Model Policy
Aseptic Non Touch Techniques (ANTT®):
A national, standardised approach to aseptic technique

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Executive Summary:

This policy outlines the national standardised approach for raising clinical standards of aseptic technique and achieving asepsis in non invasive and invasive clinical procedures. The aim is to provide a standardised approach termed Aseptic Non Touch Technique (ANTT<sup>®</sup>) and to reduce variation in aseptic technique and practice across Wales in the prevention of healthcare associated infections (HCAI). This policy should be adapted, with local variations, for infection prevention and control practices and procedures in relation to ANTT<sup>®</sup>. The policy requires relevant managers and leaders to organise and support its implementation. It requires relevant clinical staff to be appropriately trained to embed ANTT<sup>®</sup> competency into everyday practice.

Date: 16<sup>th</sup> May 2017

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Appendix 1 – Definitions / Glossary

Appendix 2 – Steps to ANTT® procedure

Appendix 3 – ANTT® Patient Poster

Appendix 4 – ANTT® Clinical Staff Poster

Appendix 5 – ANTT® Clinical Practice Framework Poster
1. Introduction

Aseptic technique is a core nursing and medical skill but is also used by other allied healthcare professionals (AHP) and healthcare support workers. The standard of aseptic technique practice can be inconsistent, and if not undertaken correctly may be instrumental in causing a healthcare-associated infection (HCAI).

Historically, aseptic technique has been seen to be confusing and ambiguous with practice terms and principles having different meanings for different users. This has led to inconsistency and substandard practices.

In the challenge to reduce HCAI, ‘Aseptic Non Touch Technique’ (ANTT®) is used internationally as a safe and effective practice framework for aseptic technique for all aseptic clinical procedures. Welsh Government has directed healthcare organisations to ‘roll-out’ ANTT® competency training to all relevant staff within their organisation. The principles of ANTT® align with the principles of prudent healthcare. The need for asepsis, especially in the use of invasive procedures and wound management, is evidenced in the epic3 Guidelines.

What is ANTT®?

The ANTT- Approach is an International Campaign designed to promote the essential elements of aseptic technique. This approach is a three-way ‘partnership’ between patients, healthcare professionals and healthcare organisations to actively promote the essential ‘6 Actions for Safe Aseptic Technique’.

The ANTT® Practice Framework was originated by Rowley (2001), and is defined as, ‘A specific type of aseptic technique with a unique theoretical and clinical practice framework’.

The framework is applicable to all non-invasive and invasive clinical procedures including major surgery, the maintenance of indwelling medical devices, and all primary and community based care that requires aseptic practice.

ANTT® Practice Framework developments and dissemination is overseen by The Association for Safe Aseptic Practice (ASAP), a non-profit non-governmental organisation (NGO). The ASAP is working in partnership with NHS Wales and Public Health Wales to standardise aseptic technique across Wales as a national standard. A person will be deemed as competent in ANTT® once they have completed the All Wales ANTT e learning programme (once only) and have successfully completed a directly observed procedural (DOP) assessment. The DOP must be reassessed every 3 years.

The ASAP can be contacted for on-going support on practice and implementation issues via www.antt.org. The full ANTT framework is available on Public Health Wales website and via www.antt.org. A summarised version is given in Rowley et al (2010).

2. Purpose

The purpose of this policy is to support the implementation of the ANTT® practice framework to enable standardisation of technique and ‘practice language’ for all aseptic
procedures. ANTT® must be embedded into every day clinical procedures as part of a robust commitment to reducing the risks of HCAI.

Infection rate reductions in MRSA and MSSA bacteraemia are expected across Wales by March 2017\(^{18}\) and compliance with ANTT® will support Health Boards/Trusts in achieving this reduction and in reducing other HCAI.

### 3. Aims and Objectives

This policy provides a well tried and tested evidence-based framework for establishing ANTT® as the safe and effective technique for all aseptic procedures in healthcare organisations across Wales.

