



## Aseptic Non Touch Technique Guidelines

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Guideline Owner	Director of Infection Prevention and Control		
Author	Infection Control Nurse		
Staff/Groups Consulted	Infection Control Doctor Consultant Microbiologist Director of Infection Prevention and Control Infection Control Team Heads of Nursing Ward Managers Hospital infection Prevention and Control Committee. Academy Staff		
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Equality Impact Assessment Completed	Yes		

## 1. AIM

Aseptic Non Touch Technique (ANTT) is a core nursing and medical skill, but the standard to which it can be practised can be inconsistent; a poor technique maybe instrumental in causing a Healthcare Acquired Infection (HCAI). The purpose of these guidelines is to provide to a safe and effective technique for all aseptic procedures. Strict adherence to these guidelines is essential when accessing a susceptible site such as the insertion of a cannula to prevent infection.

ANTT is the chosen method by this Trust for staff to adopt when performing an aseptic procedure. This technique if performed correctly will prevent infection of wounds and other susceptible sites by ensuring that only uncontaminated equipment and fluids come into contact with sterile/susceptible body sites during certain clinical procedures. ANTT should be used during any procedure that bypasses the body's natural defence mechanisms.

ANTT is divided into two different processes: ANTT and Surgical ANTT (Pratt et al 2007)

These step by step clinical guidelines are designed to assist the practitioner with:

- Identifying and protecting the key parts during a procedure
- Institute a non-touch technique,
- Ensure effective hand decontamination is undertaken and personal protective equipment is used at the appropriate time.

The Health and Social Care Act (DoH 2008) stipulates that:

- ANTT should be carried out in a manner that maintains and promotes the principles of asepsis.
- The technique should be sustained across the organisation.
- All staff undertaking procedures involving asepsis should be provided with education, training and assessment.
- Yearly audits should be undertaken to monitor compliance (DoH 2008)

This policy should be read in conjunction with:

- The Infection Prevention and Control Policy
- Hand Hygiene Guidelines
- Decontamination of Hospital Equipment and Medical Devices Policy

## 2. DEFINITIONS

2.1 **Asepsis** – The process of removing pathogenic micro-organisms or protecting against infection by such organisms.

- 2.2 **Aseptic Non Touch Technique (ANTT)** – a method of maintaining asepsis by not touching **key parts**.
- 2.3 **Contamination** – a condition of being soiled, stained, touched, or otherwise exposed to harmful agents, making an object potentially unsafe for use as intended or without barrier techniques.
- 2.4 **Critical Aseptic Field** – Used during surgical ANTT when an open invasive procedure requires a large aseptic working area for an extended length of time, as in the operating theatre. Only equipment that has been sterilised and is aseptic can be introduced onto the critical aseptic field; it must be managed as a key part (i.e. the whole surface area can only come into contact with other aseptic equipment). (Ref: ANTT Theory and Practice Framework)
- 2.5 **Cross-contamination** - the process by which bacteria or other micro-organisms are unintentionally transferred from one person, site, or object, to another with harmful effect.
- 2.6 **Decontamination** – the process of rendering an article safe to handle, by cleaning, with or without disinfection or sterilisation.
- 2.7 **General Aseptic Field** – Used during ANTT when key parts can easily be protected by micro critical aseptic fields and a non-touch technique (and other standard infection control measures). The general aseptic field does not have to be managed critically and is essentially promoting rather than ensuring sepsis from key parts and key sites; typically, non-sterile gloves are used. (Ref: ANTT Theory and Practice Framework). However, if key sites must be touched after decontamination sterile gloves must be worn.
- 2.8 **HCAI** – Healthcare Associated Infection.
- 2.9 **Infection** – the invasion and multiplication of micro-organisms within tissue which then results in destruction of the tissue.
- 2.10 **Invasive** – involving puncture or incision of the skin or insertion of an instrument or foreign material into the body which is not a normal route of entry.
- 2.11 **Key Part** - the parts of equipment or patient that if contaminated by pathogenic organisms, increase the risk of infection. (In intravenous therapy key parts are those which come into direct contact with the liquid infusion, such as needles, syringe tips, exposed central line lumens). If key parts or the patient's skin when decontaminated must be touched, sterile gloves must be worn.
- 2.12 **Key Site** – The parts of equipment that if contaminated during a procedure, could provide a direct route for transmission of pathogens onto or into the patient thereby increasing the risk of infection. (E.g. In intravenous therapy, key parts are those which come into direct contact with the liquid infusion, such as needles, syringe tips, exposed central line lumens).
- 2.13 **Pathogenic** – capable of causing disease.
- 2.14 **Risk Assessment** – the method used to quantify the risk to human health and the environment.

