Trust Policy and Procedures for Aseptic Non Touch Technique

<table>
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<tr>
<th>Reference Number</th>
<th>Version:</th>
<th>Status</th>
<th>Author: Karen Hill</th>
</tr>
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<tr>
<td>CL RM 2011 065</td>
<td>V2.1</td>
<td>Final</td>
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<th>Date</th>
<th>Author</th>
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<tr>
<td>1</td>
<td>Oct 2010</td>
<td></td>
<td></td>
<td>New Policy</td>
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<tr>
<td>2</td>
<td>Jan 2011</td>
<td>Pam Twine</td>
<td></td>
<td>Reformatted to Trust standard</td>
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<td>2.1</td>
<td>July 2014</td>
<td>Pam Twine</td>
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<td>Review and minor amendments</td>
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**Intended Recipients:** All Staff Groups

**Training and Dissemination:** Dissemination via the Trust Intranet

**To be read in conjunction with:** Infection Control Policy

**In consultation with and Date:** Medical Advisory Committee (MAC) JPAC, Heads of Nursing / Senior Matrons, Community of Practice, ICOG

**EIRA stage One Completed**
- Yes

**Stage Two Completed**
- No

**Procedural Documentation Review Group Assurance and Date**
- July 2014

**Approving Body and Date Approved**
- Minor amendments approved by PDRG on behalf of ME

**Date of Issue**
- August 2014

**Review Date and Frequency**
- August 2017 then every 3 years

**Contact for Review**
- Matron (Professional Development)
<table>
<thead>
<tr>
<th>Executive Lead Signature</th>
<th>Director of Patient Experience &amp; Chief Nurse</th>
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<tr>
<td>Approving Executive Signature</td>
<td>Chief Executive</td>
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Trust Policy for Aseptic Non Touch Technique
Author – Matron Professional Development

July 2014
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Trust Policy and Procedures for Aseptic Non Touch Technique

1. Introduction

The purpose of this policy is to help relevant staff understand precisely what is expected of them with regards to practicing Aseptic Non Touch Technique (ANTT). Breaches of this policy could result in disciplinary action.

2. Purpose and Outcomes

Aseptic technique is a core nursing and medical skill, but the standard to which it is practiced can be inconsistent. If not undertaken correctly, a poor aseptic technique may actually be instrumental in causing a healthcare associated infection (HCAI).

ANTT is a set of principles that aim to ensure safe and efficient aseptic practices. ANTT principles are founded upon a comprehensive theoretical framework that can be applied to all invasive procedures such as intravenous therapy, wound care and urinary catheterisation. It standardises practice and rationalises the many different techniques currently in use. ANTT does not replace clinical expertise, but should complement practice to ensure the reduction of HCAI's.

Compliance and a standardised approach to asepsis are vital in order to be able to reduce HCAIs across the Trust.

3. Definitions Used

| Key parts: | Specific parts of the equipment that if contaminated by infectious material increase the risk of infection to the patient. In intravenous therapy for example, key parts are the parts of the equipment that come into direct or indirect contact with the liquid infusion or indwelling device, such as needles, syringe tips, intravenous line connections or exposed central line lumens. |
| Asepsis: | Freedom from pathogenic micro organisms |
| Non Touch Technique: | A method of carrying out procedures so that the risk of introducing infection is minimised. Key parts should not be touched and they should only come into contact with other key parts. To achieve ‘Non Touch’ key parts must remain protected by their packaging or by additional items identified for that purpose. If invasive procedures can not physically be completed without touching key parts, sterile gloves must be worn. |

4. Key Responsibilities/Duties

All practitioners employed by the Trust, and who undertake ANTT, will understand their responsibility in ensuring that the principles of ANTT are practiced and maintained at all times when undertaking any invasive procedure.
4.1 The Lead Executive Director/Director of Infection Prevention and Control

- Will report directly to the Chief Executive and the Board. The Director of Infection Prevention and Control (DIPAC) will oversee local control of infection policies and their implementation, including ANTT practice.
- Will provide clinical leadership and strategic direction to the Professional Development Unit

4.2 The Professional Development Advisors and Facilitators (PDA/F)

- Will provide and disseminate evidence based training and assessment across the organisation to ensure that all staff are aware of ANTT practice relevant to their role
- Will act as an expert group to provide guidance, interpretation and support on ANTT issues
- Will be a champion for ANTT practice
- Will ensure consistent adherence to ANTT practice
- Will challenge unsafe practice

4.2 Clinical Directors/Clinical Governance Facilitators/Infection Control Leads/Divisional Directors of Nursing/Consultants

- Will provide clinical leadership which instils a culture of ANTT practice across the organisation.
- Will be a champion for ANTT practice
- Will ensure consistent adherence to ANTT practice
- Will challenge unsafe practice

4.4 Matrons/ senior Nurses and Senior Sisters / Charge Nurses

- Will provide clinical leadership which instils a culture of ANTT practice across the organisation.
- Will demonstrate high levels of compliance to ANTT practice
- Will use ANTT data on each clinical area to focus improvement work; share data and action plan with ward team.
- Will challenge unsafe practice

4.5 Key Trainers

- Will instil a culture of ANTT practice across their clinical area
- Will demonstrate high levels of compliance to ANTT practice
- Will challenge unsafe practice

4.6 Employees

- Employees are responsible and will be held accountable for following the Trust ANTT policy.
- Will access training, assessment and updates as required
- Will challenge unsafe practice

4.7 Trust Infection Control Committee

- Will endorse the ANTT policy
- Will provide an Annual Infection Control Report to the Board, including ANTT activity
- Will provide an Annual Infection Control Report to and the Quality Assurance Committee, followed by quarterly update reports, including ANTT activity
- Will receive Action Plans from each Directorate, in line with the agreed rota, for discussion following ANTT Audits. Audit results are reported to the relevant Infection Control Lead, Matron / Senior Nurse / Senior Sister/ Charge Nurse
4.8 Corporate and Directorate Communication Infrastructure

- The Trust holds frequent meetings with the PCT’s through the contract monitoring processes and also with the Strategic Health Authority and Derbyshire wide Infection Control Committee, including ANTT practice
- All Directorates have a risk infrastructure where they report HCAI performance.

5. Implementing the Policy and Procedures for Aseptic Non Touch Technique

Compliance is promoted by:

- ANTT training and assessment
- ANTT awareness
- ANTT audit
- ANTT key trainers

5.1 ANTT Training:

The Clinical Practice Development Unit (CPDU) manages the currency of content and also up skills those identified as potential Key Trainers. These individuals must demonstrate that they have the knowledge and skills to assess a range of tasks against the principles of ANTT. As well as the ability to share their knowledge, assess others fairly and equitably and challenge unsafe practice as necessary. Key Trainer assessments are undertaken by the Clinical Practice Development Unit and Key Trainers are reassessed and Quality Assured every 2 years. Key Trainers are supported to deliver training in their area and may be asked to support corporate activity therefore increasing capacity and consistency through joint learning.

All practitioners involved in invasive procedures, such as infusion therapy, cannulation, urinary catheter insertion (or care) and wound care (this is not an exhaustive list) will receive instruction and training in ANTT. The Trust requires practitioners to undergo mandatory competency re-assessment on a 2 yearly basis. Practitioners are required to achieve competency. If practitioners do not achieve competency on the first attempt, a safe practice algorithm (please see assessment algorithm enclosed) is in place to support staff to achieve competency.

All practitioners are required to watch the ANTT video which outlines ANTT principles.

The ANTT video includes information on Sharps Safety in line with Trust policies and procedures.

Those who have not undertaken previous ANTT training will receive full guidance. The chosen aseptic procedure is broken down into logical step-by-step components and the practitioner will be guided through the assessment. Practitioners are instructed when to perform effective hand hygiene, how to identify and protect key parts prior to and during the procedure, using a non touch technique.

Those who have been previously assessed will proceed from the video to a formal competency assessment. The practitioner will be asked to demonstrate full ANTT principles for a chosen procedure without prior tuition. This is based on the understanding that ANTT should have been embedded within their practice since their first assessment. Following the assessment the ANTT assessor will provide feedback and inform them of their success or otherwise.
If the practitioner is unsuccessful after the 2\textsuperscript{nd} attempt, an individual action plan will be agreed to identify and facilitate the identified development needs. At this stage informal performance management will be instigated. A 3\textsuperscript{rd} date will be agreed for the practitioner to be competency assessed. If after the 3\textsuperscript{rd} attempt competency is still not achieved then practitioners line manager will commence formal performance management (please see assessment algorithm enclosed).

ANTT training and assessments must only be undertaken by an annotated ANTT Key Trainer. ANTT Key Trainers must have been trained by CPDU and they must be recorded on the assessor database. Quality assurance will be undertaken by CPDU and ANTT assessor activity will be monitored.

Training content and resources are continually reviewed and updated in line with evidence based practice.

5.2 ANTT awareness

PDA/Fs will continue to communicate to all relevant practitioners with regards to the importance of ANTT principles. This will be achieved via a range of communication strategies.

5.3 ANTT Audit

Practices are audited both monthly and quarterly. Audit is undertaken by key individuals and cross-directorate auditing is undertaken where possible to ensure a robust and valid process.

This policy applies to all areas of the Trust where asepsis is required.

6. Monitoring Compliance and Effectiveness

<table>
<thead>
<tr>
<th>Monitoring Requirement</th>
<th>Infection control, training records and competencies, incident analysis.</th>
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<tr>
<td>Monitoring Method:</td>
<td>Audit, incident analysis, review of training records held in the Trust Learning Management System (LMS)</td>
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<tr>
<td>Report Prepared by:</td>
<td>Matron (Professional Development)</td>
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<td>Frequency of Report</td>
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<td>Rowley, S</td>
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<td>Rowley, S</td>
<td>2010</td>
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<td>Department of Health</td>
<td>2005</td>
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<td>Derby Hospitals NHS Foundation Trust.</td>
<td>2006</td>
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7. References
8. **Appendices**

**ASEPTIC NON TOUCH TECHNIQUE (ANTT)**

Undertake ANTT training via a corporate or directorate route

- **PASS**
  - Completed assessment form sent to Our Learning Hub.
  - Update of ANTT competence is required every 2 years.

- **FAIL**
  - Advise individual that they can either retake again during training session
  - OR
  - Retake at later date within a 3 week period
  
  - **PASS**
    - Inform manager.
    - To be supported in clinical area by PDA/F
    - Support from CPDU.
    - Consider whether individual is able to practice within role or whether supervision is required.
    - Allow individual to retake within 3 week period.

  - **FAIL**
    - **FAIL X 3**
      - Inform manager.
      - Consider a PDP for individual.
      - Support from CPDU.
      - Support from PDA/F.
      - Individual should be stopped from practice due to risk

  - **FAIL X 4**
    - Inform manager.
    - Consider disciplinary action.
    - HR engagement.
    - Staff side engagement.

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Author – Matron Professional Development