Objectives are:

- To identify the role of ANTT® in the reduction of HCAI
- To identify key roles and responsibilities in ANTT® implementation
- To describe the implementation and uses of ANTT®
- To identify the principles of ANTT® and its application to practice
- To outline the requirements for learning and competency assessment for staff undertaking clinical aseptic procedures

### 4. Scope of the Policy

This model policy is applicable in all settings that provide healthcare to patients and/or service users and to all healthcare workers (HCW) who perform a clinical procedure that requires an aseptic technique.

### 5. Roles and Responsibilities within Organisations

#### 5.1 The Executive Director of Nursing:

- Has overall responsibility to ensure that ANTT® is fully implemented and effectively sustained within their organisation\(^{17,18}\).
- Must ensure that this and local ANTT® policy is adhered to.
- Must nominate an organisational lead for ANTT®.
- Must review progress of ANTT® implementation and report to the Board.

*The operational and professional responsibility lies with the individual performing the procedure*

#### 5.2 Senior Clinical Leads, Departmental and Nurse Managers will:

- Be responsible for the effective implementation and monitoring of compliance with ANTT®, ensuring appropriate action is taken when staff fail to comply with policy.
- Identify an ANTT® lead and key trainers for their area.
- Ensure additional resources or equipment is available to facilitate the HCW undertaking the theory and practice of ANTT®.
- Facilitate completion of the All-Wales e-learning programme for ANTT® by all HCWs involved in aseptic procedures e.g. time and access to a computer.
Facilitate completion of competency assessment for all HCWs undertaking any type of aseptic procedure.

Monitor and report on competency level of the team. Priority must be given to ensure staff do complete appropriate training and assessment.

Support HCWs in achieving compliance with all statutory and mandatory training, including Infection Prevention and Control (IPC) mandatory training.

Bring this policy to the attention of all HPs involved in ANTT®.

Embed ANTT® into routine aseptic practice.

It is acknowledged that until the programme of roll out is complete or as new employees join the organisation, there will be a period of time when not all staff performing aseptic technique in the organisation will have undergone training and assessment in ANTT®, therefore, existing aseptic practice skills will be used to ensure service delivery is not affected. Individual local risk assessment will be necessary, in the interim, to direct the priority for those staff to be trained and assessed as competent e.g. staff in augmented care units, staff carrying out invasive procedures, or all new employees.

5.3 Healthcare Workers (HCWs) will:

- Ensure they are familiar with and adhere to this policy and the relevant local IPC policies to reduce the risk of transmission of infection.
- Always act in patients’ best interest.
- Perform invasive and other procedures in accordance with the principles and process of ANTT® (appendices 2-5) and this policy.
- Ensure attendance at mandatory training or completion of relevant e-learning and act in accordance with their accountability within the ‘Code of Practice for the Prevention and Control of Healthcare Associated Infections’ and professional codes of conduct.
- If undertaking aseptic clinical procedures of any type, they will undertake the required ANTT® training and competency assessment: This includes assessment as competent in ANTT® theory and practice i.e. e-learning and directly observed practice (DOP) assessments.
- Embed ANTT® into all aseptic practice.

In non-hospital care settings (e.g. Community Nursing) there may be challenges in the application of ANTT® principles relating to equipment and the environment. A Local risk assessment should be undertaken to ensure how and what principles need to be adapted, if necessary, to minimise patient risk. Resources to assist with this risk assessment are available on Public Health Wales website and via www.antt.org.

ANTT® principles will be applied and adapted to the management of chronic wounds. While it is recognised some chronic wound procedures e.g. leg ulcer cleansing and dressing, can be simplified, the aim is always asepsis, with the aim being not to introduce any further microorganisms into the wound. Guidance should be sought from the Tissue Viability Nurse on aspects that do require ANTT®.

5.4 Consultant Medical Staff will:

- Undertake the required ANTT® training and competency assessment i.e. completion of the All Wales ANTT e-learning and directly observed practice (DOP) assessments.
Comply with Good Medical Practice framework (GMC 2014)\(^4\).
Be responsible for ensuring their junior doctors and teams adhere to and embed the principles of ANTT\(^®\) and undertake the required training and DOP assessment of competence.

5.5 *Infection Prevention and Control Team (IPCT), Tissue Viability Nurse (TVN), Continence Teams and Intravenous Access Teams* have a pivotal role in assisting relevant organisational teams to coordinate ANTT\(^®\) implementation, risk-manage and evaluate effectiveness of its use and will participate in National Steering Groups supporting ANTT\(^®\) roll-out across Wales.

These specialist teams will:

- Provide expert advice in accordance with this policy.
- Support managers and staff with the implementation of ANTT\(^®\).
- Provide information, advice and training to enable managers and users to undertake necessary risk assessment.
- Conduct investigations in areas with specific risk to advise on safe practice.
- Ensure local or adapted policy remains consistent with the evidence-base for safe practice and review/update local policy at least every 3 years.
- Identify areas for improvement and report to Infection Prevention and Control Managers, local Infection Prevention and Control Committee, and local Clinical Risk or Patient Safety, Health and Safety and national groups.
- Support education and training programme for ANTT\(^®\) across primary and secondary care.

5.6 *The nominated ANTT\(^®\) Lead will:*

- Provide local leadership for the roll-out of ANTT\(^®\).
- Participate in PHW-led all-Wales Steering groups and/or sub groups to enable sharing of best practice.
- Provide guidance to their organisation on future developments, e.g. primary care roll out, standardised packs.
- Ensure that training, policies, procedures and guidelines are ANTT\(^®\) compliant.

5.7 *Nominated Key-trainers/Facilitators from each clinical area/ professional group will:*

- Facilitate completion of All Wales ANTT e-learning training by all HCWs involved in aseptic processes
- Provide supplementary face to face ANTT\(^®\) training and competency assessment to relevant staff within their department.
- Keep accurate records of staff trained.
- Instil a culture of ANTT\(^®\) practice across their clinical area.
- Ensure compliance with ANTT\(^®\) practice is achieved, challenging unsafe practice.
- Maintain own compliance with ANTT\(^®\) practice.
- Identify and support additional resources needed for compliance.
- Identify and address challenges and share areas of good practice via the Quality Safety and Experience structures.
5.8 Procurement Leads

Prior to purchase of any non-single use patient equipment, discussion must take place with manufacturers and local decontamination leads, where applicable, to ensure that such items can be safely decontaminated within the organisation. Equipment needed to facilitate ANTT® e.g. insertion packs, trays, trolleys, should be made readily available and accessible across the organisation. There should be rationalisation and standardisation of equipment choices across Wales to help reduce practice variation in aseptic technique.

5.9 Higher Education Institutes (HEI):

Universities across Wales will work to standardise the curriculum regarding teaching and learning competencies in ANTT for healthcare professional students, e.g. nursing, medical, podiatry and allied health in respect of ANTT®, at the point of registration.

6. Implementation of ANTT® will require:

- Executive level commitment.
- A robust ANTT® training and assessment programme.
- Equipment and appropriate resources.
- Raising ANTT® awareness across the whole organisation.
- An ANTT® audit programme.
- Nominated ANTT Leads and ANTT® key-trainers\(^{17,18}\)
- Robust monitoring and recording processes for completions and compliance.

7. Training:

It is essential that all HCWs performing aseptic technique recognise that they are responsible and accountable for the provision of safe care. Professional registrants must recognise their accountability in accordance with their own code of conduct e.g. The Code (Nursing and Midwifery Council 2015) states that nurses must have a good knowledge base before performing any clinical procedure\(^6,15\) and should be trained appropriately and have achieved competency within their clinical area. The General Medical Council (2014) states that doctors must recognise and work within the limits of their competence.\(^4\)

- All HCWs across Wales who are involved in aseptic procedures will complete the nationally agreed ANTT® training in the principles and theory for ANTT® i.e. current e-learning module at learning@ NHS Wales: [https://learning.wales.nhs.uk/](https://learning.wales.nhs.uk/)
- ANTT® will also be taught locally within departments by means of trained key-trainers/Facilitators, using ANTT® resources: [http://antt.org/ANTT_Site/resources.html](http://antt.org/ANTT_Site/resources.html) within an implementation framework set out by the local organisation.
- All taught procedures involving asepsis will be undertaken using ANTT®.
- All HCWs performing ANTT® must be assessed as competent in the application of ANTT® through direct observation of practice (DOP) assessment using the standard ANTT® DOP assessment tool.
- It is recommended that ANTT® DOP assessment should be undertaken within 3 months of completing the ANTT® e learning programme.
• HCWs performing aseptic procedures must maintain their ANTT® competency with three-yearly re-assessment, monitored via local appraisal process.
• HCWs must undergo mandatory competency re-assessment every 3 years.
• HCWs have an individual responsibility to ensure their competencies are maintained and must inform their line manager of any difficulties or lapse in competency.
• Should a HCW change specialties or commence a new post within the HB/Trust requiring competence in different skill sets the need for further ANTT® training/assessment must be risk assessed and agreed with their line manager. Advice can be sought from the local ANTT® Lead.