- 2.15 **Standard Precautions** – infection control precautions that should be applied as standard principles by all healthcare staff to the care of all patients at all times (see Standard Precautions Policy). These include:
- Effective hand hygiene (see Hand Hygiene Policy)
  - Appropriate use of personal protective equipment – e.g. if key parts must be touched sterile gloves must be worn;
  - The environment is clean and visibly free from dust and spoilage (Pratt et al 2007);
  - Safe use and disposal of sharps and waste.
- 2.16 **Sterile** – Free from micro-organisms, including spores.
- 2.17 **Sterile Technique** – can only be achieved in controlled environments such as under laminar air flow or in a specially equipped theatre.
- 2.18 **Surgical Asepsis** – a strict process using maximal sterile barriers including a sterile gown, sterile gloves and sterile drapes as used in the insertion of central venous devices.
- 2.19 **Susceptible Patient Site** – an area on the body that is more vulnerable to infection such as the site of insertion of a cannula.

### 3. STAFF RESPONSIBILITIES

All healthcare staff must be compliant with and apply: -

- Ensuring they are trained and competent in any procedure they undertake.
- Familiar with and adhere to the relevant Infection prevention and control policies and guidelines to reduce the risk of cross infection of patients.
- Ensuring they are compliant with this policy and best practice guidance.
- Promote good practice and challenge poor practice.

Director of Infection Prevention and Control and Deputy Director of Infection Prevention and Control:

- Overseeing this policy and its implementation
- Reporting directly to the Chief Executive and the Trust Board.

Infection Prevention and Control Team:

- Review and update the ANTT guidelines.

- Responsible for giving advice and education as required regarding ANTT.
- Work closely with the academy regarding training of staff across the Trust.
- Auditing standards of compliance with ANTT policy in the clinical area and departments
- Promoting good practice and challenging poor compliance.

Matrons:

- Establishing a positive culture and compliance of ANNT as part of infection control guidelines.
- Supporting Ward managers / sisters in monitoring levels of ANTT compliance.
- Supporting Ward managers / sisters by providing resources for implementation of ANTT in clinical areas.
- Promoting good practice and challenging poor compliance.

Ward Managers / Sisters:

- Will ensure that all staff who undertake invasive techniques are competent in the practice of ANTT.
- Ensuring employees are compliant with this policy and best practice guidance.
- Promoting good practice and challenging poor compliance.

Medical Staff:

- Applying ANTT principles to all procedures requiring aseptic technique.
- Ensuring compliance with infection control policies.
- Promoting good practice and challenging poor practice.

Academy Staff/Trainers:

- ANTT education must be included in all clinical sessions where it is required as part of a procedure (e.g. Intravenous therapy training)

#### **4. KEY PRINCIPLES**

## Surgical ANTT

- 4.1 Surgical ANTT is a procedure to eliminate micro-organisms from an area. It is practiced in operating theatres, some treatment areas and other departments for invasive procedures such as the insertion of central lines.
- 4.2 Surgical ANTT is demanded when procedures such as PICC/CVC, chest drain insertion etc meet one or more of the following criteria:
- **Sterile gloves** must be used as it is not possible to undertake a procedure without directly touching or contaminating key-parts or sites.
  - They are technically complex.
  - Involve extended procedure time (approximately more than 20 mins).
  - They involve a large open key-site and large or numerous key parts.
  - The main aseptic field needs to be 'managed critically' i.e. **only sterilised and aseptic equipment can come into contact with the aseptic field**. Surgical ANTT will employ a critical aseptic field, sterile gloves and often full barrier precautions.
  - The procedure includes the use of additional maximal sterile barrier precautions i.e. sterile gowns and sterile drapes.

## 5 ANTT

- 5.1 ANTT is the method employed to help prevent contamination of wounds and other susceptible sites by pathogenic organisms, by ensuring that only uncontaminated equipment and fluids come into contact with sterile/susceptible body sites during certain clinical procedures.
- 5.2 ANTT is the technique of choice when procedures such as IV therapy, wound dressings, urinary catheterisation etc meet all of the following criteria:
- **Non-sterile gloves are used** as it is possible to undertake a procedure without directly touching or contaminating key-parts or sites. However if after decontamination the key sites must be touched sterile gloves must be worn.
  - They are technically simple.
  - Short induration.
  - Involve small key **sites** and key **parts**.
  - Have minimal numbers of key **parts**.
  - The main (general) aseptic field does not need to be managed critically as the aseptic focus is on the small key **sites** and **parts**.
- 5.3 ANTT can be applied to aseptic procedures such as intravenous therapy, wound care, and urinary catheterisation. It requires staff to perform:

- Effective hand washing.
- Wear appropriate protective clothing.
- Identify key parts and key sites.
- Avoid touching those key parts during the procedure.

5.5 The key principles of ANTT are:

- Always clean hands effectively
- Never contaminate key parts or key sites
- Touch non key parts and non-key sites with confidence
- Take appropriate infection prevention precautions such as the use of protective equipment – standard precautions.
- Maintain a sterile field at all times.
- Ensure only sterile items come into contact with susceptible sites.

5.7 Standard Infection prevention and Control Precautions must be adhered to when undertaking as aseptic technique.

## **6 Staff Training**

All staff carrying out ANTT and Surgical ANTT must be trained in the procedure that they are going to undertake. Staff can access training via the Academy or their Line managers who may organise training within the units that perform those techniques. this training will be recorded on the ANTT database by the academy. Training should include:

- Hand hygiene
- Personal Protective Equipment
- Avoiding contact with key parts and key sites
- Maintaining a sterile field
- Aseptic technique using a NON Touch Procedure.

## **7 AUDIT AND COMPLIANCE**

7.1 On-going audit of ANTT will be carried out the IP&C team every 4 months Ongoing care and insertion of CVC's) as per the Audit plan. The results will be presented at

the IPCC and distributed to the wards for discussion at Clinical Governance and Peer review

- 7.2 Remedial actions that are highlighted from the audits will be addressed by the wards and departments concerned.

## 8 REVIEW

These guidelines will be reviewed in three years or sooner if there are major changes.

## 9 REFERENCES

Department of Health (2006) *Code of Practice for the prevention and control of Healthcare Associated Infections*. London: DoH

Dougherty L and Lister S (eds) (2008) *The Royal Marsden Hospital manual of clinical nursing procedures 8<sup>th</sup> edition*, Wiley Blackwell, Chichester.

Hospital Infection Society (2007). *The Third Prevalence Survey of Healthcare Associated Infections in Acute Hospitals in England 2007*. Hospital Infection Society, London.

Pratt, R.J., Pellowe, C.M., Wilson, J.A., Loveday, H.P., Jones, S.R., McDougall, C and Wilcox, M.H. (2007). Epic2: national evidence based guidelines for preventing Healthcare Associated Infections in NHS hospitals in England. *Journal of Hospital Infection*. 65 (Suppl. 1 Feb.), S1-64.

Rowley S, Clare S and Macqueen S. et al (2010) ANTTv2: An updated practice framework for aseptic technique. *British Journal of Nursing (Intravenous Supplement)*. Vol. 19, 5, S5-S12.

Rowley S & Clare S (2011). ANTT: a standard approach to aseptic technique. *Nursing Times* 107 (36):12-4.

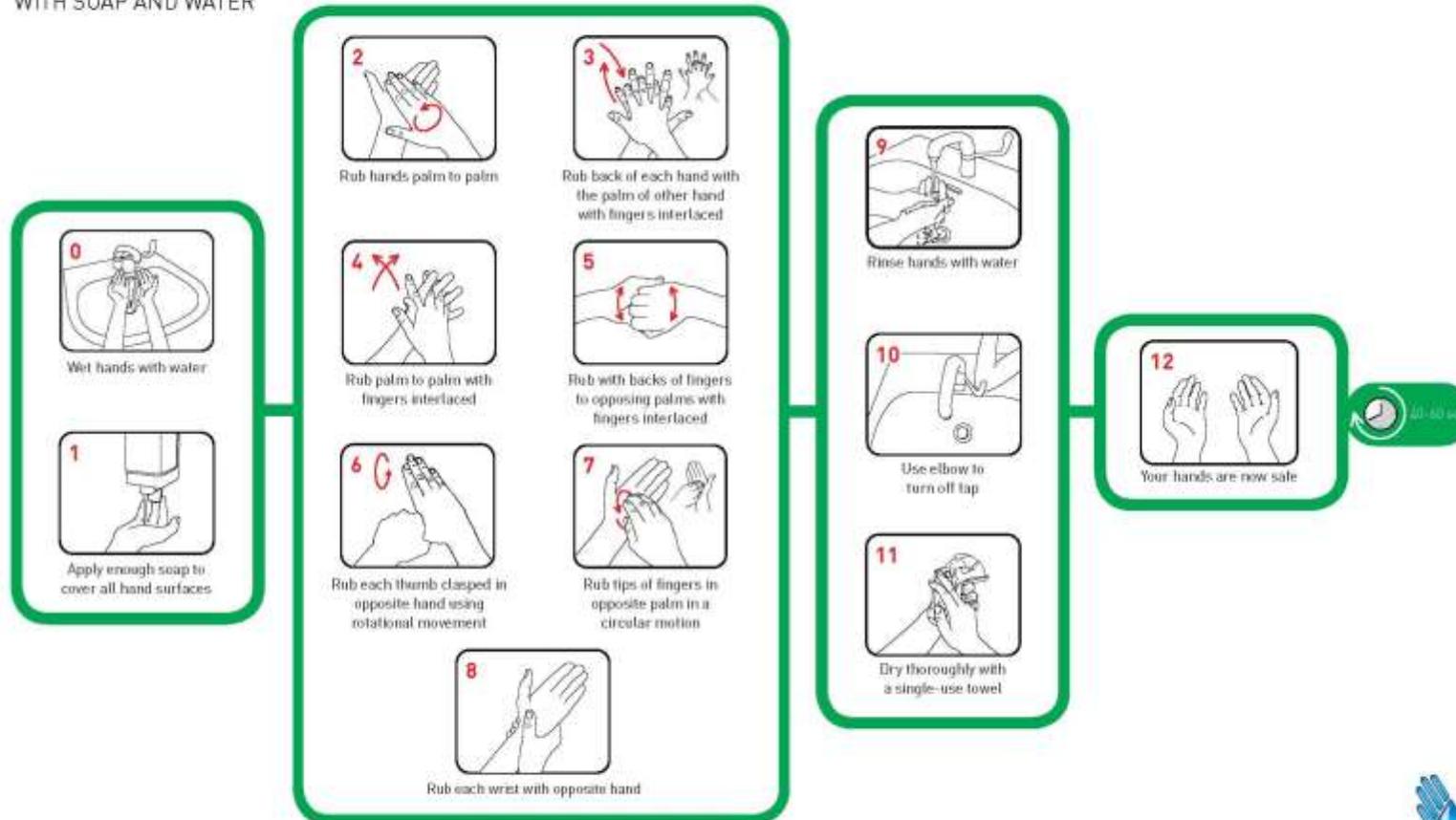
Rowley s (2001) Aseptic non-touch technique. *Nursing Times* 97.(7): 1-9

Royal Marsden Hospital Manual of Clinical Nursing Procedures 7<sup>th</sup> edition (2008). See: <http://www.rmmonline.co.uk/about.html>

## HAND CLEANING TECHNIQUES

### How to handwash?

WITH SOAP AND WATER



[www.npsa.nhs.uk/cleanyourhands](http://www.npsa.nhs.uk/cleanyourhands)

Adapted from World Health Organization *Guidelines on Hand Hygiene in Health Care* T/09

## **APPENDIX 2**

### **6 Actions for a Safe Aseptic Technique**

# '6 Actions for a Safe Aseptic Technique'

**Key-Part/Site risk assessment**

1

Select the right technique  
(ANTT / Surgical Sterile)

**Environmental management**

2

Reduce, avoid risks

**Decontamination/PPE**

3

Clean hands, gloves etc. disinfect  
Key-Parts - (Remember to scrub  
hubs for 20 seconds)

**Aseptic field management**

4

Protect Key-Parts/Sites - (A General  
Aseptic Field and Caps & Covers)

**Non touch technique**

5

Protect Key-Parts/Sites

**Decontamination**

6

Prevent cross infection - (Clean  
hands, gloves etc. disinfect  
Key-Parts)

### Appendix 3 – [hyperlink to video](#)

#### Preparing the patient, equipment and the environment using the principles of ANTT

The following guidelines set out the principles of ANTT when dressing a wound. However, these same basic principles can be applied for:

- **Insertion of urinary catheters.**
  - **Peripheral and central access for intravenous therapy.**
1. Explain, discuss and obtain verbal consent to the procedure with the patient, ensuring privacy.
  2. Prepare the setting. Windows in the room should be closed to reduce airborne contamination. Within inpatient units remove items of equipment which may increase the risk of environmental contamination. In both clinical and domiciliary settings ask visitors / relatives / guests to vacate the area / room while the procedure is being undertaken. In the domiciliary setting, request that pets are kept in a separate room, while the procedure is being undertaken.
  3. Perform effective hand hygiene (see Hand Hygiene Policy).
  4. Procedure trolleys or trays should be cleaned with detergent and water, alternatively wipe using a detergent wipe.
  5. Whilst trolley or tray is drying, gather dressing pack and equipment, place on bottom shelf of trolley or place around procedure tray.
  6. Remove dressing, expose wound.
  7. Clean hands with soap and water if you cleaned the trolley with no gloves (this will remove the cleaning chemicals from your hands. If gloves worn then alcohol gel is acceptable).
  8. Open pack; place on top shelf or in tray, position waste bag.
  9. During procedure, create and maintain a sterile field: open dressing packs using the corners of the paper. A hand may be placed in the sterile disposable bag in order to arrange the contents of the dressing pack, which may then be used to carefully remove a used dressing.
    - Place only sterile items within the sterile field.
    - Avoid contamination of objects.

- Do not allow personnel to reach across the sterile field to touch sterile items.
  - Recognise and maintain a sterile area.
  - If a sterile barrier has been wet, cut or torn, consider them contaminated and replace items immediately.
  - If the sterility of an item is in doubt, discard it.
10. Ensure that all necessary items are assembled onto the sterile field including any lotions that may be required. Tip fluids/lotion into containers on the sterile field using a Non Touch technique. Ensure that sterile gloves are available and ready for use.
  11. Identify all key parts of equipment.
  12. Assemble equipment, protecting key parts.
  13. Protect key parts or equipment at all times using a Non Touch Technique.
  14. Non-key parts should be touched with confidence.
  15. Wear appropriate protective clothing following assessment of the procedure: -
    - if the procedure can be completed without touching key parts non-sterile gloves maybe used.
    - If the procedure cannot be completed without touching key parts sterile gloves must be worn to avoid cross contamination.
    - Other personal protection to be worn if needed – i.e. aprons.
  16. Place paper towel or drape under wound.
  17. Clean wound.
  18. Dress wound.
  19. Dispose of equipment, waste and gloves.
  20. Clean trolley or tray surfaces.
  21. Decontaminate hands.
  22. Document the procedure in nursing and/or medical notes



## Equality Impact Assessment Tool

To be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Name of Document: Aseptic Non Touch Technique

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and bisexual people	No	
	Age	No	
	Disability	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid,	N/A	

		Yes/No	Comments
	legal and/or justifiable?		
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/guidance without the impact?	N/A	
7.	Can we reduce the impact by taking different action?	N/A	

For advice or if you have identified a potential discriminatory impact of this procedural document, please refer it to The Equality & Diversity Lead, Yeovil Academy, together with any suggestions as to the action required to avoid/reduce this impact.

Signed **Lisa Eastmead-Hoare**

Date: Feb 2019