Infection Prevention and Control

ASEPTIC NON TOUCH TECHNIQUE (ANTT) Policy
**Policy Title:** Aseptic Non-Touch Technique (ANTT)

**Executive Summary:** This policy details a standard framework approach to raise clinical standards in relation to aseptic clinical procedures. This policy requires individuals to be appropriately trained and to embed this skill into everyday practice.

**Supersedes:** V3 2015

**Description of Amendment(s):** Reviewed to reflect new guidance and National Recommendations

**This policy will impact on:** Nursing, Medical and Allied Health Care Professionals.

**Financial Implications:** None

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**APPROVAL RECORD**

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1 **Introduction**
NHS organisations have sought to implement Aseptic Non-Touch Technique (ANTT) as a key component in reducing Healthcare Associated Infections (HCAI). This standardised approach has been shown to significantly improve patient’s outcomes by providing a framework to standardise and improve clinical standards whilst undertaking aseptic clinical procedures (Rowley 2001). Epic 3(2014) details that there is clear evidence to demonstrate that an aseptic technique provides a firm foundation for preventing infections.

ANTT methodology reduces the risk of microbial contamination and aims to prevent contamination of wounds and other susceptible sites including invasive catheters and cannulas. The premise is to ensure that only uncontaminated equipment referred to as “key parts” or sterile fluids come into contact with the susceptible or sterile body sites. It is essential that this procedure is used on all invasive procedures as it encompasses the necessary infection control measures to prevent pathogenic micro-organisms on hands, surfaces or equipment from being introduced to susceptible sites during clinical practice (RCN2009).

This includes (but not exclusively) cannulation, venepuncture, and administration of intravenous medication, wound care, urinary manipulation and central and peripheral line management.

The Health and Social Care Act 2008 (updated 2015) requires that:
- ANTT should be carried out in a manner that maintains and promotes the principles of asepsis
- The technique should be standardised across the organisation
- Clinical staff must be provided with education, training and assessment relating to undertake procedures involving asepsis.

2 **Organisational Responsibilities**
- **The Chief Executive** has ultimate responsibility for the implementation and monitoring of the policies in use in the Trust. This responsibility may be delegated.
- **The Director of Nursing, Performance and Quality** will take the lead responsibility for the development and implementation of this policy with support from the Lead Nurse Infection Prevention and Control and the Infection Prevention and Control Doctor.
- **The Director of Infection Prevention and Control (DIPC)** will oversee the implementation of this policy, in addition to challenging bad practice. In addition they will provide assurance to the Board that systems and processes are in place to ensure compliance with agreed standards.
- **The Infection Prevention and Control Team (IPCT)** will have responsibility for ensuring the policy is implemented and monitored across the Trust. In addition they will ensure compliance with any national initiatives or directives; plus provide and support a sustainable programme of audit and education across the health economy.
- **Consultant Medical Staff** will have responsibility for ensuring their junior staff read and understand this policy and adhere to this policy.
• **All Employees** must ensure they are compliant with Infection Prevention and Control training and standards which are monitored through the appraisal process and have undertaken the relevant training and competency assessment in accordance with their clinical role.

3 **Purpose**

ANTT is a framework to both *standardise and raise clinical standards whilst undertaking aseptic clinical procedures* (Rowley 2000). This procedure must be embedded into everyday clinical procedures as part of a robust commitment to reducing the risks of HCAI.

This policy applies to all clinical staff employed or working on behalf of East Cheshire NHS Trust who undertake invasive procedures as part of their role or job description. It is their duty to ensure that they:

- Are appropriately trained and competent to undertake ANTT, and are monitored via clinical audit and assessments.
- Understand the need for ANTT.
- Use ANTT when undertaking all invasive procedures, including accessing invasive devices and wound care management.
- Comply with other Trust policies which support this policy e.g. Infection Prevention and Control, Good Practices Policy and the Hand Hygiene Policy (available on the intranet).
- In accordance with NICE Infection Prevention and Control guidance provide training to patients and relatives as appropriate.

The use of ANTT can develop a culture of peer pressure, which in itself helps to promote standardised and safe practice.

**Remember**

**A** - Always ensure hands are decontaminated effectively prior to the procedure

**N** - Never contaminate key parts of sterile materials/equipment

**T** - Touch non-key parts with confidence

**T** - Take appropriate infection prevention and control precautions (use of standard precautions)

4 **Standard Terminology**

| Sterile (Asepsis) | The word ‘sterile’ means ‘free from micro-organisms’. Due to the natural multitude of micro-organisms in the atmosphere, it is not possible to achieve a true sterile technique for most invasive procedures in a typical hospital or community environment (even when wearing sterile gloves). Sterile techniques can only be achieved in controlled environments such as a laminar air flow cabinet or a specially equipped Theatre. The commonly used term, ‘sterile technique’ is therefore inaccurate, as practitioners are not actually achieving their stated objective. |
| Aseptic technique | A method developed to ensure that only uncontaminated objects/ fluids make contact with sterile/ susceptible sites. An aseptic technique is the ‘effort to keep a client as free from harmful micro-organisms as possible’. Therefore, unlike sterile techniques, aseptic techniques can be achieved in typical ward, community and home |
Non-Touch Technique

A non-touch technique (i.e. being able to identify the 'key-parts' and not touching them either directly or indirectly) is the single most important component of achieving asepsis.

Pathogenic micro-organisms cannot always be removed by effective hand washing.

Aseptic Non-Touch Technique (ANTT)

Aseptic non touch technique is a standardised approach taught to staff as the method used to maintain asepsis, protecting the patient from HCAI and staff from contamination from blood, body fluids and chemicals.

This term is both accurate and achievable in normal clinical or non-clinical settings such as on hospital wards, or a patient’s home.

ANTT procedure

An ‘Aseptic non-touch technique’ is achieved by preventing direct and indirect contact of key parts using a non-touch method and other appropriate infection control precautions.

This procedure is used for the following (the list is not exhaustive):

- Cannulation
- IV drug administration
- Blood cultures
- Wound care
- Management of urinary catheters

Aseptic Field

Is a clean working environment which can be enhanced by utilising plastic trays, dressing trolleys (must be cleaned appropriately before and after use).

Key Parts

A core component of ANTT is the protection of key parts. These are those parts that if contaminated by infectious material increase the risk of infection. In IV therapy, key parts are usually those which come into direct contact with the liquid infusion e.g. needles, syringe tips, exposed central line lumens, etc

Key Sites

- Wound management including dressings (surgical, burns, lacerations/ breaks in the skin, dressing of leg ulcers, pressure injuries.
- Suturing
- Insertion and ongoing maintenance of invasive devices (peripheral and central venous cannula, urinary catheters, chest drains, wound drains).
- Insertion of gastrostomy, jejunostomy, tracheostomy, drains

5 Principles of ANTT

Enviromental / Air contamination

Due to airborne micro-organisms, a perfect sterile technique is not possible in typical health care settings or within a patient’s own home. However, in view that airborne infection in hospital account for only 10% of all endemic infections, the potential for...
harmful contamination of intravenous systems via air must be viewed as insignificant in comparison to contamination by direct contact.

In addition, practitioners can reduce the potential for environmental infection by taking sensible precautions such as not preparing drugs at the bed side, especially after activities like bed making and wound dressings etc. These principles need to be adapted to reflect patient’s home environments.

**Hands / Skin Contamination**

Maintaining the asepsis of key parts during invasive procedures is achieved by preventing them from coming into contact with harmful organisms. This is a challenge as the tools used to perform aseptic techniques (i.e. hands) are covered in bacteria. It has been estimated there are as many as three million bacteria present per square centimetre of normal skin. It is known that pathogenic bacteria such as pseudomonas and klebsiella can be harboured on hands for months and that antibiotic resistant organism such as Meticillin Resistant Staphylococcus Aureus (MRSA), can survive on the hands of health care workers.

Most healthcare-acquired infections continue to be spread by direct contact by the hands of health care workers; hence, hand washing is the single most significant single procedure in preventing cross infection in hospital.

**Aseptic Fields**

A clean working environment and an aseptic field are essential precautions for any clinical procedure, so the use of sterile towels, dressing packs etc. is required for all procedures.

**Hand Cleaning**

Hand washing is the single most important procedure for preventing the spread of (HCAI) and is considered fundamental to good infection control practice.

Hence, effective hand cleaning is essential to ANTT and should take place prior to and after all invasive techniques, and also during techniques following any contamination. For further information refer to the Infection Prevention and Control Hand Hygiene Policy and Good Practices Policy.

Hand washing should be carried out using the Ayliffe (2000) seven step technique and adhering to the 5 moments of hand hygiene at the point of patient care (WHO 2012).

When using alcohol gel/foam, depress the pump’s plunger at least twice to get enough gel/foam to clean average-sized hands. Staff must be naked below the elbow and ensure hands are free from jewellery in line with the Uniform and Dress Code Policy.

**Selecting sterile or non-sterile gloves**

This will depend on factors such as the technical difficulty of the procedure, the number of key-parts, how long the procedure should take and the cleanliness of the environment.

Examples of procedures that usually require non-sterile gloves.
include IV medicine administration, venepuncture and cannulation.

If it is not possible to perform the procedure without directly touching key-parts then choose **sterile gloves**.

*Procedures where you must use sterile gloves include urinary catheterisation and CVAD insertion*

**Cleaning Equipment**

All equipment (i.e. plastic trays, dressing trolleys etc.) used during ANTT must be thoroughly cleaned before and after use with Clinell Universal detergent wipes or detergent and water.

They must then be allowed to dry completely. This will eliminate micro-organisms.

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### 6 Performing a General ANTT Procedure (specific poster guidance – see Appendix 1)

<table>
<thead>
<tr>
<th>ACTION</th>
<th>RATIONALE</th>
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<tbody>
<tr>
<td>Prepare the patient and establish whether the patient has any allergies to Chlorhexidine.</td>
<td>To ensure correct patient is identified and an explanation of procedure may be given&lt;br&gt;To reduce the risk of anaphylaxis and ensure an alternative skin preparation product is used.</td>
</tr>
<tr>
<td>Assess the procedure environment for any avoidable environmental risks.</td>
<td>To avoid delays as this may prolong the procedure and or increase the risk of contamination.</td>
</tr>
<tr>
<td>Decontaminate hands with soap and water or alcohol gel/foam and put on a blue apron.</td>
<td>Effective hand hygiene is essential to reduce the risk of contamination to key parts. See Hand Hygiene Policy. An apron is required to protect the practitioner’s uniform from contamination from blood/body fluids, drugs, moisture and contamination from the patient and their environment during the procedure, and also to protect the patient from cross-contamination</td>
</tr>
<tr>
<td>Establish clear access to the area of procedure.</td>
<td>Preparation enhances the procedure and ensures that asepsis is not compromised.</td>
</tr>
<tr>
<td>With clean hands - disinfect the tray with a Clinell Universal wipe to establish a <strong>General Aseptic Field</strong> (IV maintenance/Cannulation/Blood)</td>
<td>Aseptic fields help protect procedure equipment from the immediate procedure environment.</td>
</tr>
<tr>
<td><strong>ACTION</strong></td>
<td><strong>RATIONALE</strong></td>
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<tr>
<td>Cultures/Catheterisation are nearly always performed using <strong>Standard-ANTT</strong>.</td>
<td>Ensuring all equipment is gathered at this stage will ensure the procedure is not later interrupted and asepsis is not compromised. (Sequencing procedure steps in a logical order reduces risk).</td>
</tr>
<tr>
<td>Whilst the tray is drying gather all procedure equipment and place easy to hand.</td>
<td></td>
</tr>
<tr>
<td>Clean hands using alcohol hand rub, or soap and water.</td>
<td>Effective hand hygiene is essential to reduce the risk of contamination to key parts. See Hand Hygiene Policy.</td>
</tr>
<tr>
<td>Apply non-sterile gloves. (Sterile gloves only for catheterisation and CVAD)</td>
<td>Sterilized gloves are not required for this procedure because Key-Parts do not need to be touched. In the case of inadvertent touch of Key-Parts, non-sterilized gloves will be cleaner than skin.</td>
</tr>
<tr>
<td>Assemble all equipment taking care to identify and then protect all the <strong>Key-Parts</strong> using <strong>Non-Touch Technique</strong> (NTT). Remember that the open part of an ampoule is a key part, so this must be prepared by cleaning the top and shoulders for 20 seconds with a 2%/70% Chlorhexidine/alcohol wipe. Allow key parts to air dry for 30 seconds.</td>
<td>Non-touch technique is fundamental. i.e. if a Key-Part is not touched it is unlikely to become contaminated.</td>
</tr>
<tr>
<td>Protect all <strong>Key-Parts</strong> with dedicated caps and covers. (<strong>Micro-Critical Aseptic Fields</strong>). Scooping of needles is acceptable. However, re-sheathing is not permitted.</td>
