	Is the type of evidence to support the document identified explicitly?	Yes	
	Are key references cited?	Yes	
	Are supporting documents referenced?	Yes	
6.	Training		
	Have training needs been considered?	Yes	
	Are training needs included in the document?	Yes	

	Title of document being reviewed:	Yes / No / Not applicable	Comments
7.	Implementation and monitoring		
	Does the document identify how it will be implemented and monitored?	Yes	
8.	Equality analysis		
	Has an equality analysis been completed for the document?	Yes	
	Have Equality and Diversity reviewed and approved the equality analysis?	yes	03 April 2023
9.	Approval		
	Does the document identify which committee/group will approve it?	Yes	
10.	Publication		
	Has the policy been reviewed for harm?	Yes	No harm
	Does the document identify whether it is private or public?	Yes	Public
	If private, does the document identify which clause of the Freedom of Information Act 2000 applies?	N/A	