Family Nursing & Home Care

Aseptic Non-Touch Technique (ANTT®) Policy

5th January 2022

Document Profile

Document Registration	Added following ratification
Type	Policy
Title	Aseptic Non-Touch Technique (ANTT) Policy
Author	Original policy developed by Anne McConomy; updated by Mo de Gruchy
Category	Clinical
Description	A policy to establish Aseptic Non-Touch Technique (ANTT®) as the safe and effective technique that is used by all staff for all aseptic procedures carried out within the organisation
Approval Route	Organisational Governance Approval Group
Approved by	Rosemarie Finley
Date approved	16 February 2022
Review date	16 February 2025
Document Status	This is a controlled document. Whilst this document may be printed, the electronic version posted on the intranet is the controlled copy. Any printed copies of this document are not controlled. As a controlled document, this document should not be saved onto local or network drives but should always be accessed from the intranet.

Version control / changes made

Date	Version	Summary of changes made	Author
September 2021	2	Previous policy transferred to new template Content reviewed and revised	Mo de Gruchy
December 2021	2.1	Previous ANTT® Procedures Guidelines (except Cannulation, Portacath and Urinary catherterisation) replaced with updated versions, as provided by The Association for Safe Aseptic Practice website	Mo de Gruchy

CONTENTS

1. INTRODUCTION

1.1 Rationale

Aseptic Non Touch Technique (ANTT®) is a contemporary international standard for safe and effective aseptic practice that is designed for all clinically invasive procedures including maintenance of indwelling medical devices. The international adoption of ANTT® standardises practice and practice language for aseptic technique. This in turn reduces practice variability, improving quality and safety for patients (ASAP 2017).

1.2 Scope

This policy applies to FNHC clinical staff who undertake clinical procedures where use of aseptic technique is required. This policy does not cover the dressing of chronic wounds such as pressure sores, leg ulcers which are already heavily colonised with environmental micro-organisms and therefore a 'clean' technique is used (Provide 2015).

1.3 Role and Responsibilities

Chief Executive Officer (CEO)

The CEO has overall responsibility for ensuring that there are effective arrangements in place for Infection Prevention and Control (IPC) within the Organisation to meet statutory requirements.

Director of Governance Regulation and Care

The Director of Governance Regulation and Care will ensure systems are in place to:

- Update this policy in line with evidence based practice
- Monitor, report and investigate incidences of HCAIs and ensure systems are in place to reduce the incidence of HCAIs
- Measure adherence to the policy

Operational Leads

Operational Leads will:

- Ensure that all staff have access to relevant policies and procedural documents to support their daily working practice
- Monitor staff training attendance in accordance with the organisation's statutory and essential training matrix
- Facilitate the availability of the necessary tools and resources for ANTT®
- Overseeing clinical audits and compliance in collaboration with the Clinical Effectiveness Facilitator

Line Managers

Line Managers will ensure all staff:

- Attend training in accordance with the organisation's statutory and essential training matrix
- Have access to an ANTT® competency framework
- Achieve competency in carrying out procedures involving ANTT®
- Monitor the achievement of staff competence in carrying out procedures involving ANTT®
- Monitor practice within their area to ensure the use of ANTT® is maintained

Education Department

The Education Department is responsible for:

- Ensuring sufficient training on ANTT® is available for all relevant staff
- Maintaining training and competency records

Clinical Staff

Clinical staff who undertake clinically invasive procedures are responsible for:

- Ensuring that they access and comply with relevant policies and procedural documents relevant to ANTT®
- Attending relevant training
- Ensuring that they achieve and maintain competency in relation to ANTT® practice
- Raising any concerns they have about achieving ANTT® standards with their Operational Lead/Line Manager

2. POLICY

2.1 Key Principles

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

The purpose of this policy is to direct the standardisation of aseptic technique throughout Family Nursing & Home Care (FNHC), using the ANTT® Clinical Practice Framework for all relevant clinical procedures, thereby promoting safe practice and reducing the risk of Health Care Associated Infections (HCAIs).

2.2 Standard-ANTT®

Standard-ANTT® is used for procedures where it is technically straightforward not to touch Key-Parts and Key-Sites directly. There are likely to be few Key-Parts and no very large Key-Parts. Procedure time is likely to be short in duration (approximately < 20 min).

Typical procedures include:

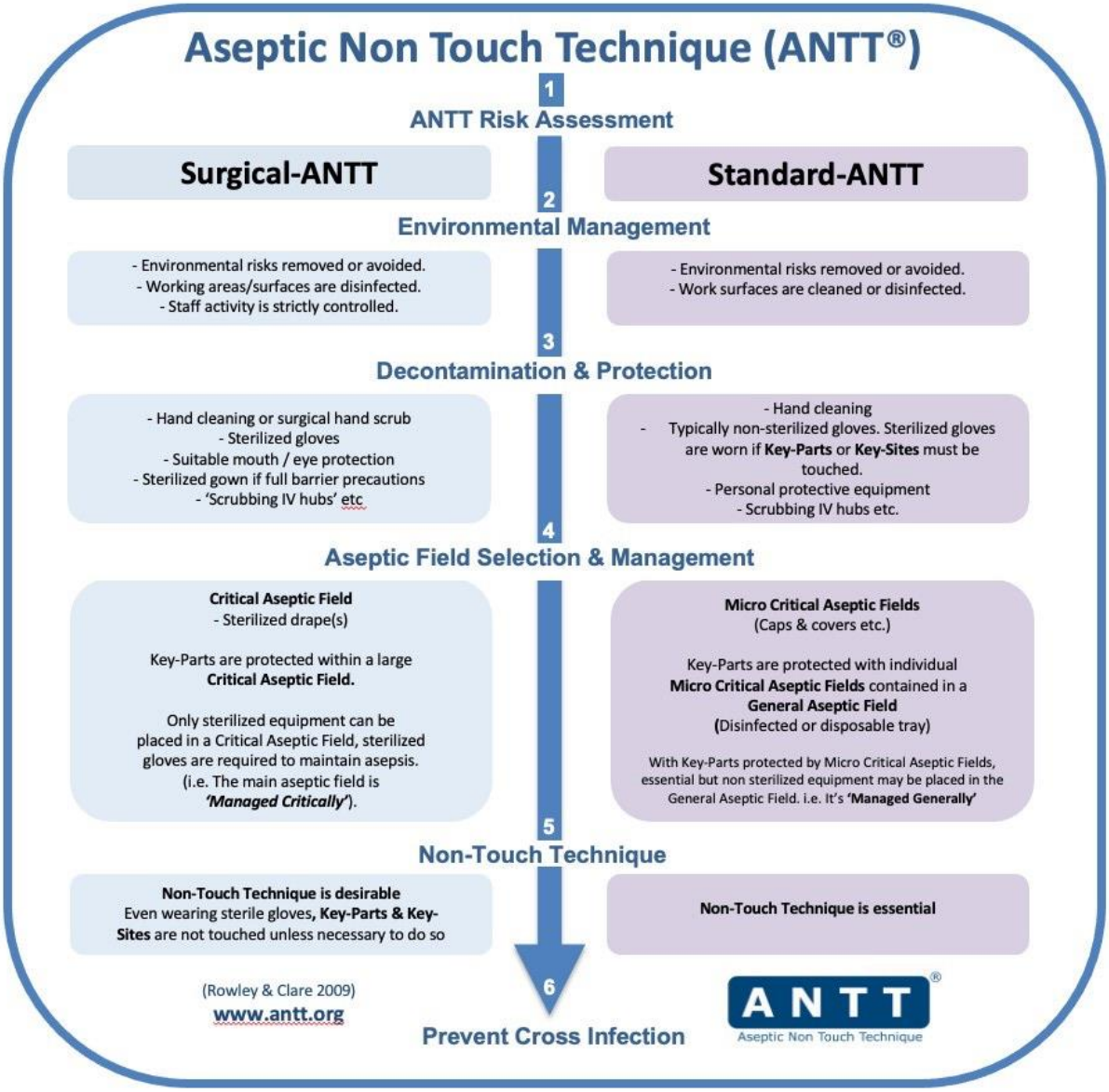
- Simple wound care
- Peripheral and central intravenous medication
- Preparation & administration of medication
- Peripheral cannulation
- Blood Culture Collection
- Venepuncture
- Intermittent urinary catheterisation
- Emptying a urinary catheter bag

2.3 Surgical-ANTT ®

Surgical-ANTT® is used for invasive procedures that are technically complex, longer in duration (approximately > 20 min), involves multiple Key-Parts and/or large Key-Parts. Subsequently it is much harder or not possible to perform the procedure without touching Key-Parts directly. As a result, the main Critical Aseptic Field is managed 'critically' i.e. only sterilised aseptic equipment can come into contact with it and the procedure may require full barrier precautions.
Typical procedures include:

- Surgery
- Complicated wound care
- Central intravenous line insertion
- Urinary Catheterisation
- Spinal epidural

ANTT® Practice Framework (ASAP 2017)



2.4 Standard Precautions

Both types of ANTT® include standard precautions such as hand hygiene, wearing of personal protective equipment, e.g. gloves and aprons, the safe handling of sharps, waste and linen, decontamination of patient care equipment and environmental Aseptic Non-Touch Technique cleanliness (NICE 2012; RCN 2017). ANTT® helps standardise the application of these processes and promote staff compliance.

2.5 Training and competency assessment

All clinical staff who perform invasive procedures or who are responsible for managing indwelling devices in clients must undergo training in the principles and practice of ANTT® and demonstrate competence in practice, with annual reassessment. A standardised competency assessment will be used for all staff (Appendix 1 & 2).

3. PROCEDURE

3.1 Procedure Guidelines

ANTT® provides procedure guidelines that are simple in design and help ensure invasive procedures are performed effectively and consistency is maintained.

The following procedures have a step by step guide which all clinical staff can access (via the FNHC Procedural Document Library) and refer to when practising the ANTT® approach:

- FNHC IV Admin using a pack - peripheral and central lines (Standard-ANTT)
- FNHC IV Admin using a procedure tray - peripheral and central lines (Standard-ANTT)
- FNHC Peripheral Venepuncture (Standard-ANTT)
- FNHC Wound Care (Standard-ANTT)
- FNHC Wound Care (Surgical-ANTT)
- FNHC Urinary Catheterisation (Surgical-ANTT)
- FNHC Portacath Port Gripper Insertion (Surgical-ANTT)

4. CONSULTATION PROCESS

Name	Title	Date
Judy Foglia	Director of Governance Regulation and Care	22/09/2021
Gilly Glendewar	Clinical Nurse Specialist	20/09/2021
Fiona Le Ber	Clinical Nurse Specialist	20/09/2021
Louise Hamilton	Team Lead RRRT	22/09/2021
Clare Stewart	Op Lead OOH Services	22/09/2021
Tia Hall	Op Lead Adult Services	22/09/2021
Michelle Cumming	Op Lead Child & Family Services	22/09/2021
Elspeth Snowie	Clinical Effectiveness Facilitator	22/09/2021
Gill John	Team Lead CCNT	22/09/2021

Jo Davies	Team Lead School Nurses	22/09/2021
Justine Bell	Education Lead and Practice Development Nurse	01/10/2021

5. IMPLEMENTATION PLAN

Action	Responsible Person	Planned timeline
Email to all staff	Education and Development Secretary/Administrative Assistant	Within two weeks of ratification
Policy to be placed on Procedural Document Library	Education and Development Secretary/Administrative Assistant	Within two weeks of ratification
Staff to sign up to documents if relevant	Operational Leads	Within two weeks of ratification

6. MONITORING COMPLIANCE

Adherence to the policy and the clinical standards of ANTT® can be audited using the standardised form (Appendix 3). Evidence of non-compliance or poor standards of ANTT® should be referred to the relevant Operational/Team Lead and Practice Development/Education Lead in order for development plans to be devised and additional training requirements assessed.

7. EQUALITY IMPACT STATEMENT

Family Nursing & Home Care is committed to ensuring that, as far as is reasonably practicable, the way services are provided to the public and the way staff are treated reflects their individual needs and does not discriminate against individuals or groups on any grounds.

This policy document forms part of a commitment to create a positive culture of respect for all individuals including staff, patients, their families and carers as well as community partners. The intention is to identify, remove or minimise discriminatory practice in the areas of race, disability, gender, sexual orientation, age and 'religion, belief, faith and spirituality' as well as to promote positive practice and value the diversity of all individuals and communities.

The Family Nursing & Home Care values underpin everything done in the name of the organisation. They are manifest in the behaviours employees display. The organisation is committed to promoting a culture founded on these values.

Always:

- ✓ Putting patients first
- ✓ Keeping people safe
- ✓ Have courage and commitment to do the right thing
- ✓ Be accountable, take responsibility and own your actions
- ✓ Listen actively
- ✓ Check for understanding when you communicate
- ✓ Be respectful and treat people with dignity
- ✓ Work as a team

This policy should be read and implemented with the Organisational Values in mind at all times.

8. GLOSSARY OF TERMS

Asepsis: The absence of bacteria, fungi, viruses or other micro-organisms that could cause disease

Aseptic Field: A designed aseptic working space that contains and protects the procedure equipment from direct and indirect environmental contact-contamination by microorganisms (see aseptic field types below).

(Critical) Aseptic Field: The main aseptic field that ensures asepsis during procedures by the use of a sterile field which protects the procedure environment e.g. urinary catheterisation, complex wound care, surgical procedures

(General) Aseptic Field: The main aseptic field that promotes asepsis during procedures by providing basic protection from the procedure environment. Used when Key Parts can easily and efficiently be protected by micro critical aseptic fields e.g. caps and covers during intravenous therapy and phlebotomy

Aseptic Technique: Defines the infection prevention method and precautions taken during invasive clinical procedures to prevent the transfer of microorganisms from the healthcare worker, procedure equipment or the immediate environment to the patient

Aseptic Non-Touch Technique ANTT®: A specific type of aseptic technique with a unique Theoretical and Clinical Practice Framework based upon the original concept of Key-Part and Key-Site Protection where staff identify and protect Key Parts and Key Sites

'Clean' Technique: A modified non-touch technique used for dressing chronic wounds healing by secondary intention, e.g. pressure sores, leg ulcers, dehisced wounds, which will already be heavily colonised with environmental micro-organisms.

Key-Part: The critical part of equipment that comes into contact with a Key Site

Key-Site: A part of the body that is at risk of contamination if ANTT® is not used e.g. wound, urethral meatus, insertion and access sites for medical devices

9. REFERENCES

Association for Safe Aseptic Practice (ASAP) (2017) *ANTT ® Theory Practice Framework*. Available at Home (antt.org). Last accessed 15th September 2021

National Institute for Health and Care Excellence (NICE) (2012, updated 2017) *Clinical Guideline CG139: Healthcare-associated infections: prevention and control in primary and community care.* Available at Healthcare-associated infections: prevention and control in primary and community care (nice.org.uk). Last accessed 16th September 2021

Provide Community Interest Company (2015) *Aseptic Non-Touch Technique Policy (ANTT).* Available at IPPOL17 Aseptic Non Touch Technique (ANTT) Policy.pdf (provide.org.uk). Last accessed 22nd November 2021

Royal College of Nursing (2017) *Essential Practice for Infection Prevention and Control.* Available at Essential Practice for Infection Prevention and Control| Royal College of Nursing (rcn.org.uk). Last accessed 16th September 2021

10. APPENDIX

Appendix 1 Standard ANTT® Competency Assessment Tool

The-ASAP

Aseptic Non Touch Technique (ANTT®)

Direct Observation of Practice

Competency Assessment

Standard-ANTT® - After basic precautions and appropriate personal protective equipment are applied such as hand cleaning and glove use, all the Key-Parts are protected individually, by non-touch technique and individual Micro Critical Aseptic Fields.

Surname:			**Forename:**
Job Title:			**Ward / Department:**
An Observational Assessment or a Simulation of Practice • **Only assessors with evidence of ANTT® competence can assess staff - healthcare worker (HCW)** • **The assessor should test the theory and practice terms prior to the procedure** • **This tool allows for assessment of three clinical procedures**			
Competency Assessment (*mark all components :* ✔ *X or n/a*)			
Date: **Initial:** **Type:**	**Date:** **Initial:** **Type:**	**Date:** **Initial:** **Type:**	**Procedure Types (abbreviations)** Venepuncture – **V**; Cannulation – **C**; Urinary catheterisation – **UC** Blood cultures – **BC**; Simple wound care – SW; Complex Wound Care – **CW** Intravenous drug admin./ flush – **IV**; Other – **O** **Other Procedures & abbreviations:**_____
ANTT® theory & practice terms			
			Pre-Procedure
			State the three main ways that equipment can be contaminated during aseptic technique
			State the definition of the terms a) Sterile b) Asepsis c) Clean
			State the microbiological aim of ANTT®
			State the type of invasive procedures ANTT® is suitable for
			State the fundamental **concept** that ANTT® is based upon
			Name the two types of ANTT®
			Describe the main difference in the way Key-Parts are managed in the two types of ANTT®
			Explain the type of ANTT you are going to use and why you selected it
			State the ANTT Risk Assessment question that determines the type of ANTT used
			State some practice variables considered in this risk assessment
			Inter-Procedure
			Ask the practitioner to identify all the procedure Key-Parts of the procedure
			State the definition of a Key-Part
			State the definition of a Key-Site
			State the Key-Part / Key-Site **Rule**
			State the three types of aseptic field used in ANTT. Point them out in the procedure
			State the difference in non-touch technique between Standard and Surgical-ANTT
Preparation			
			Did the HCW clean their hands prior to equipment preparation?
			If a plastic or metal tray was used did the HCW disinfect it effectively according to local policy?

			Did the HCW gather all equipment before cleaning hands and initiating equipment assembly?
			Was the personal protective equipment (PPE) used appropriate for the procedure?
			Did the HCW clean their hands at the start of the procedure?
			Was the choice of glove type appropriate for this Standard-ANTT® procedure?
			Were gloves applied at the appropriate stage for the procedure?
			Was the equipment placed into a main General Aseptic Field (e.g. plastic or cardboard tray as per local policy)?
			Were only necessary items of equipment placed in the tray, and kept organised throughout?
			Did the HCW avoid touching aseptic Key-Parts with their hands/gloved hands (i.e. non-touch technique)?
			Were all aseptic equipment Key-Parts protected by Micro Critical Aseptic Fields when not in use (e.g. aseptic caps, covers or packaging)?
			Aseptic Key-Parts were not touched by any non-aseptic equipment (e.g. the sides of the tray)?
Procedure			
			Did the HCW remove or avoid any environmental risks – such as bed making or dusting taking place near the procedure area?
			Did the HCW clean their hands and apply appropriate PPE before starting the procedure?
			Were inactive Key-Parts correctly disinfected and made aseptic before use (e.g. IV injection port – scrubbed for 15 sec with an alcoholic 2% chlorhexidine wipe and allowed to dry)?
			Did the HCW avoid touching all aseptic Key-Parts with their gloved hands?
			Were all Key-Parts individually protected at all times when not in use during the procedure by Micro Critical Aseptic Fields (Caps, covers, inside of packaging)?
			Were all aseptic Key-Parts prevented from coming into contact with any non-aseptic equipment (e.g. the sides of the procedure tray)?
			Were the patients' Key-Site(s) prevented from coming into contact with any non-aseptic Key-Parts or the HCW's gloved hands?
			Was the asepsis of Key-Parts promoted by organised management of the General Aseptic Field throughout the procedure?
Decontamination			
			Did the HCW safely dispose of all sharps, equipment and waste according to local policies?
			Did the HCW clean their hands immediately following glove removal?
			Did the HCW decontaminate and disinfect the General Aseptic Field (e.g. plastic tray), and allow it to dry before storage?

Assessors' signature: _____ HCW's signature: _____Date: _____ Passed: _____ Failed: _____

www.antt.org enquiries@antt.org

Appendix 2 Surgical ANTT® Competency Assessment Tool

ANTT® Aseptic Non Touch Technique

Aseptic Non Touch Technique - ANTT® Competency Assessment Tool (CAT)

ASAP The Association for Safe Aseptic Practice

Surgical-ANTT® After basic precautions and appropriate personal protective equipment are applied, such as hand cleaning and glove use, all the Key-Parts are protected **together** in one main **Critical Aseptic Field;** usually a sterilized drape. Asepsis is maintained during handling of this equipment by the healthcare worker (HCW) wearing sterilized gloves. In Surgical-ANTT, all the equipment within the Critical Aseptic Field is managed as Key-Parts.

NB: Surgical-ANTT is typically performed in an operating room environment for open surgery. However, Surgical-ANTT may also be performed in different settings such as ward bed side, in the patients home etc. for procedures such as urinary catheterisation, a complicated cannulation etc.

Surname:			**Forename:**
Job Title:			**Ward / Department:**
An Observational Assessment or a Simulation of Practice • **Only assessors with evidence of ANTT® competence can assess staff - healthcare worker (HCW)** • **The assessor must include the theory and practice questions before or during the procedure** • **This tool allows for assessment of three clinical procedures – if required**			
Competency Assessment (*mark all components :* ✔ *X or n/a*)			
Date: **Initial:**	**Date:** **Initial:**	**Date:** **Initial:**	**Procedure Types (abbreviations)** Venepuncture – **V**; Cannulation – **C**; Urinary catheterisation – **UC** Blood cultures – **BC**; Simple wound care – SW; Complex Wound Care – **CW** Intravenous drug admin./ flush – **IV**; Other – **O**
Type:	**Type:**	**Type:**	**Other Procedures & abbreviations:**_____

			ANTT® principles & practice terms
			Pre-Procedure
			State the three main ways that equipment can be contaminated during aseptic technique
			State a short definition of the terms a) Sterile b) Aseptic c) Clean
			State the practice aim of ANTT®
			State the type of invasive procedures ANTT® is suitable for
			State the fundamental practice **concept** that ANTT® is based upon
			Name the two types of ANTT®
			Explain the type of ANTT you are going to use and why you selected it
			State some practice variables you've considered when determining the type of ANTT
			Then state the ANTT Risk Assessment question that selects the type of ANTT
			Inter-Procedure
			Ask the practitioner to identify all the procedure Key-Parts of the procedure
			State the definition of a Key-Part
			State the definition of a Key-Site
			State the Key-Part / Key-Site **Rule**

Preparation			
			Did the HCW clean their hands prior to equipment preparation?
			Did the HCW open the Critical Aseptic Field (sterilized drape) and equipment onto it without contaminating it?
			Did the HCW clean their hands at the start of the procedure? (If surgery, the hand clean should be a surgical hand scrub)
			Were sterilized gloves used and applied without contaminating them?
			During preparation, did the HCW protect all aseptic equipment on the Critical Aseptic Field by only touching it with uncontaminated sterilized gloves?
			Were sterilized gloves changed if contaminated?
			Was the personal protective equipment (PPE) used appropriate for the procedure?
			Was any indwelling equipment (e.g. Central Line, pacemaker etc. maintained in its protective sterilized packaging until needed?
			Other:
			Other:
Procedure			
			Did the HCW remove or avoid any obvious environmental risks – such as bed making or dusting taking place near the procedure area?
			During the procedure, was all equipment in the Critical Aseptic Field only touched by uncontaminated sterilized gloves? (Non touch technique)
			If equipment was contaminated during the procedure was it removed and replaced appropriately?
			Sterilized gloves were not contaminated (e.g. by coming into contract with the procedure environment outside of the Critical Aseptic Field)
			Were all aseptic Key-Parts prevented from coming into contact with any non-aseptic equipment (e.g. anything outside of the main Critical Aseptic Field)?
			Were the Key-Site(s) protected from touching non-aseptic equipment?
			Were the patients' Key-Site(s) prevented from coming into contact with any non-aseptic Key-Parts?
			Other:
			Other:
Decontamination			
			Did the HCW safely dispose of all sharps, equipment and waste according to local policies?
			Did the HCW clean their hands IMMEDIATELY following glove removal?

Assessors' signature: _____ HCW's signature: _____Date: _____ Passed: _____ Failed: _____

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Appendix 3 ANTT® Audit Tool

Audit Tool
Invasive Clinical Procedures

ASAP The Association for Safe Aseptic Practice
http://www.the-asap.org

*See overleaf for guidance *Name of hospital, community practice:_____

1. **Procedure Setting:** ❑Hospital ❑Community ❑Patient home (Tick one)

2. **Procedure Observed:** ❑Peripheral IV Drug Admin ❑Central Venous Drug Admin ❑Simple Wound Care ❑Complex Wound Care ❑Urinary Catheterisation ❑Cannulation Other _____

3. **Ask the Health Worker what the AIM of the technique is** ❑Clean ❑Aseptic ❑Sterile Other_____

4. **From start-to-finish of the procedure, please tick the quality of <u>each</u> hand cleaning episode by ticking the type of hand cleaning technique used (including drying time)***

	Hand Cleaning episodes during the procedure	*1*	*2*	*3*	*4*	*5*	*6*
4a	A quick social wash (<15 seconds)						
4b	Different parts of the hands / fingers targeted (>30 sec)						

5. **Type of glove used?** ❑Sterile gloves ❑Non-sterile gloves ❑No gloves (Tick all that apply)

6. **Were the gloves contaminated during the procedure*** ❑Yes ❑No If yes, how? _____

7. **What type of aseptic field was used?** (Tick all that apply) ❑None ❑Paper tray ❑Metal tray ❑Plastic tray ❑Trolley ❑Sterile drape from procedure pack ❑Sterile drape ❑Non-sterile drape

8. **Was an aseptic field contaminated?** ❑Yes ❑No If yes, how? _____

9. **If a plastic or metal tray was used was it cleaned according to local policy?** ❑Yes ❑No ❑N/A

10. **For IV therapy, were IV Hubs cleaned effectively?*** ❑Yes ❑No ❑N/A

11. **When not in use, were <u>ALL</u> equipment Key-Parts* protected at all times during the procedure?** (Tick all that apply) ❑Yes, by sterile caps ❑Yes, inside equipment packaging ❑No

12. **Were equipment Key-Parts touched at all by the Health Worker's hands or gloved hands?*** ❑Yes ❑No

13. **Were equipment Key-Parts touched at all by any equipment, containers, surfaces etc.?** ❑Yes ❑No

14. **If the procedure was chronic leg ulcer care, was the wound:** ❑Irrigated ❑Soaked ❑N/A

15. **Were any Key-Sites* touched by hands during the procedure? (e.g. Wound, puncture site etc)** (Tick all that apply) ❑Yes with sterile gloves ❑Yes with non-sterile gloves ❑No ❑Yes other _____

16. **At the end of the procedure were hands cleaned immediately after glove removal?** ❑Yes ❑No

17. ***Ask the Health Worker what type of technique they used (Don't show the options):*** (Tick one) ❑Clean Technique ❑Non-touch Technique ❑Aseptic Technique ❑Sterile Technique Other _____

18. **Ask the Health Worker what factors they considered when selecting the type of clean, aseptic or sterile technique they used (Don't show the options)** (Tick all that apply): ❑Patients' Age ❑ immunosuppressed ❑Patients' disease ❑The difficulty of the procedure ❑None: The technique is mandated Other_____

Audit Tool: Guidance for Assessors

Your diligence in using this tool is essential to produce useful results for the benefit of patients. Thank you for your support.

Anonymity: The-ASAP will collate the audits and feedback the results to individual organisations directly. The data is then anonymised and collated into a national audit. Organisations will NOT be identified.

Please answer all questions – marking N/A if not applicable.

How to approach using this audit tool
Clinical procedures involve three phases: First ***Preparation***, the ***Procedure*** itself and lastly ***Cleaning up***.

With this in mind you may go backwards and forwards through the tool for each stage. For example, you will tick each hand clean as it happens at different stages of the procedure. The questions to do with Key-Part Protection and aseptic fields etc. should be considered during preparation and during the procedure itself.

Question 4 – Hand Cleaning

- Soap & water and alcohol gel can be used interchangeably. Cleaning technique still matters.
- The multi-step technique refers to the type of technique advised by the World Health Organisation 2009. i.e. The Health Worker attempts to clean different parts of the hands such as fingers, palms, back of hands etc.
- The number of hand cleaning episodes per procedure will vary according to the procedure. There should only be ONE tick for EACH hand cleaning episode as below. In this example the procedure has 4 episodes of hand cleaning. 3 were for >30 seconds using different parts of the hand, and 1 was a social wash <15 seconds.

Hand Cleaning episodes during the procedure	***1***	***2***	***3***	***4***	***5***	***6***
A quick social wash (<15 seconds)		✓				
Different parts of the hands / fingers targeted (>30 sec)	✓		✓	✓		

Question 6 - Contamination of Gloves
Auditors should be vigilant for touch contamination of gloves. Sterile gloves are contaminated if non-sterile equipment or anything outside of the sterilised field or other sterilised equipment is touched. Non-sterile gloves are allowed to touch procedure equipment etc.; but should not be used to touch the wider environment such as bed rails, door handles etc.

Question 10 - Cleaning of IV Hubs.
Carefully observe this action as it is commonly performed ineffectively. All of the below must be completed to be effective:

- A large 2% chlorhexidine / 70% isopropyl alcohol wipe (Not a small Steret®).
- The large wipe is fully opened.
- The IV Hub Tip is scrubbed hard for 15 seconds and allowed to dry (about 20 seconds).
- The IV Hub once cleaned is not touched by the Health Workers hands or anything else other than aseptic Key-Parts.

Question 11 - Protection of equipment Key-Parts
This question observes how equipment key-parts are protected when not in use. For reference:

> ***Key-Parts*** *are the most critical parts of the procedure equipment that come into contact with any invasive device, sterile liquid infusion or the patient (Syringe tips, sterile gauze, needles etc.).*

Question 12
Observe closely throughout for any hand touch of equipment Key-Parts. Even when wearing sterile gloves Key-Parts must not be touched unless it is necessary to do so.

Question 15 - Key-Sites:
Key-Sites are any portal of entry for microorganisms to the patient such as open wounds, insertion and puncture sites from invasive medical devices etc.

Appendix 4 Equality Impact Screening Tool

Stage 1 - Screening			
Title of Procedural Document: Aseptic Non-Touch Technique (ANTT®) Policy			
Date of Assessment	December 2021	Responsible Department	Governance
Name of person completing assessment	Mo de Gruchy	Job Title	Quality Performance and Development Nurse

Does the policy/function affect one group less or more favourably than another on the basis of :	**Yes/No**	**Comments**
• Age	No	
• Disability Learning disability; physical disability; sensory impairment and/or mental health problems e.g. dementia	No	
• Ethnic Origin (including hard to reach groups)	No	
• Gender reassignment	No	
• Pregnancy or Maternity	No	
• Race	No	
• Sex	No	
• Religion and Belief	No	
• Sexual Orientation	No	
If the answer to all of the above questions is NO, the EIA is complete. If YES, a full impact assessment is required: go on to stage 2, page 2	No	

Stage 2 – Full Impact Assessment			
What is the impact	**Level of Impact**	**Mitigating Actions** (what needs to be done to minimise / remove the impact)	**Responsible Officer**

Monitoring of Actions
The monitoring of actions to mitigate any impact will be undertaken at the appropriate level