<td>The General Aseptic Field here is not managed critically because Key-Parts are easily protected by NTT and caps and covers (Micro Critical Aseptic Fields). If Key-Parts are protected at all times they can’t be contaminated by practitioners, contact with other equipment or the air environment.</td>
</tr>
<tr>
<td>Prepare medications using <strong>Non-Touch Technique</strong>.</td>
<td>In IV therapy, Key-Parts are the critical parts of the equipment that come into contact with the liquid infusion.</td>
</tr>
<tr>
<td>Proceed directly to the patient. If gloves are contaminated by the journey from prep room to patients’ zone remove gloves, decontaminate hands and apply fresh gloves.</td>
<td>To re-establish asepsis of your gloved hands prior to administration of medications or aseptic procedure. It is essential that the post procedure hand clean is performed immediately after glove removal before contact with</td>
</tr>
<tr>
<td>ACTION</td>
<td>RATIONALE</td>
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| Scrub the tip of the IV port for a minimum of 15 seconds, generating friction, using a 70% w/v Isopropylalcohol and 2% w/v Chlorohexidinegluconate e.g. PDI sanicloth wipe. Use different parts of the wipe. Then clean away from the tip using **Non-TouchTechnique**. | A large size wipe will help ensure non-touch technique and protect the port. It also enables the Healthcare Worker (HCW) to use different parts of the wipe which will enable any de-bulking of organisms on the tip. 70% alcohol and 2% Chlorhexidine has been found to be the most effective cleaning agent of such devices. This technique provides the required level of friction to kill and remove organisms. Using different areas of the wipe move the dirt away from the port rather than just moving it around. Cleaning away from the tip will:  
  a) Help move any organisms away from the tip, and  
  b) Promote aseptic handling generally by providing an aseptic IV lumen. Cleaning the rest of the line will promote general asepsis and safe handling. |
| Allow port to dry before administering medications using **Non-TouchTechnique**. | The port must dry before use otherwise it won’t be aseptic. (If organisms have remained, a wet tip will facilitate their transportation into the patient on injection).  
2. Key-Parts are the critical elements of a piece of equipment that will come into contact with any liquid infusion, Key-Site or other Key-Part connected to the patient or directly involved with the procedure. Contamination of these parts will directly compromise patient safety by providing a direct route of transmission for micro-organisms between healthcare worker and patient. |
<p>| Discard of sharps and equipment safely. | This will reduce the possibility of needle-stick injury. |</p>
<table>
<thead>
<tr>
<th><strong>ACTION</strong></th>
<th><strong>RATIONALE</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Remove gloves and decontaminate hands.</td>
<td>Removing gloves will reduce the chance of cross infection.</td>
</tr>
<tr>
<td>Clean the tray thoroughly with a Clinell Universal wipe and store safely.</td>
<td>To render the tray aseptic and break any chain of infection. Storing 'wet' medical equipment could provide an environment suitable for microbial adhesion and, if stored for longer periods in moist conditions, the development of a bio film.</td>
</tr>
<tr>
<td>Decontaminate hands immediately with soap and water.</td>
<td>Hands must be decontaminated at the end of the procedure to prevent cross infection.</td>
</tr>
<tr>
<td>Complete relevant documentation and state that ANTT was observed.</td>
<td>To effectively communicate and record the procedure.</td>
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7 **Training**
- All clinical staff that manage/insert invasive devices must be suitably trained and competent in Aseptic Non-Touch Technique (ANTT).
- ANTT will be taught locally within departments using the ANTT resource pack as part of the induction for new staff by competent cascade trainers.
- Staff will maintain their ANTT competency via two yearly re-assessment. This will alternate between self-assessment and formal assessment and will be monitored as part of the appraisal process.
- It is the individual's responsibility to ensure their competencies are maintained. They must inform the relevant line manager of any difficulties/lapse in competency.

8 **Key Performance Indicators**
Although there are no formal Key Performance Indicators relating to ANTT, competency will be measured as part of clinical staff appraisal process.

The biannual IV cannula audit outcomes will be used as a framework to measure compliance with the standards within this policy. Additional aspects of the policy will be covered via the Hand Hygiene audits and ad hoc specific audits implemented due to clinical incidence.

9 **Compliance**
It is the responsibility of all clinical staff to comply with this policy, with Senior Clinical staff and managers asked to lead by example. Non-compliance with the policy will be managed via the staff disciplinary route; this will be supported by the Director of Nursing, Quality, Performance, DIPC, and the Medical Director.

**Request for variations to the policy**
Requests for variations to the policy to meet specific requirements must be considered on a clinical need basis only and clearly documented in the patient's notes.
References

Available at: https://www.gov.uk/dh.


The ANTT Clinical Practice Framework. Version 4.0 Copyright 2015 The Association for Safe Aseptic Practice (The ASAP) www.antt.org

WHO Guidelines on Hand Hygiene in Health Care
First Global Patient Safety Challenge Clean Care is Safer Care (2009)

Appendix 1 – ANTT posters

Intravenous Drug Administration in the Operating Room
(Use Standard-ANTT)

Preparation

1. With clean hands, clean one tray for induction - zone for emergency drugs, use 70% alcohol wipes.
2. Gather all equipment and drugs around the tray(s).
3. Clean hands and apply non-sterilized gloves (sterilized gloves if you must touch Key Parts).
4. Draw up drugs with a needle using a non-touch technique (NTT). Ensure syringe Spis (Key Parts) are protected.

Induction Drugs

Clean hands, wear gloves, inject drugs using NTT (dorsal port may only be used for induction).

Following Drug Injection

Scrub the IV port for 15 sec with a 2% CHG / 70% alcohol wipe then protect the port with the wipe wrapper / passive disinfection cap.

Routine Drugs

Scrub the IV port for 15 sec with a 2% CHG / 70% alcohol wipe. Air dry before injection.

Emergency Drugs

NB: This guideline is designed to enable anaesthetists to administer emergency drugs without having to clean the IV hub first.

Decontamination

1. Safely dispose of sharps.
2. Decontaminate tray.
3. Dispose of gloves.
4. Clean hands.

East Cheshire NHS Trust
Peripherally Inserted Central Catheter (PICC)

Prepare patient
- Bed raised
- Position patient
- Assess veins
- Tourniquet ready

Clean prep zone

Apply hat & mask to prevent asymptotic hair and skin contamination

Clean hands with soap & water or alcohol gel

Clean procedure trolleys as per usual policy

Open equipment using non-touch technique (NTT) onto a sterile field
- Wear Key-Pairs in inner pants where possible

Patients zone

Scrub hands & wrists as per usual policy

Apply gown (sterilized) without contaminating the field

Apply sterilized gloves using aseptic gloved technique

Prepare Critical Aseptic Field using NTT to protect Key-Pairs where practical

Draw up local anaesthetic & saline using NTT

Apply sterilized drapes
- Sterilized under patient's arm
- Disinfect skin using 2% chlorhexidine/70% alcohol application for 30 secs using a press before wetting
- Allow to dry

Apply sterilized drapes med to low

Apply sterilized COVER to ultra-sound probe

Access vein & insert sterile introducer & needle for PICC

Insert PICC using guides (NTT)

Apply dressing as per usual policy

Dispose of wasteinema gloves & sharps container

Clean hands

Denny ANTT zone

Clean trolleys as per usual policy

Clean hands with soap & water or alcohol gel

East Cheshire NHS

Surgical-ANTT
- Use a main Critical Aseptic Field, managed critically
- Use Minor Critical Aseptic Fields where practical to do so
- Protect Key-Pairs with non-touch technique where practical to do so

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Blood Culture Collection
(Using Standard-ANTT)

Preparation zone

1. Consent patient, assess veins visually and patient or nurse cleans arm
2. With clean hands, clean tray and extra General Acceptable Practice
3. Gather Equipment & place around tray
4. Clean hands with alcohol hand rub or soap & water
5. Prepare Equipment: protecting Key-Parts with non-surgical technique (ANTT) & Micron Critical Acceptable Practice (Cuff & Covers)
6. Apply disposable apron
7. Clean hands with alcohol hand rub or soap & water

Position arm on drapes and pillow

8. Scrub bottle ports
9. Position arm on drapes and pillow
10. Apply disposable tourniquet, identify vein, relax tourniquet
11. Clean hands with alcohol hand rub or soap & water
12. Re-tighten tourniquet
13. Apply non-sterilized gloves
14. Clean skin with 2% chlorhexidine/70% isopropyl alcohol applying using a cross hatch method for 30 seconds. Allow to dry

Puncture vein

15. Inoculate blood into bottles using NTCP, release tourniquet
16. Apply a sterilized dressing using NTCP
17. Dispose of Sharps & equipment
18. Dispose of Gloves, then apron & immediately... clean hands

Decommission zone

19. Clean tray according to local policy
20. Clean hands with alcohol hand rub or soap & water
Peripheral Cannulation (Using Standard-ANTT)

**Preparation Zone**

1. Consent patient
2. Patient cleans hand and arm
3. Clean hands with alcohol handrub or soap & water
4. Clean tray according to local policy ensuring a General Approach Practice, whilst it dries...
5. Gather equipment (if cannulate pack standardizes equipment & sources illness)
6. Prepare Equipment promoting Key-Path with non-touch technique (NTT) and return Critical Accessory Flexible (Face & Covers)

**Patient Zone**

7. With clean hands
8. Position arm on support and securely anchor
9. Apply disposable tourniquet, secure veins, remove tourniquet
10. Clean hands with alcohol handrub or soap & water
11. Re-tighten tourniquet
12. Apply gloves (Use sterilized gloves if Key-Path or Kar-Jiffs need tourniquet directly)
13. Clean site for 30 sec using a 70% alcohol solution (ie alcohol applicator & a cross hatch technique), and allow to dry
14. Anchor vein below puncture site. A tourniquet cannot using NTT & secure

**Decontamination Zone**

15. Using NTT, attach suction unit, flush device, use a sterile cannula, and insert a fixation device
16. Dispose of sharps and equipment
17. Clean Tray as per local policy
18. Dispose of gloves bearing asepsis and immediately...
19. Clean hands with alcohol handrub or soap & water

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East Cheshire NHS
Community peripheral & central IV therapy

1. When entering the patient’s home, clean hands.
2. Apply disposable apron.
3. Gather equipment & place around the pack.
4. Clean hands with alcohol hand rub or soap & water.
5. Open pack. Manage as a General Aseptic Field using non-touch technique (NTT).
6. Apply non-sterilized gloves. Or sterilized gloves if Key-Parts/Key-Steps must be touched.
7. Prepare Equipment including Key-Parts with NTT & Where Critical Aseptic Fields (Gloves & Covers).

Proceed to the patient and...

if your gloves have not been contaminated

if, your gloves have been contaminated, clean your hands & re-glove

Scrub the IV Hub
- Using NTT, use a 2% Chlorhexidine / 70% alcohol wipe.
- Scrub the port tip for total of 15 seconds using different areas of the wipe.
- Then wipe away from the tip.
- Allow to dry before use.

Administer drugs using NTT
Dispose of sharps and equipment
Dispose of gloves, then apron and immediately...
Clean hands with soap & water or alcohol hand rub
Dispose of waste bag according to local policy

When leaving the patient’s home, clean hands.

East Cheshire NHS Trust
Community peripheral & central IV therapy
(Using Standard-ANTT) (Using a plastic tray for a General Aseptic Field)

When entering the patient’s home:
1. Clean tray according to local policy – ensuring a General Aseptic Field; wirit it dries...
2. Apply disposable apron
3. Gather equipment & place around tray
4. Clean hands with alcohol hand rub or soap & water
5. Apply non sterilized gloves. Or sterilized gloves if Key Packs / Key Items must be touched
6. Prepare Equipment
   - Protetcting Key Packs with non-touch technique (NTT) & Micro Critical Aseptic Fields (Caps & Covers)

Proceed to the patient and...

If your gloves have not been contaminated

6a. Scrub the IV Hub
   - Using NTT, use 2% Chlorhexidine /70% alcohol wipe
   - Scrub the port tip for total of 15 seconds using different areas of the wipe
   - Then wipe away from the tip
   - Allow to dry before use

If, your gloves have been contaminated, clean your hands & re-glove

7. Dispose of gloves, then apron and immediately...
8. Administer drugs using NTT
9. Dispose of sharps and equipment
10. Clean tray according to local policy
11. Dispose of gloves, then apron and immediately...
12. Clean hands with soap & water or alcohol hand rub
13. Dispose of waste bag according to local policy
14. When leaving the patient’s home:
15. Clean hands...
1. Apply disposable apron
2. Gather equipment & place around the pack
3. Clean hands with alcohol hand rub or soap & water
4. Open sterilized pack to create a Critical Aseptic Field
5. Apply non-sterilized gloves
6. Place sterilized drape under the wound
7. Remove dressing using non-touch (NTT) & dispose into clinical waste bag
8. Dispose of gloves
9. Clean hands with alcohol hand rub or soap & water
10. Apply sterilized gloves
11. Clean wound using NTT & dispose of dressings
12. Dress wound using NTT
13. Dispose of equipment & gloves then apron immediately
14. Clean hands with alcohol hand rub or soap & water
15. Dispose of waste bag according to local policy

When leaving the patient’s home, clean hands
Peripheral Venepuncture / Phlebotomy
(Using Standard-ANTT)

1. Clean hands with soap & water or alcohol hand rub
2. Clean tray according to local policy using a General Aseptic Field and sterile dressings
3. Gather all equipment that may be needed
4. Prepare Equipment protecting Key-Parts with non-touch technique (NTT) & Clean Critical Access Points (Caps & Covers)
5. Apply disposable tourniquet & palpate veins
6. Clean hands with soap & water or alcohol hand rub
7. Apply non-sterile gloves
8. Clean skin using a 2% chlorhexidine or 70% isopropyl alcohol swab for 60 seconds. Allow to dry
9. Access patient’s vein protecting Key-Parts & Key-Flows using NTT (De-pigmentation is unnecessary re-clean the site)

10. Dispose of sharps & equipment
11. Clean tray according to local policy
12. Dispose of gloves then wash immediately
13. Clean hands with soap & water or alcohol hand rub

if attempt to draw blood is unsuccessful return to step 5
Equality Analysis (Impact assessment)
Please START this assessment BEFORE writing your policy, procedure, proposal, strategy or service so that you can identify any adverse impacts and include action to mitigate these in your finished policy, procedure, proposal, strategy or service. Use it to help you develop fair and equal services.
Eg. If there is an impact on Deaf people, then include in the policy how Deaf people will have equal access.

1. What is being assessed?

Aseptic Non Touch Technique Policy (ANTT)

Details of person responsible for completing the assessment:

- Name: Anita Swaine
- Position: Lead Nurse
- Team/service: Infection Prevention and Control

State main purpose or aim of the policy, procedure, proposal, strategy or service:
(usually the first paragraph of what you are writing. Also include details of legislation, guidance, regulations etc which have shaped or informed the document)

This policy has been developed to inform all staff employed within East Cheshire Trust, Contractors, and Agency Staff on the standardised procedure for undertaking Aseptic Non Touch Technique and the underpinning rationale for this practice. The principles of this practice can be translated to procedures undertaken in the patient’s own home.

2. Consideration of Data and Research
To carry out the equality analysis you will need to consider information about the people who use the service and the staff that provide it. Think about the information below – how does this apply to your policy, procedure, proposal, strategy or service

2.1 Give details of RELEVANT information available that gives you an understanding of who will be affected by this document
Cheshire East (CE) covers Eastern Cheshire CCG and South Cheshire CCG. Cheshire West & Chester (CWAC) covers Vale Royal CCG and Cheshire West CCG. In 2011, 370,100 people resided in CE and 329,608 people resided in CWAC.

Age: East Cheshire and South Cheshire CCG’s serve a predominantly older population than the national average, with 19.3% aged over 65 (71,400 people) and 2.6% aged over 85 (9,700 people).

Vale Royal CCGs registered population in general has a younger age profile compared to the CWAC average, with 14% aged over 65 (14,561 people) and 2% aged over 85 (2,111 people).

Since the 2001 census the number of over 65s has increased by 26% compared with 20% nationally. The number of over 85s has increased by 35% compared with 24% nationally.

Race:
- In 2011, 93.6% of CE residents, and 94.7% of CWAC residents were White British
- 5.1% of CE residents, and 4.9% of CWAC residents were born outside the UK – Poland and India being the most common
• 3% of CE households have members for whom English is not the main language (11,103 people) and 1.2% of CWAC households have no people for whom English is their main language.
• Gypsies & travellers – estimated 18,600 in England in 2011.

Gender:
• In 2011, c. 49% of the population in both CE and CWAC were male and 51% female. For CE, the assumption from national figures is that 20 per 100,000 are likely to be transgender and for CWAC 1,500 transgender people will be living in the CWAC area.

Disability:
• In 2011, 7.9% of the population in CE and 8.7% in CWAC had a long term health problem or disability
• In CE, there are c.4500 people aged 65+ with dementia, and c.1430 aged 65+ with dementia in CWAC. 1 in 20 people over 65 has a form of dementia
• Over 10 million (c. 1 in 6) people in the UK have a degree of hearing impairment or deafness.
• C. 2 million people in the UK have visual impairment, of these around 365,000 are registered as blind or partially sighted.
• In CE, it is estimated that around 7000 people have learning disabilities and 6500 people in CWAC.
• Mental health – 1 in 4 will have mental health problems at some time in their lives.

Sexual Orientation:
• CE - In 2011, the lesbian, gay, bisexual and transgender (LGBT) population in CE was estimated at 18,700, based on assumptions that 5-7% of the population are likely to be lesbian, gay or bisexual and 20 per 100,000 are likely to be transgender (The Lesbian & Gay Foundation).
• CWAC - In 2011, the LGBT population in CWAC is unknown, but in 2010 there were c. 20,000 LGB people in the area and as many as 1,500 transgender people residing in CWAC.

Religion/Belief:
The proportion of CE people classing themselves as Christian has fallen from 80.3% in 2001 to 68.9%. In 2011 and in CWAC a similar picture from 80.7% to 70.1%, the proportion saying they had no religion doubled in both areas from around 11%-22%.
• Christian: 68.9% of Cheshire East and 70.1% of Cheshire West & Chester
• Sikh: 0.07% of Cheshire East and 0.1% of Cheshire West & Chester
• Buddhist: 0.24% of Cheshire East and 0.2% of Cheshire West & Chester
• Hindu: 0.36% of Cheshire East and 0.2% of Cheshire West & Chester
• Jewish: 0.16% of Cheshire East and 0.1% of Cheshire West & Chester
• Muslim: 0.66% of Cheshire East and 0.5% of Cheshire West & Chester
• Other: 0.29% of Cheshire East and 0.3% of Cheshire West & Chester
• None: 22.69% of Cheshire East and 22.0% of Cheshire West & Chester
• Not stated: 6.66% of Cheshire East and 6.5% of Cheshire West & Chester

Carers:
• In 2011, nearly 11% (40,000) of the population in CE are unpaid carers and just over 11% (37,000) of the population in CWAC.
2.2 Evidence of complaints on grounds of discrimination: (Are there any complaints or concerns raised either from patients or staff (grievance) relating to the policy, procedure, proposal, strategy or service or its effects on different groups?)

None. This policy has been written with respect to the statements made within the Department of Health Uniform guidance respecting the rights of other cultures/religions by providing alternatives to Alcohol gel and naked below the elbows compliance.

2.3 Does the information gathered from 2.1 – 2.3 indicate any negative impact as a result of this document?

None

3. Assessment of Impact

Now that you have looked at the purpose, etc. of the policy, procedure, proposal, strategy or service (part 1) and looked at the data and research you have (part 2), this section asks you to assess the impact of the policy, procedure, proposal, strategy or service on each of the strands listed below.

RACE:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, racial groups differently? Yes □ No x

Explain your response: In order to explain the requirements of the policy to people whose first language is not English, e.g., family members caring for a patient, staff will follow the interpretation policy.

GENDER (INCLUDING TRANSGENDER):
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, different gender groups differently? Yes □ No x

Explain your response: No impacts identified.

DISABILITY
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, disabled people differently? Yes x No □

Explain your response: For disabled patients, assistance and/or communication support may be required to inform about the procedures.

AGE:
From the evidence available does the policy, procedure, proposal, strategy or service, affect, or have the potential to affect, age groups differently? Yes □ No x

Explain your response: The principles of ANTT are the same regardless of age although the staff member may need to make some adaptations based on age.
LESBIAN, GAY, BISEXUAL:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, lesbian, gay or bisexual groups differently?

Yes  x  No  

Explain your response: No impact identified.

RELIGION/BELIEF:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, religious belief groups differently?

Yes  x  No  

Explain your response: This has been factored into the policy with appropriate recommendations incorporated.

CARERS:
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect, carers differently?

Yes  x  No  

Explain your response: Carers may be given training to manage devices/ wounds in accordance with this policy to ensure all the principles are maintained.

OTHER: EG Pregnant women, people in civil partnerships, human rights issues.
From the evidence available does the policy, procedure, proposal, strategy or service affect, or have the potential to affect any other groups differently?

Yes  x  No  

Explain your response: No other impacts identified.

4. Safeguarding Assessment - CHILDREN

<table>
<thead>
<tr>
<th>a. Is there a direct or indirect impact upon children?</th>
<th>Yes  x  No</th>
</tr>
</thead>
<tbody>
<tr>
<td>b. If yes please describe the nature and level of the impact (consideration to be given to all children; children in a specific group or area, or individual children. As well as consideration of impact now or in the future; competing / conflicting impact between different groups of children and young people):</td>
<td></td>
</tr>
<tr>
<td>c. If no please describe why there is considered to be no impact / significant impact on children. The same policy applies to children’s services and staff delivering them.</td>
<td></td>
</tr>
</tbody>
</table>

5. Relevant consultation

Having identified key groups, how have you consulted with them to find out their views and that the made sure that the policy, procedure, proposal, strategy or service will affect them in the way that you intend? Have you spoken to staff groups, charities, national organisations etc?

Consultation has occurred through the Infection Prevention and Control group which is multidisciplinary and includes a member of the public.

6. Date completed: 25/3/15  

7. Any actions identified:
Have you identified any work which you will need to do in the future to ensure that the document has no adverse impact?

<table>
<thead>
<tr>
<th>Action</th>
<th>Lead</th>
<th>Date to be Achieved</th>
</tr>
</thead>
</table>
8. Approval:
At this point, you should forward the template to the Trust Equality and Diversity Lead lynbailey@nhs.net

Approved by Trust Equality and Diversity Lead:

Date: 27.9.16