8. Standard Terminology

Aseptic technique is historically confused with ambiguous terms used interchangeably. The ANTT® Practice Framework defines aseptic practice explicitly:

• **Sterile Technique**

ANTT® does not use the word sterile; due to the natural multitude of organisms in the atmosphere it is not possible to achieve a true sterile technique in any setting. The term sterilized is used to identify products and equipment that have been sterilized. However, once opened to air equipment and products are said to be aseptic.

• **Asepsis / Aseptic technique**

The term ‘asepsis’ means ‘freedom from pathogenic material’ in sufficient quantity to cause infection. It is possible to achieve asepsis in health care delivery by taking steps to reduce patient contamination. Aseptic technique is a generic term for aseptic practice and has no explicitly defined practice framework.

• **Aseptic NonTouch Technique (ANTT®)**

ANTT® is a specific type of aseptic technique with a unique theoretical and clinical practice framework10,11,12. The ANTT® Practice Framework includes a set of Principles and Safeguards that, if followed, will ensure asepsis for all types of invasive procedures ‘from the operating theatre to the community setting’. It is based on a novel concept termed ‘Key-Part and Key-Site Protection’.

The ‘ANTT-Approach’ involves a combination of methods aimed at achieving and supporting best practice aseptic technique; including the ANTT® Practice Framework, a set of ANTT® Guidelines for the most common invasive procedures and a standard implementation process.

• **Non-Touch Technique**

Non-touch technique is not a technique in itself. It is simply an important component of ANTT®.

9. ANTT® Practice Framework outline (appendix 5)
This model policy is not intended as an educational tool for ANTT. It is important that Practice Leads refer to the full ANTT® Practice Framework available on the Public Health Wales website or www.antt.org. A snapshot of the framework is outlined below:

- **The aim of ANTT®** is always asepsis (see section 8)
- **Key-Parts:** are the critical parts of any equipment that comes into contact with: Key-Sites; any liquid infusion; or with any other active Key-Parts connected to the patient via a medical device. If contaminated during a procedure, Key-Parts provide a route for the transmission of pathogens onto or into the patient, and present a significant infection risk.
- **Key-Sites:** open wounds, including insertion and puncture sites for invasive medical devices.
- **There are two types of ANTT® (Surgical and Standard) determined by a simple ANTT® Risk Assessment** (See the full ANTT Practice Framework)
- **Standard-ANTT®** is used for procedures that are technically simple to achieve asepsis. Typically such a procedure will be of short duration and involve few small Key-Parts and Key-Sites. In Standard-ANTT, Key-Parts are protected primarily by non-touch technique and individual Micro Critical Aseptic Fields.
- **Surgical-ANTT®** is required for procedures that are technically complex to achieve asepsis, are of longer duration, involve large open-sites and large or numerous Key-Parts. In contrast to Standard-ANTT, in Surgical-ANTT, Key-Parts are managed on one main Critical Aseptic Field (sterile drape) and sterile gloves are essential.
- **Aseptic Fields in ANTT®:** the type of aseptic field and how it is managed is dependent upon the type of ANTT® being utilized. ANTT® uses three types of aseptic field:
  - **Critical Aseptic Field:** a large sterile drape that is managed ‘critically’
  - **Micro Critical Aseptic field:** sterilized caps and covers etc. including the inside of some equipment packaging
  - **General Aseptic Field:** A disinfected plastic tray, suitable sized single-use cardboard tray. NB: General Aseptic Fields are not relied upon to maintain asepsis. They are used to promote asepsis whilst Key-Parts within them are protected by Micro Critical Aseptic Fields. (See above).

A pre-requisite to safe ANTT® is compliance with standard infection prevention and control precautions:

**9.1 Important basic infection prevention practice for aseptic technique:**

This outline policy is not intended as a comprehensive educational tool for aseptic technique. However, as well as providing an outline of the ANTT® Framework above, some important general aspects of aseptic technique are outlined below.

**9.2 Use of Standard Infection Prevention and Control Precautions (SIPCP) such as hand hygiene**
SIPCPs should be performed in line with epic3 guidance, WHAIP all-Wales model policy for 'Standard Infection Control Precautions' and local SIPCP procedure for standard infection prevention and control transmission based precautions. HCAI transmission is associated with direct contact with the contaminated hands of HCWs and it is well documented that hand decontamination is the single most significant procedure in preventing cross infection. It is essential that hands are effectively decontaminated in accordance with 'WHO Five moments for hand hygiene' prior to and after all aseptic procedures are performed. Gloves must be worn correctly and removed with care to prevent shedding or spreading of micro-organisms.

9.3 Use of personal protective equipment (PPE)

Gloves and aprons provide a barrier between microorganisms on hands, clothing and the susceptible sites. Gloves must be worn for standard procedures where there is contact with non-intact skin, mucous membranes, and any activity where there is a risk of exposure to blood or body fluids. Non-sterile gloves are typically used for Standard-ANTT® procedures e.g. intravenous medication, parenteral nutrition, venepuncture, and cannulation. Sterile gloves must be worn for Surgical-ANTT procedures such as surgery, urinary catheterisation or central venous catheter insertion. Facial protection such as visors or surgical face masks should be worn according to local SIPCS and local risk assessment.

9.4 Environmental / Air contamination

Airborne micro-organisms in hospitals are increasingly being shown to present a risk of infection. Sensible precautions can be taken to reduce the risk of environmental contamination and include:

- Preparation of drugs to be undertaken in an appropriate designated area away from the bedside
- Do not undertake ANTT® when bacteria levels are likely to be at their highest e.g. ward/department cleaning, adjacent to electric fans or close to open windows or building refurbishment
- Do not undertake ANTT following recent bed making or patient undressing/dressing

9.5 Pre-requisite support of effective aseptic technique

The risk of microbiological contamination during ANTT® procedures can be reduced by important pre-requisite measures including:

- Effective environmental cleaning
- Safe storage of procedure equipment
- Compliance with decontamination procedures and policies
- Ergonomically designed clinical preparation areas
- Rationalisation and standardisation of procedure equipment choices

10. Resources
10.1 **ANTT® Procedure Guidelines**

These simple picture based guidelines are a very simple and highly effective way for the organisation to make practice expectancy explicit, setting out procedure sequence and equipment. They should be displayed prominently in relevant clinical areas. Available from the PHW Wales website- [http://howis.wales.nhs.uk/sitesplus/888/page/64404](http://howis.wales.nhs.uk/sitesplus/888/page/64404) and [www.antt.org](http://www.antt.org).

10.2 **The ANTT-Approach** ([http://antt.org/ANTT_Site/ANTT-Approach.html](http://antt.org/ANTT_Site/ANTT-Approach.html))

‘The ANTT-Approach’ is an International Campaign designed to promote the essential elements of aseptic technique. This approach is a three-way ‘partnership’ between patients, HCWs and healthcare organisations to actively promote the essential ‘6 Actions for Safe Aseptic Technique’ to be used every time. Three posters simplify this framework:

- Patient poster – *Appendix 3*
- Clinical Staff Poster – *Appendix 4*
- ANTT® Clinical Practice Framework poster – *Appendix 5*

Available from the PHW website and [www.antt.org](http://www.antt.org).

10.3 **Steps for ANTT® procedure** – see *Appendix 2*

11. **Dissemination and Implementation**

This policy will be implemented via the following routes:

- Circulation to all Health Board/Trust Executive Leads and IPCTs
- Available via local Health Board/Trust Document library
- Available via PHW website
- Available to all HCWs via local Health Board/Trust intranet

Each Health Board/Trust is responsible for the full implementation of this policy and must ensure all relevant staff have access.

12. **Audit and Monitoring of ANTT® Implementation**

Monitoring will be undertaken through:

- The percentage of staff that have completed ANTT® theory and ANTT® Competency Assessments.
- Audit observation of clinical practice and aseptic procedures.
- Targeted patient feedback.
- Documentation/policy review.
- As part of the 1000 plus lives initiatives e.g. bundle use and catheter-associated urinary tract infection (CAUTI) prevention, peripheral venous catheter (PVC) and central venous catheter (CVC) care, prevention of surgical site infection (SSI).
- Identifying impact of ANTT® on investigating HCAI, e.g. Staphylococcus aureus bacteraemia or surgical site infection (SSI) through root cause analysis (RCA).
- Annual IPC rolling programme of audit.
- Targeted audit programme where deemed necessary following incident or outbreak.
- Required changes in practice identified and actioned.
Any ‘lessons learnt’ should be shared locally and nationally across Wales to support best practice.

13. Policy Conformance / Non-Compliance

If any Health Board employee fails to comply with this policy, the matter may be dealt with in accordance with the Disciplinary Policy. The action taken will depend on the individual circumstances and will be in accordance with the appropriate disciplinary procedures. Under some circumstances failure to follow this policy could be considered to be gross misconduct.

14. Distribution

The all-Wales policy will be available on the PHW intranet and internet site and via the Health Board Intranet site. Where staff do not have access to the intranet their line manager must ensure that they have access to a paper copy of this policy.

15. Review

This policy will be reviewed every 3 years.

16. Legislation


17. Equality

An Equality Impact Assessment has been undertaken at an all-Wales level.

18. Further Reading and Links

ANTT® Principles (www.antt.org).
‘The ANTT-Approach’ (www.antt.org/ANTT_Site/ANTT-Approach.html)
Public Health Wales (PHW) website: http://howis.wales.nhs.uk/sitesplus/888/home
PHW link to ANTT: http://howis.wales.nhs.uk/sitesplus/888/page/64404
19. References and bibliography


20. Appendices

Appendix 1

Definitions / Glossary

Asepsis
Freedom from pathogenic material in sufficient dose to cause infection.

Aseptic field
A working area that has been rendered aseptic in order to reduce the risk of contamination of procedure equipment. See above for the types of aseptic field used in ANTT®.

Aseptic Technique
A generic term and variable process for describing the precautions taken to reduce the risk of infection during invasive clinical procedures.

Aseptic NonTouch Technique (ANTT®)
A specific type of aseptic technique with a unique theoretical and clinical practice framework (NICE 2012).

Decontamination
Removing, or killing pathogens on an item or surface to make it safe for handling, re-use or disposal by cleaning, disinfection and/or sterilisation.

Direct contact transmission
Spread of infectious agents from one person to another by direct skin-to-skin contact.

Disinfectant
A cleaning chemical used to remove infectious agents from objects and surfaces.

Disinfection
A process, for example using a chemical disinfectant, to reduce the number of infectious agents from an object or surface to a level that means they are not harmful to your health.

Hand Hygiene (HH)
HH is the single most important procedure for preventing the spread of HCAI. Effective HH is essential to ANTT® and must take place prior to and after all invasive techniques. HH applies to hand washing, antiseptic hand wash, antiseptic hand rub or surgical hand antisepsis.

Healthcare-associated Infection (HCAI)
Any infection acquired by a person as a consequence of healthcare interventions regardless of where care is delivered.

Indirect contact transmission – The spread of infectious agents from one person to another via a contaminated object.

Invasive device – A device which penetrates the body, either through a
body cavity or through the surface of the body. Central Venous Catheters (central line), Peripheral Arterial Lines and Urinary Catheters are examples of invasive devices.

**Invasive Procedures**
A medical/nursing procedure that invades (enters) the body, usually by cutting or puncturing the skin or by inserting instruments into the body cavity.

**Microorganism (microbe)** – Any living thing (organism) that is too small to be seen by the naked eye. Bacteria, viruses and some parasites are microorganisms.

**Mode of transmission** – The way that microorganisms spread from one person to another. The main modes or routes of transmission are airborne (aerosol) transmission, droplet transmission and contact transmission.

**MRSA** – Strains of the infectious agent (bacterium) *Staphylococcus aureus* that are resistant to many of the antibiotics commonly used to treat infections.

**Personal Protective Equipment (PPE)**
Equipment a person wears to protect themselves from risks to their health or safety, including exposure to infections e.g. disposable gloves and disposable aprons.

**Spore**
A form that some types of bacteria take under certain environmental conditions. Spores can survive for long periods of time and are very resistant to heat, drying and chemicals.

**Sterile**
Free from all live bacteria or other microorganisms.

**Sterilisation**
The procedure of making some object free of all germs, live bacteria or other microorganisms (usually by heat or chemical means).
### Appendix 2

#### Steps to an ANTT® procedure

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| Step 1 | ANTT® risk assessment:  
Does this procedure need the ANTT® principles applied?  
Is a Standard or Surgical-ANTT® required?  
Gain patient’s consent and explain procedure  
Draw curtains around patient or take to appropriate room |
| Step 2 | Decontaminate hands |
| Step 3 | Clean trolley/tray with appropriate detergent wipe  
Gather equipment including alcohol hand rub |
| Step 4 | Create suitable working environment. If procedure is performed at the bedside ensure no cleaning or bed making are ongoing within the area for at least 30 minutes. Ensure windows are closed and no fans are on |
| Step 5 | Decontaminate hands |
| Step 6 | Apply single use disposable apron |
| Step 7 | If required open dressing pack/sterile drape |
| Step 8 | Open and prepare all equipment on the tray/trolley. Keep all equipment within their packaging. Identify Key-Parts |
| Step 9 | Decontaminate hands |
| Step 10 | Apply gloves if required |
| Step 11 | Perform procedure using ANTT® |
| Step 12 | Remove gloves and aprons and other PPE |
| Step 13 | Dispose of waste |
| Step 14 | Decontaminate hands |
| Step 15 | Take patient back to the bedside if required and ensure patient is comfortable |
| Step 16 | Clean trolley/tray/environment |
| Step 17 | Decontaminate hands |
Appendix 3: **ANTT® Patient Poster**

**Protecting YOU Every Time with...**

**4 Actions for Safe Aseptic Technique**

**The ANTT-Approach**

**Aseptic Technique** describes the measures we take to protect you from infection during invasive clinical procedures, such as surgery, insertion of medical devices and administration of intravenous medications. ANTT is a unique type of aseptic technique (NICE 2012).

1. **Hand Cleaning**
   - We clean our hands immediately prior to commencing your procedure, and use protective equipment like gloves.

2. **Using Aseptic Fields**
   - We protect procedure equipment from microorganisms by using a cleaned procedure tray and individual equipment covers or, for more complex procedures, use a sterilized drape.

3. **Using Non-Touch Technique**
   - We avoid touching the ‘Key-Parts’ of procedure equipment & any open wound or procedure skin site. If we must touch them we wear sterilized gloves.

4. **Preventing Cross Infection**
   - We remove our gloves and wash our hands immediately after we have tidied up your procedure.

If you have questions or concerns about aseptic technique please ask the Nurse in Charge

www.antt.org
Appendix 4: ANTT® Clinical Staff Poster

Protect Patients Every Time with...  
6 Actions for Safe Aseptic Technique

The ANTT-Approach

1. Risk Assessment
   Select Standard or Surgical-ANTT according to the technical difficulty of achieving asepsis

2. Manage the Environment
   Avoid or remove contamination risks

3. Decontaminate & Protect
   Hand cleaning, personal protective equipment (PPE). Disinfecting equipment, surfaces and Key-Parts

4. Use Aseptic Fields
   General, Critical and Micro Critical Aseptic Fields protect Key-Parts & Key-Sites

5. Use Non-Touch Technique
   Key-Parts must only come into contact with other Key-Parts & Key-Sites

6. Prevent Cross Infection
   Safe equipment disposal, decontamination & hand cleaning

ANTT is a unique type of aseptic technique (NICE 2012)

For the ANTT Clinical Practice Framework see - www.antt.org
Appendix 5: ANTT® Clinical Practice Framework Poster: