

Policy for Aseptic Non Touch Technique (ANTT®)

Department / Service:	IPCT
Originator:	Angela Roxburgh-Powell Senior Infection Prevention Nurse
Accountable Director:	Sarah Shingler
Approved by:	Trust Infection Prevention & Control committee
Date of approval:	23 rd May 2024
First Revision Due: This is the most current document and should be used until a revised version is in place	23 rd May 2027
Target Organisation(s):	Worcestershire Acute Hospitals NHS Trust
Target Departments:	All Clinical Departments
Target staff categories:	All Clinical Staff

Policy Overview:

This is an over-arching policy which sets out the principles that should be used to protect patients from the risk of infection during invasive procedures: The principles and practice terms for ANTT® outlined should be used in conjunction with other local policies relevant to all clinically Invasive procedures and infection prevention.

Key amendments to this Document:

Date	Amendment	By:
May 2021	New document approved, replacing WAHT-INF-025	TIPCC
April 2024	Policy reviewed – no amendments made other than broken reference links. Updated and accountable Director updated.	Angela Roxburgh-Powell

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1. Introduction

Effective aseptic technique ensures that only uncontaminated equipment and fluids come into contact with susceptible body sites (NICE 2014). It should be used during any clinical procedure that bypasses the body's natural defences.

Poor standards of aseptic technique are a fundamental cause of preventable healthcare-associated infections (Department of Health 2003). This organisation is committed to reducing healthcare-associated infections (HCAI) therefore demonstrating compliance with The Health and Social Care Act 2008 Code of Practice (2015) on the prevention and control of infections and related guidance.

The Act specifies that where aseptic procedures are performed the technique should be standardised across the organisation and all persons undertaking such clinical procedures should receive education and training in such technique, and standards should be demonstrable by audit.

ANTT[®] is defined by NICE 2012 as, '**A specific type of aseptic technique with a unique theory and practice framework**'. ANTT[®] aims to improve and standardise aseptic technique.

Designed for all clinically invasive procedures, from major surgery to maintenance of intravenous (IV) devices, the ANTT[®] Practice Framework is endorsed, or referenced as a best practice example of standardised aseptic technique, by a number of organisations including, Epic3 (Loveday et al 2014), The National Institute for Clinical Excellence (NICE 2012), and the Royal College of Nursing (RCN) Infusion Standards 2010 (RCN 2010).

2. Scope of this document

ANTT[®] will be the expected standard of practice in the organisation when performing an aseptic procedure.

This policy is not intended as an exhaustive educational tool for ANTT[®]. The full ANTT[®] Clinical Practice Framework is provided on the intranet and is also freely available from www.antt.org.

This policy sets out an overview of ANTT[®] and the trust strategic and operational intent on introducing, implementing and monitoring standards of aseptic technique using the ANTT[®] Clinical Practice Framework.

3. Aim and Purpose

The purpose of this policy is to set out expected standards of aseptic technique throughout the organisation using the ANTT[®] Clinical Practice Framework for all invasive procedures, including maintenance of indwelling medical devices, promoting safe practice and reducing the risk of healthcare associated infections

(HCAIs).

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.

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.

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

Optimal barrier precautions: This includes use of a sterile gown, sterile gloves and fluid-resistant surgical mask.

5. Responsibility and Duties

The Director of Infection Prevention and Control (DIPC)

The DIPC is responsible for overseeing the application of this policy in day-to-day practice and reporting to the Chief Executive/Chief Nurse when issues are identified.

Medical Director and Clinical Directors

Medical Director and Clinical Directors are responsible for ensuring the requirements of this policy are met in full for their respective clinical areas and teams.

Ward Managers / Ward Sisters/Charge Nurses / Matrons / Senior Nurses

Are responsible for ensuring all staff are trained and competency is assessed in ANTT® and audit is undertaken as directed by the organisation.

All healthcare workers

Are responsible to be up to date with the relevant training, including ANTT®, for the invasive clinical procedures they perform.

ANTT[®] Champions

ANTT[®] Champions are responsible for local training and competency assessment and for escalating issues that inhibit the realisation of this policy.

6. Policy detail**What is ANTT[®]?**

ANTT[®] is a contemporary international standard for safe and effective aseptic practice that is designed for all clinically invasive procedures including maintenance of indwelling medical devices. ANTT[®] is overseen and disseminated by the Association for Safe Aseptic Practice (www.the-asap.org). The international adoption of ANTT[®] standardizes practice and practice language for aseptic technique. This in turn reduces practice variability, improving quality and safety for patients.

The aim of ANTT[®] is always asepsis. Asepsis is achieved by a unique educational and practice concept for aseptic technique called Key-Part and Key-Site Protection. This involves the identification and protection of Key-Parts and Key-Sites for all procedures – achieved by pre-requisite basic precautions and the correct utilisation and combination of aseptic field management and non-touch technique.

The two types of ANTT[®] Approach**Standard-ANTT[®]:**

Standard-ANTT is used for procedures where it is possible 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 optimal barrier precautions. Typical procedures include: major to minor surgery, central line insertion, and urinary catheterisation.

Standard Precautions

Both types of ANTT[®] include standard precautions: 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 (ICNA, 2003). ANTT[®] helps standardise the application of these processes and promote staff compliance.

The Key-Part / Key-Site rule

For both types of ANTT®, aseptic Key-Parts must only come into contact with other aseptic Key-Parts or Key-Sites.

7. Risk Assessment

Where the type of ANTT® is not 'prescribed' by the organisation in procedure guidelines, procedures should be risk assessed using the standard ANTT® risk assessment below.

ANTT® Risk Assessment

to determine Standard-ANTT or Surgical-ANTT considers the risks posed by:

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

Then ask...

'Does this procedure
require me to touch the
Key-Parts directly?'

YES = Surgical-ANTT

NO = Standard-ANTT

8. ANTT® Clinical Procedure Guidelines

The ANTT® Clinical Guidelines Posters for the most common invasive procedures are used to standardize practice. They should be displayed in relevant clinical preparation areas to serve as quick aide-mémoire.

These are available on the intranet: <http://nww.worcsacute.nhs.uk/departments-a-to-z/infection-prevention-and-control/antt/>

9. Implementation

All clinical staff required to carry out an aseptic procedure, will be trained and assessed in the use and practice language of ANTT® through an organisation-wide implementation programme and/or training.

10. Training and awareness and competency assessment

Training

Staff must complete the ANTT e-learning available via ESR, supported by the resources and materials available on the intranet: <http://www.worcsacute.nhs.uk/departments-a-to-z/infection-prevention-and-control/antt/>

Competency Assessment for ANTT®

Staff must be competency assessed using the accredited ANTT® Competency Assessment Tool. This direct observation of practice (DOP) assessment requires an understanding of ANTT® practice terminology as well as a demonstration of effective ANTT® in practice (On the intranet and also freely available from www.antt.org).

Competency assessment must be performed by someone competent in ANTT®, and re-assessed at least three yearly.

11. Monitoring and compliance

Monitored Activity	Monitored How	How Often	Led By	Report To
Staff training and competency in ANTT®	<ul style="list-style-type: none"> ESR training records DOPs forms ANTT® Audit of invasive clinical procedures 	Minimum of three-yearly (Or more frequently if annual audits identify poor standards).	Ward managers & Matrons	Learning & Development and DIPC

12. Quality Assurance

Compliance with this policy and monitoring of practice standards of ANTT will be audited periodically by designated ANTT® staff at ward / department level. Infection Surveillance data will also be used to identify potential shortfalls in ANTT®.

13. Audit

The ASAP Protective Audit Process (APAP) is an integrated collection of tools and resources designed to facilitate successful implementation of the ANTT® aseptic technique, promote and monitor sustained clinical competency and provide the healthcare organisation with useful local intelligence. This suite of resources is available on the intranet and is also available freely from www.antt.org.

14. Policy Review

TIPCC will review this policy 3-yearly.

15. References

ASAP (2017) ANTT® Theory Practice Framework. Available: www.antt.org

Department of Health (2015) [Health and Social Care Act 2008: code of practice on the prevention and control of infections](#) London: Department of Health

Loveday HP, Wilson JA, Pratt RJ, Golsorkhi M, Tingle A, Bak A, Browne J, Prieto J, Wilcox M (2014) epic3: National Evidence-based Guidelines for Preventing Healthcare-Associated Infections in NHS Hospitals in England. *Journal of Hospital Infection* 86(S1): S1-S70. Available: <https://www.journalofhospitalinfection.com/action/showPdf?pii=S0195-6701%2813%2960012-2>

NICE (2012) Healthcare-associated infections: prevention and control in primary and community care. Available: <https://www.nice.org.uk/guidance/CG139>

NICE (2014) Quality Standard 61: Prevention and Control of Healthcare-Associated Infections. Available: <https://www.nice.org.uk/guidance/qs61>

RCN (2016) Royal College of Nursing, Standards for Infusion Therapy Available: <https://www.rcn.org.uk/Professional-Development/publications/pub-005704>

16. Background

16:1 Equality requirements

[A brief description of the findings of the equality assessment appendix 2]

16:2 Financial risk assessment

[A brief description of the financial risk assessment appendix 3]

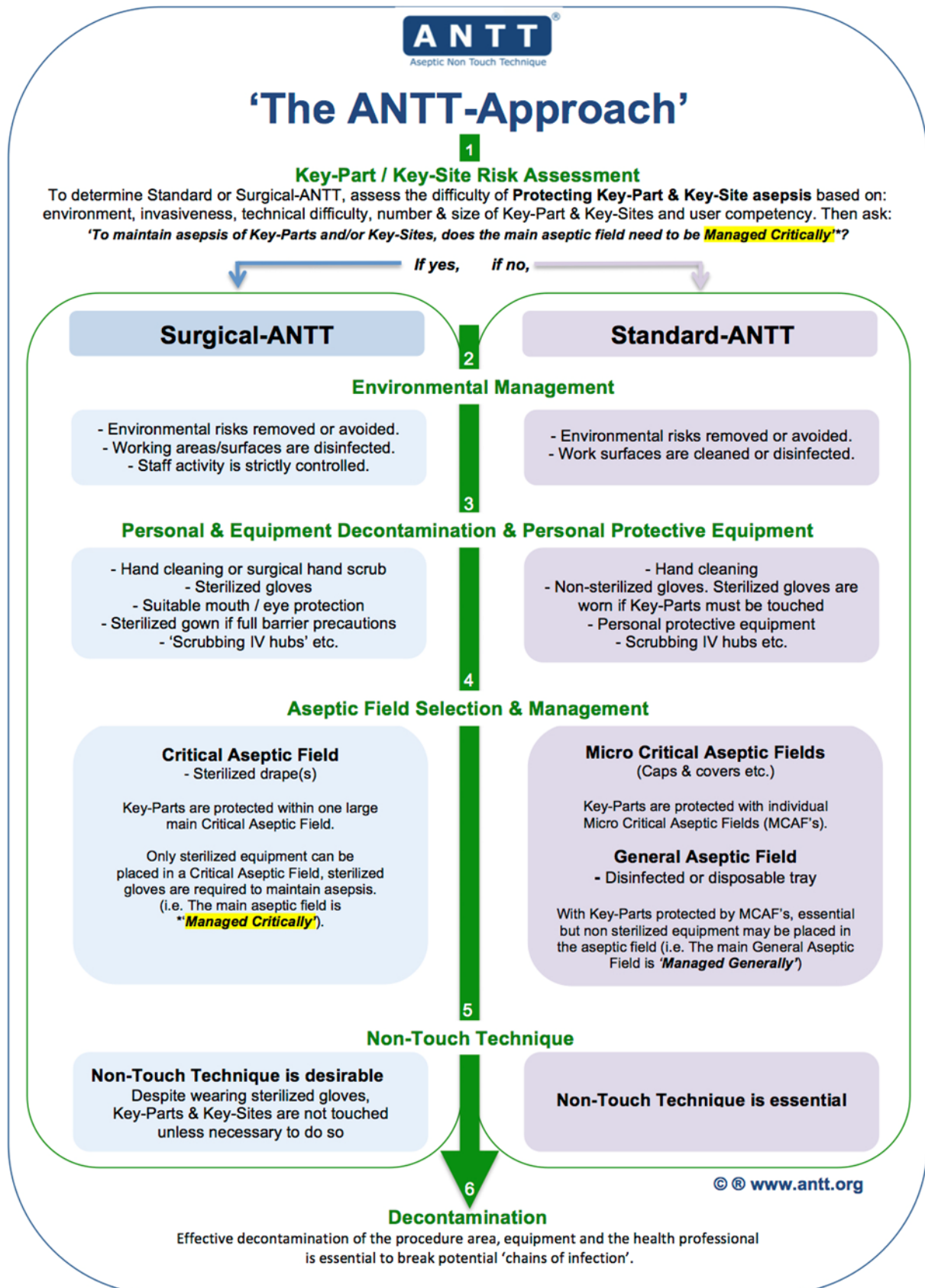
16:3 Consultation

Members of the Trust Infection Prevention and Control Committee will be consulted, representing all divisions.

16:4 Approval process

The Trust Infection Prevention and Control Committee will approve this document.

17. Appendices
Appendix A: The ANTT Approach



The 'ANTT-Approach': Practice Examples

This table provides examples of risk factors and decision making when applying the ANTT-Approach to invasive clinical procedures. It is not prescriptive or exhaustive

Procedure Type	Procedure Risks 1 →	Type of ANTT	Environment Management 2 →	Decontaminate / Protection (PPE) 3 →	Aseptic Field Management 4 →	Non-Touch Technique 5
Cannulation	<ul style="list-style-type: none"> Few Key-Parts Moderately invasive. Small Key-Parts Single small Key-Site 	Standard ANTT	<ul style="list-style-type: none"> Remove or avoid any environmental risks 	<ul style="list-style-type: none"> Hand cleaning Non-sterilized gloves Tray cleaning for General Aseptic Field 	<ul style="list-style-type: none"> Micro Critical Aseptic Fields Supported by a General Aseptic Field 	<ul style="list-style-type: none"> Non-touch technique is essential
	<ul style="list-style-type: none"> Many Key-Parts Highly invasive Large Key-Part High activity environment Large procedure area 	Surgical ANTT	<ul style="list-style-type: none"> Remove or avoid any environmental risks 	<ul style="list-style-type: none"> Surgical hand-scrub Sterilized gloves Other full barrier precautions 	<ul style="list-style-type: none"> Critical Aseptic Field Micro Critical Aseptic Fields where practical e.g. Handling of PICC line 	<ul style="list-style-type: none"> Non-touch technique is desirable where practical
IV Preparation/ Administration	<ul style="list-style-type: none"> Few Key-Parts Small Key-Parts Moderately invasive procedure 	Standard ANTT	<ul style="list-style-type: none"> Remove or avoid any environmental risks 	<ul style="list-style-type: none"> Hand cleaning Non-sterilized gloves & apron Tray cleaning for General Aseptic Field 	<ul style="list-style-type: none"> Key-Parts protected by Micro Critical Aseptic Fields Supported by a General Aseptic Field 	<ul style="list-style-type: none"> Non-touch technique is essential
Wound Cleaning & Dressing (Large exudating wound) in the community	<ul style="list-style-type: none"> Multiple Key-Parts Large Key-Site 	Surgical ANTT	<ul style="list-style-type: none"> Remove or avoid any environmental risks 	<ul style="list-style-type: none"> Hand cleaning Non-sterilized or sterilized gloves as required Irrigation or soaking performed with aseptic receptacle 	<ul style="list-style-type: none"> Critical Aseptic Field 	<ul style="list-style-type: none"> Non-touch technique is desirable where practical
Venepuncture	<ul style="list-style-type: none"> Minimally invasive Few Key-Parts Small Key-Parts 	Standard ANTT	<ul style="list-style-type: none"> Remove or avoid any environmental risks 	<ul style="list-style-type: none"> Hand cleaning Non-sterilized gloves & apron Tray cleaning for General Aseptic Field 	<ul style="list-style-type: none"> Key-Parts protected by Micro Critical Aseptic Fields Supported by a General Aseptic Field 	<ul style="list-style-type: none"> Non-touch technique is essential
Surgical Intervention in the operating room	<ul style="list-style-type: none"> Multiple Key-Parts Large Key-Parts Large Key-Site Long duration Highly invasive Controlled area but many personnel 	Surgical ANTT	<ul style="list-style-type: none"> Full Theatre Room Precautions 	<ul style="list-style-type: none"> Surgical scrub Sterilized gowns & gloves Full barrier precautions 	<ul style="list-style-type: none"> Critical Aseptic Field 	<ul style="list-style-type: none"> Scrub nurse Non-touch technique is still desirable where practical

on the intranet.

For documents that are being reviewed and reissued without change, this checklist will still need to be completed, to ensure that the document is in the correct format, has any new documentation included.

1	Type of document	
2	Title of document	
3	Is this a new document?	Yes <input type="checkbox"/> No x <input type="checkbox"/> If no, what is the reference number _WAHT – INF - 048_
4	For existing documents, have you included and completed the key amendments box?	Yes x <input type="checkbox"/> No <input type="checkbox"/>
5	Owning department	
6	Clinical lead/s	
7	Pharmacist name (required if medication is involved)	
8	Has all mandatory content been included (see relevant document template)	Yes x <input type="checkbox"/> No <input type="checkbox"/>
9	For policies and strategies, does the document have a completed Equality Impact Assessment included?	Yes x <input type="checkbox"/> No <input type="checkbox"/>
10	Please describe the consultation that has been carried out for this document	
11	Please state how you want the title of this document to appear on the intranet, for search purposes and which specialty this document relates to.	Aseptic Non -Technique (ANTT®) Infection Prevention and Control

Once the document has been developed and is ready for approval, send to the Clinical Governance Department, along with this partially completed checklist, for them to check format, mandatory content etc. Once checked, the document and checklist will be submitted to relevant committee for approval.

Implementation

Briefly describe the steps that will be taken to ensure that this key document is implemented

Action	Person responsible	Timescale

Plan for dissemination

Disseminated to	Date

1	<p>Step 1 To be completed by Clinical Governance Department</p> <p>Is the document in the correct format?</p> <p>Has all mandatory content been included?</p> <p>Date form returned ____/____/____</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>
2	Name of the approving body (person or committee/s)	
<p>Step 2 To be completed by Committee Chair/ Accountable Director</p>		
3	Approved by (Name of Chair/ Accountable Director):	
4	Approval date	____/____/____

Please return an electronic version of the approved document and completed checklist to the Clinical Governance Department, and ensure that a copy of the committee minutes is also provided.

Office use only	Reference Number	Date form received	Date document published	Version No.

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and included as an appendix to key document when submitted to the appropriate committee for consideration and approval.

Please complete assessment form on next page;



Herefordshire & Worcestershire STP - Equality Impact Assessment (EIA) Form

Please read EIA guidelines when completing this form

Section 1 - Name of Organisation (please tick)

Herefordshire & Worcestershire STP		Herefordshire Council		Herefordshire CCG	
Worcestershire Acute Hospitals NHS Trust	x	Worcestershire County Council		Worcestershire CCGs	
Worcestershire Health and Care NHS Trust		Wye Valley NHS Trust		Other (please state)	

Name of Lead for Activity	Tracey Cooper, DIPC
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Details of individuals completing this assessment	Name	Job title	e-mail contact
	A K Roxburgh-Powell	Senior IPCN	Angela.roxburgh-powell@nhs.net
	Julie Booth	DDIPC	Tracey.cooper27@nhs.net
	E Fulloway	Infection Control Nurse Manager	e.fulloway@nhs.net
	L Bailey	Senior IPCN	larabailey@nhs.net
Date assessment completed	22/04/2024		

Section 2

Activity being assessed (e.g. policy/procedure, document, service redesign, policy, strategy etc.)	Title: The Policy for Aseptic Non Touch Technique (ANTT)		
What is the aim, purpose and/or intended outcomes of this Activity?	This sets out the principles that should be used to protect patients from the risk of infection during invasive procedures.		
Who will be affected by the development & implementation of this activity?	<input checked="" type="checkbox"/> Service User <input checked="" type="checkbox"/> Patient <input type="checkbox"/> Carers <input type="checkbox"/> Visitors	<input checked="" type="checkbox"/> Staff <input type="checkbox"/> Communities <input type="checkbox"/> Other _____	
Is this:	<input checked="" type="checkbox"/> Review of an existing activity <input type="checkbox"/> New activity <input type="checkbox"/> Planning to withdraw or reduce a service, activity or presence?		
What information and evidence have you reviewed to help inform this assessment? (Please name sources, eg demographic	<ul style="list-style-type: none"> • Outcomes from reviews of staph aureus bacteraemia • National evidence base • ANTT programme 		

information for patients / services / staff groups affected, complaints etc.	
Summary of engagement or consultation undertaken (e.g. who and how have you engaged with, or why do you believe this is not required)	Policy was taken to TIPCC and approved
Summary of relevant findings	Policy approved. Agreement to implement national ANTT framework and training.

Section 3

Please consider the potential impact of this activity (during development & implementation) on each of the equality groups outlined below. **Please tick one or more impact box below for each Equality Group and explain your rationale.**

Please note it is possible for the potential impact to be both positive and negative within the same equality group and this should be recorded. Remember to consider the impact on e.g. staff, public, patients, carers etc. in these equality groups.

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Age		X		
Disability		X		
Gender Reassignment		X		
Marriage & Civil Partnerships		X		
Pregnancy & Maternity		X		
Race including Traveling Communities		X		
Religion & Belief		X		
Sex		X		
Sexual Orientation		X		
Other Vulnerable and Disadvantaged Groups (e.g. carers; care leavers; homeless; Social/Economic deprivation, travelling communities etc.)		X		

Equality Group	Potential positive impact	Potential neutral impact	Potential negative impact	Please explain your reasons for any potential positive, neutral or negative impact identified
Health Inequalities (any preventable, unfair & unjust differences in health status between groups, populations or individuals that arise from the unequal distribution of social, environmental & economic conditions within societies)		X		

Section 4

What actions will you take to mitigate any potential negative impacts?	Risk identified	Actions required to reduce / eliminate negative impact	Who will lead on the action?	Timeframe
How will you monitor these actions?				
When will you review this EIA? (e.g in a service redesign, this EIA should be revisited regularly throughout the design & implementation)	This will be reviewed each time the policy is reviewed.			

Section 5 - Please read and agree to the following Equality Statement



1. Equality Statement

1.1. All public bodies have a statutory duty under the Equality Act 2010 to set out arrangements to assess and consult on how their policies and functions impact on the 9 protected characteristics: Age; Disability; Gender Reassignment; Marriage & Civil Partnership; Pregnancy & Maternity; Race; Religion & Belief; Sex; Sexual Orientation

1.2. Our Organisations will challenge discrimination, promote equality, respect human rights, and aims to design and implement services, policies and measures that meet the diverse needs of our service, and population, ensuring that none are placed at a disadvantage over others.

Trust Policy

1.3. All staff are expected to deliver services and provide services and care in a manner which respects the individuality of service users, patients, carer's etc, and as such treat them and members of the workforce respectfully, paying due regard to the 9 protected characteristics.

Signature of person completing EIA	
Date signed	22/04/24
Comments:	
Signature of person the Leader Person for this activity	Julie Booth 
Date signed	22/04/24
Comments:	



Supporting Document 3 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	
2.	Does the implementation of this document require additional revenue	
3.	Does the implementation of this document require additional manpower	
4.	Does the implementation of this document release any manpower costs through a change in practice	
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval