ASEPTIC NON TOUCH TECHNIQUE POLICY

(to be read in conjunction with all other Trust Infection Prevention and Control Policies)

| Version:  | 3   |
| Ratified by: | Senior Managers Operational Group |
| Date ratified: | May 2015 |
| Title of originator/author: | Head of Infection Prevention and Control/Decontamination Lead |
| Name of responsible Group/Committee: | Infection Prevention and Control Assurance Group |
| Date issued: | June 2015 |
| Review date: | April 2018 |
| Relevant Staff Group/s: | All staff required to perform activities that require ANTT® skills |

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**Document Control**

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**Amendments:** Version 2.4 – Reviewed to reflect change in National Guidance

**Document Objectives:** To ensure the principles of asepsis are observed and to ensure uniform standards of safe care in relation to Non Touch Technique are maintained across the Trust.

**Intended Recipients:** All staff who perform non touch technique are expected to adhere to this policy to ensure that a consistently high standard of practice exists throughout the Trust.

**Committee/Group Consulted:** Infection Prevention and Control Assurance Group, Senior Managers Operational Group

**Monitoring arrangements and indicators:** See relevant section in policy.

**Training/resource implications:** See relevant section in policy.

**Approving body and date**
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**Formal Impact Assessment**
- Impact Part 1 Date: March 2015

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- No Date: N/A

**Ratification Body and date**
- Senior Managers Operational Group Date: May 2015

**Date of issue** June 2015

**Review date** April 2018

**Contact for review**
- Head of Infection Prevention and Control/Decontamination Lead

**Lead Director**
- Director for Nursing and Patient Safety/Infection Prevention and Control

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Aseptic Non Touch Technique Policy

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**ANTT® Guidelines**

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1. INTRODUCTION

1.1 This policy contains information for staff in relation to Aseptic Non-Touch Technique to achieve the highest standard possible and ensure efficiency, consistency and safety.

1.2 Infection is caused by organisms which enter and overcome the body’s immunological defence mechanisms. Therefore strict adherence to an aseptic non touch technique when accessing a susceptible site (an area on the body that is more vulnerable to infection such as the site of insertion of a cannula), or when the integrity of the skin is breached, is essential to prevent infection.

1.3 The Code of Practice for the prevention and control of Healthcare Associated Infections (2012) states that:

- All clinical procedures must be carried out in a manner that promotes asepsis;
- Education, training and assessment in the aseptic technique must be given to those undertaking the procedure – including temporary staff;
- The technique should be standardised within the organisation;
- To ensure compliance the technique should be audited on a yearly basis.

2. PURPOSE & SCOPE

2.1 The purpose of this policy is to ensure the principles of asepsis are observed and to ensure uniform standards of safe care in relation to aseptic non touch technique are maintained across the Trust.

2.2 The procedural document applies to all staff who undertake procedures requiring aseptic non touch technique skills including Temporary, Locum, Bank, Agency and Contracted staff.

3. DUTIES AND RESPONSIBILITIES

3.1 The Trust Board, via the Chief Executive will:

- ensure there are effective and adequately resourced arrangements for complying with aseptic technique within the Trust.
- identify a board level lead for Infection Prevention and Control.
- ensure that the role and functions of the Director of Infection Prevention and Control are satisfactorily fulfilled by appropriate and competent persons as defined by DH, (2008).

3.2 Director of Infection Prevention and Control (DIPC)

The DIPC will oversee the local control of and the implementation of the non touch technique policy.
3.3 The Infection Prevention and Control Group

- The Infection Prevention and Control Group will ensure that the policy and procedures relating to non touch technique are continually reviewed and improved within the Trust.
- The group will review all Datix reports relating to Infection Prevention and Control and ensure that lessons are learned where applicable.

3.4 Infection Prevention and Control / Decontamination Lead

The Infection Prevention and Control Lead will be responsible for ensuring that the Infection Prevention and Control Team;

- Review and update the policy as required;
- Give additional advice regarding the implementation of non touch technique where required;
- Promote good practice and challenge poor compliance.

3.5 Senior Nurse for Clinical Practice

The Senior Nurse for Clinical Practice will be responsible for ensuring that the Clinical Practice Team;

- Promote good practice in relation to non touch technique with input from the Infection Prevention and Control Team as and when required.
- Will continue to promote non touch technique as and when required as part of the formal competency assessment when required as part as part of that assessment

3.6 Service/ Ward Managers

Managers are responsible for ensuring employees undertaking non touch technique are trained and competent in the procedure and are compliant with this policy and best practice guidance.

3.7 Individual Employees

Staff undertaking non touch technique have a responsibility to ensure they are trained and competent in the procedure and are compliant with this policy and best practice guidance.

3.8 Learning and Development Department

- non touch technique education must be included in all clinical training sessions where it is required as part of a procedure.
- maintaining records of staff who attend training sessions.
EXPLANATIONS OF TERMS USED

4.1 **Asepsis** – The state of being free from disease-causing contaminants (such as bacteria, viruses, fungi, and parasites) or, preventing contact with microorganisms, utilising sterile gloves at all times.

4.2 **Aseptic Non Touch Technique** – is the practice of carrying out a procedure in such a way that you minimize the risk of introducing contamination into a vulnerable area or contaminating an invasive device (Marsden Manual, 8th Edition). It is a standardised technique where staff are taught to identify and protect the key-parts of any procedure, perform effective hand hygiene, institute a non touch technique, and wear only the appropriate personal protective equipment.

4.3 **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.

4.4 **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.

4.5 **Decontamination** – the process of rendering an article safe to handle, by cleaning, with or without disinfection or sterilisation.

4.6 **HCAI** – Healthcare Associated Infection.

4.7 **Infection** – the invasion and multiplication of micro-organisms within tissue which then results in destruction of the tissue.

4.8 **Invasive procedure** – A medical procedure 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.

4.9 **Key Part** - A core component of aseptic non touch technique is maintaining asepsis during invasive procedures. Any part of a piece of equipment used during aseptic technique that will increase the risk of infection if contaminated by infectious material.

4.10 **Pathogenic** – capable of causing disease.

4.11 **Risk Assessment** – the method used to quantify the risk to human health and the environment.

4.12 **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 Infection Control : Standard Precautions Policy). These include:

- Effective hand hygiene (see Hand Decontamination 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 soilage (Pratt et al 2007);
• Safe use and disposal of sharps and waste.

4.13 **Sterile** – free from micro-organisms, including spores.

4.14 **Sterile Technique** – can only be achieved in controlled environments such as under laminar air flow or in a specially equipped theatre.

4.15 **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.

4.16 **Susceptible Patient Site** – an area on the body that is more vulnerable to infection such as the site of insertion of a cannula, urinary catheter or wound.

4.17 **Standard ANTT** – is the technique of choice when procedures meet all of the following criteria: They involve minimal Key-Parts and small Key-Parts, are not significantly invasive, are technically uncomplicated to achieve asepsis and are short in duration (approximately <20 minutes).

4.18 **Surgical ANTT** - is demanded when procedures meet one or more of the following criteria: They involve large or numerous Key-Parts, are significantly invasive, (e.g. Large Key-Sites(s) or central venous access), are technically complex to achieve asepsis or involve extended procedure time (approximately >20 minutes).

5. **SURGICAL ASEPTIC TECHNIQUE**

5.1 Surgical asepsis is a procedure to eliminate micro-organisms from an area. It is practised in operating theatres, some treatment areas and occasionally wards and other departments for invasive procedures such as the insertion of central lines. It is rarely used within Mental Health Services Directorate settings, but will be used within the Community Services Directorate.

5.2 It includes the use of sterile barrier precautions i.e. sterile gowns, sterile gloves and sterile drapes.

6. **ASEPTIC TECHNIQUE USING A NON TOUCH PROCEDURE**

6.1 As with other infection prevention and control measures, the actions taken to reduce the risk of contamination will depend on the procedure being undertaken and the potential consequences of contamination.

6.2 Aseptic Non touch technique clinical guidelines are designed to allow the practitioner to identify and protect 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.
6.3 Clinical guidelines are available via the Marsden Manual @

http://www.rmmonline.co.uk/rmm8/chapter/03/ss17#ss18

6.4 Indications for aseptic non touch technique include:

- cannulation
- venepuncture
- Intravenous medication
- wound care – Acute/Surgical and Chronic wounds
- urinary catheterisation
- management of central lines

6.5 The key principles of non touch technique are:

- Always clean hands effectively;
- Never contaminate key parts of sterile materials / equipment;
- Touch non key parts with confidence;
- Take appropriate infection prevention precautions such as the use of protective equipment – standard precautions;

6.6 Standard Infection Prevention and Control Precautions (see Infection Control: Standard Precautions Policy) must be adhered to when undertaking aseptic non touch technique.

6.7 The implications and treatment will be explained to the patient and, where appropriate their family and carers in a format and language which they can easily understand. This may necessitate the use of an interpreter. Staff will be aware of the different cultural and diversity needs of patients and will take appropriate steps to ensure these needs are fully taken into account.

7. TRAINING FOR CARRYING OUT NON TOUCH TECHNIQUE

7.1 All staff carrying out non touch technique must be trained in the procedure that they are going to undertake. Staff in clinical units required to undertake the procedure within their departments must be trained in the technique. Training should include:

- Hand Hygiene;
- Personal Protective Equipment;
- Avoiding contact with key parts;
- Maintaining a sterile field;
- Aseptic Technique using a Non Touch Procedure.

8. TRAINING REQUIREMENTS

8.1 The Trust will ensure that all staff are appropriately trained in line with the organisation’s Staff Mandatory Training Matrix (training needs analysis). All training documents referred to in this policy are accessible to staff within the Learning and Development Section of the Trust Intranet.
- Hand Hygiene Training
- COSSH regulations - The safe use of chemical disinfectants and cleaning agents.
- Infection Control Training
- Untoward Event Reporting

9. **EQUALITY IMPACT ASSESSMENT**

9.1 All relevant persons are required to comply with this document and must demonstrate sensitivity and competence in relation to the nine protected characteristics as defined by the Equality Act 2010. In addition, the Trust has identified Learning Disabilities as an additional tenth protected characteristic. If you or any other groups, believe you are disadvantaged by anything contained in this document please contact the Equality and Diversity Lead who will then actively respond to the enquiry.

10 **MONITORING COMPLIANCE AND EFFECTIVENESS**

10.1 **Monitoring arrangements for compliance and effectiveness**

Overall monitoring will be by the Clinical Governance Group.

10.2 **Responsibilities for conducting the monitoring**

The Infection Prevention and Control Assurance Group will monitor procedural document compliance and effectiveness where they relate to clinical areas.

10.3 **Methodology to be used for monitoring**

- internal audits
- incident reporting and monitoring
- formal competency assessments when aseptic or non touch technique is required

10.4 **Frequency of monitoring**

The Infection Prevention and Control Assurance Group reports to the Clinical Governance Group quarterly.

10.5 **Process for reviewing results and ensuring improvements in performance occur.**

Audit results will be presented to the Infection Prevention and Control Assurance Group for consideration, identifying good practice, any shortfalls, action points and lessons learnt. This Group will be responsible for ensuring improvements, where necessary, are implemented.

Lessons Learnt will be incorporated into the Lessons Learnt Quarter Report to the Clinical Governance Group.
11. COUNTER FRAUD

11.1 The Trust is committed to the NHS Protect Counter Fraud Policy – to reduce fraud in the NHS to a minimum, keep it at that level and put funds stolen by fraud back into patient care. Therefore, consideration has been given to the inclusion of guidance with regard to the potential for fraud and corruption to occur and what action should be taken in such circumstances during the development of this procedural document.

12. RELEVANT CARE QUALITY COMMISSION (CQC) REGISTRATION STANDARDS

12.1 Under the Health and Social Care Act 2008 (Regulated Activities) Regulations 2014 (Part 3), the fundamental standards which inform this procedural document, are set out in the following regulations:

- Regulation 9: Person-centred care
- Regulation 10: Dignity and respect
- Regulation 11: Need for consent
- Regulation 12: Safe care and treatment
- Regulation 13: Safeguarding service users from abuse and improper treatment
- Regulation 14: Meeting nutritional and hydration needs
- Regulation 15: Premises and equipment
- Regulation 16: Receiving and acting on complaints
- Regulation 17: Good governance
- Regulation 18: Staffing
- Regulation 19: Fit and proper persons employed
- Regulation 20: Duty of candour
- Regulation 20A: Requirement as to display of performance assessments.

12.2 Under the CQC (Registration) Regulations 2009 (Part 4) the requirements which inform this procedural document are set out in the following regulations:

- Regulation 16: Notification of death of service user
- Regulation 17: Notification of death or unauthorised absence of a service user who is detained or liable to be detained under the Mental Health Act 1983
- Regulation 18: Notification of other incidents

12.3 Detailed guidance on meeting the requirements can be found at [http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf](http://www.cqc.org.uk/sites/default/files/20150311%20Guidance%20for%20providers%20on%20meeting%20the%20regulations%20FINAL%20FOR%20PUBLISHING.pdf)

Relevant National Requirements


NICE (2003) guideline 2 – Infection Control, Prevention of healthcare associated infection in primary and community care
13. REFERENCES, ACKNOWLEDGEMENTS AND ASSOCIATED DOCUMENTS

13.1 References


Department of Health (2005) *Saving lives: a delivery programme to reduce Healthcare Associated Infection including MRSA*. HMSO.


13.2 Cross reference to other procedural documents

All other Trust Infection Control policies currently available on the Trust Intranet.

Consent and Capacity to Consent to Treatment Policy
Consent to Examination and Treatment Policy
Development & Management of Organisation-wide Procedural Documents Policy and Guidance
Hand Hygiene Policy
Indwelling Catheterisation in Adults, Policy and Best Practice Guidelines.
Learning Development and Mandatory Training Policy
Record Keeping and Records Management Policy
Risk Management Policy and Procedure
Staff Mandatory Training Matrix (Training Needs Analysis)
Training Prospectus
Untoward Event Reporting Policy and Procedure

All current policies and procedures are accessible in the policy section of the public website (on the home page, click on ‘Policies and Procedures’). Trust Guidance is accessible to staff on the Trust Intranet.
14. **MARSDEN MANUAL** @ [http://www.rmmonline.co.uk/about.html](http://www.rmmonline.co.uk/about.html)

15. **APPENDICIES**

Appendix A  Community Peripheral & Central IV Therapy  
Appendix B  Community Peripheral Venepuncture  
Appendix C  **Community Wound Care**  
Appendix D  Hospital Peripheral Cannulation  
Appendix E  Hospital Peripheral & Central Intravenous Preparation & Administration  
Appendix F  Hospital – Urinary Catheter  
Appendix G  Hospital Blood Culture  
Appendix H  Hospital Peripheral Venepuncture/Phlebotomy  
Appendix I  Hospital Wound Care
ANTT® Guidelines for Community – Community Peripheral & Central IV Therapy

Appendix A

If the IV port is exposed and gloves are not contaminated proceed to Step 7

If IV port is not exposed and/or gloves are contaminated, re-clean hands & re-glove

1. Clean tray according to local policy
2. Apply disposable apron
3. Gather equipment & place around tray
4. Clean hands with alcohol hand rub or soap & water
5. Apply non-sterile gloves, or sterilize gloves if key parts (key parts must be touched)
6. Clean equipment
7. Scrub key parts
   - Using ANTT, use a 70% isopropanol wipes
   - Scrub the port tip for total of 15 seconds using different areas of the wipe
   - Allow to dry away from the tip

8. Administer drugs using ANTT
9. Dispose of sharps
10. Clean tray according to local policy
11. Dispose of gloves, apron & equipment 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, clean hands.
ANTT® Guidelines for Community – Community Peripheral Venepuncture

1. Clean tray according to local policy.
2. Apply disposable apron.
3. Gather equipment and place beside tray.
4. Clean hands with soap & water or alcohol hand rub.
5. Prepare equipment. Place instruments on tray using non-touch technique (ITT).
6. Place sterilized drapes under the patient’s arm.
7. Apply disposable tourniquet & palpate vein.
8. Clean hands with soap & water or alcohol hand rub.
9. Apply non-sterile gloves. If key factor: Gloves must be discarding.
10. Clean skin with 70% alcohol, allowing skin to dry; avoid touching skin.
11. Access patient’s vein; place instruments on tray using ITT.
12. Dispose of sharps.
13. Clean tray according to local policy.
14. Dispose of gloves, apron & equipment. Then immediately.
15. Clean hands with alcohol hand rub or soap & water.
16. Dispose of waste bag according to local policy.

When entering the patient’s home: Clean hands.
Appendix D

ANTT® Guidelines for Hospital – Peripheral Cannulation

2. Prepare site. Clean hands with alcohol hand rub or soap & water.
3. Clean tray according to local policy. Whilst it dries...
4. Gather equipment (A cannula pack, sterile dressings, equipment & nayve line).
5. Clean hands with alcohol hand rub or soap & water.
6. Prepare flash & prime an extension set using non-touch technique (NTT).

7. Position arm on drapes and drape. Apply apron.
9. Clean hands with alcohol hand rub or soap & water.
10. Re-tighten tourniquet.
11. Apply gloves. Use standard gloves if Key-Patella or Key-Sites need touching directly.
12. Clean site for 30 sec’s. Allow to dry (use 2% chlorhexidine 70% alcohol).

16. Diapose of equipment & clean tray as per local policy.
17. Dispose glove immediately.
18. Clean hands with alcohol hand rub or soap & water.

Somerset Partnership NHS Foundation Trust
ANTT® Guidelines for Hospital – Peripheral & Central Intravenous Preparation & Administration

1. **Preparation zone**
   - Clean hands with alcohol hand rub or soap & water

2. **Clean tray according to local policy** – creating a general aseptic field. 
   - Ventilates tray

3. **Gather equipment**
   - Place around tray

4. **Clean hands**
   - With alcohol hand rub or soap & water

5. **Apply non sterile gloves and plastic apron**
   - (use sterile gloves if you must touch key parts)

6. **Open equipment, prepare 1% lignocaine, protecting key parts using non touch technique (NTT)**

   - If IV port is exposed and gloves are not contaminated
     - 6a. If IV port is not exposed and/or gloves are contaminated, clean hands & re-glove
     - 6b. Administer drugs using NTT
     - 6c. Dispose of sharps & equipment
     - 6d. Clean tray according to local policy
     - 6e. Dispose of gloves then immediately...
     - 6f. Clean hands with alcohol hand rub or soap & water

7. **scrub key parts**
   - Using NTT; site a 2% chlorhexidine/70% alcohol wipe
   - Touch the port tip for total of 10 seconds using different areas of the wipe
   - Then wipe away from the tip
   - Allow to dry before use

8. **Somerset Partnership NHS Foundation Trust**

ANTT® Guidelines for Hospital – Peripheral & Central Intravenous Preparation & Administration

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ANTT® Guidelines for Hospital – Urinary Catheter

1. Preparation zone
   - Prep patient
     - Apply waterproof pad & gown
     - Ask patient to lift gown pre step G

2. Clean hands
   - With alcohol hand rub or soap & water

3. Clean trolley
   - According to local policy

4. Gather equipment
   - Into bottom shelf

5. Apply apron
   - Clean hands if contaminated between Steps 3 & 4

6. Open catheter pack
   - & position waste bag

7. Open equipment
   - Once critical aseptic field using non-touch techniques (NTT)

8. Clean hands
   - Prepare equipment using NTT

9. Apply aseptic field drapes
   - Over genitalia & between legs

10. Clean urethral orifice
    - With normal saline & gauze

11. Insert lubricating gel
    - Dispose gloves
    - Clean hands
    - Apply sterilized gloves

12. Insert catheter
    - Using NTT by touching only the plastic wrapping

13. Clean trolley
    - According to local policy

14. Inflate balloon
    - Using NTT

15. Attach collection bag
    - Using NTT

16. Dispose of waste
    - & gloves

17. Clean hands
    - With alcohol hand rub or soap & water

Somerset Partnership NHS Foundation Trust
ANTT® Guidelines for Hospital – Blood Culture Collection

1. Preparation: Consent patient, assess veins visually and patent, clean arm.
2. With clean hands, clean tray according to local policy.
3. Gather equipment & place around tray.
4. Clean hands with alcohol hand rub or soap & water.
5. Prepare equipment using MTT.
6. Clean hands with alcohol hand rub or soap & water.
7. Apply disposable apron and shoe covers.
8. Scrub bottle ports. Cleaning technique: 70% alcohol wipe using MTT.
9. Position arm on sterile tubing and pillow.
10. Apply disposable tourniquet, identify a 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 – 70% isopropyl alcohol, back & forth, 3x, allow to dry.
16. Inoculate blood to bottles using MTT. Release tourniquet.
17. Apply a sterilized dressing.
18. Dispose of sharps.
19. Clean tray according to local policy.
20. Dispose of gloves.
21. Clean hands with alcohol hand rub or soap & water.

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ANTT® Guidelines for Hospital – Peripheral Venepuncture/Phlebotomy

1. Clean hands with soap & water or alcohol hand rub
2. Clean tray according to local policy creating an aseptic field, and within it, aseptically
3. Gather all equipment that may be needed
4. Prepare equipment protecting personnel using non-touch technique (NTT)
5. Access patient’s vein using NTT
6. Apply disposable tourniquet & prepare site
7. Clean hands with soap & water or alcohol hand rub
8. Apply non-sterilized gloves
9. Clean skin
10. Dispose of sharps & equipment
11. Clean tray according to local policy
12. Dispose of gloves immediately
13. Clean hands with soap & water or alcohol hand rub

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ANTT® Guidelines for Hospital – Wound Care

Appendix I

ANTT® Guidelines for Hospital – Wound Care

Wound Care (uncomplicated)

1. Clean hands with alcohol hand rub or soap & water
2. Clean trolley according to local policy
3. Gather dressing pack & equipment & place on bottom shelf
4. Apply apron (tie-clean hands if required)
5. Open dressing pack & position waste bag
6. Open equipment onto critical aseptic field using non touch technique (NTT)
7. Apply non-sterilized gloves
8. Place sterilized drapes under the wound
9. Remove dressing, using NTT & dispose of dressing in waste bag
10. Dispose of gloves
11. Clean hands with alcohol hand rub or soap & water
12. Apply sterilized or non-sterilized gloves & assemble equipment using NTT
13. Clean wound using NTT
14. Dress wound using NTT
15. Dispose of equipment, waste & then gloves
16. Clean hands with alcohol hand rub or soap & water
17. Clean trolley according to local policy
18. Clean hands with alcohol hand rub or soap & water

*Depending upon risk assessment

Somerset Partnership NHS Foundation Trust

NHS