### **COMPETENCY DOCUMENTATION**

## Aseptic Non Touch Technique (ANTT) 2018

AUTHOR:	
Chris Ellis	
STAFF GROUP RELEVANT TO:	APPROVED DATE: April 2018
All staff where ANTT is recognised as part of	
their individual training needs (please see	VERSION: 6
individual training report)	
LINKS TO CLINICAL GUIDELINE:	
RISK SCORE:	CLINICAL GOVERNANCE APPROVAL FOR
	HIGH RISK SCORING COMPETENCIES
Impact x Likelihood =	DATE:
Low   Medium  High	

#### This competency was produced in consultation with:

This Competency was produced by **LTHTR Clinical Staff** in consultation with clinical experts and is referenced to current evidence based practice

#### For Office Use Only:

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Staff Name (Please print)			
Assessors Name (Please print)			
Date of Competency Assessment			
Action	Rationale		
Pre assessment requisite			
Has received ANTT theory training or can state and describe ANTT theory including;  Definitions of Asepsis, Clean and Sterile Main ways equipment can be contaminated The types of ANTT Definition of a key part Definition of a key site What is the key part / key site rule?  Choose from one of the following procedures for th Intravenous Medication Administration Peripheral Vascular Access Device insertion (cannul Venepuncture Urinary Catheterisation Blood Culture collection (peripheral / line)			
Wound Care			
Handwashing Only			
Other , please specify			
Preparation			
Gathers all equipment prior to the procedure			
Hand cleansing can be carried with either soap and water (handwashing, HW) or alcohol hand rub (hand gelling, HG)	Clean your hands by rubbing them with an alcohol-based formulation, as the preferred mean for routine hygienic hand antisepsis if hands are not visibly soiled. It is faster, more effective, and better tolerated by your hands than washing with soap and water.  If exposure to potential spore-forming pathogens is strongly suspected or proven, including outbreaks of Clostridium difficile, hand washing with soap and water is the preferred means.		
Demonstrates effective hand cleansing using the Trust's and World Health Organisation (WHO) procedure  • Wet hands with water (HW)  • Apply enough soap to cover all hand surfaces (HW)  • Apply the required amount of hand gel in the hand (HG)  • Palm to Palm (HW & HG)  • Back of hand with palm of opposing hand, fingers interlaced	Hand hygiene is the most important measure to avoid the transmission of harmful germs and prevent health care-associated infections.		

<ul> <li>(HW &amp; HG)</li> <li>Palm to Palm, fingers interlaced (HW &amp; HG)</li> <li>Back of fingers to opposing palms, fingers interlocked (HW &amp; HG)</li> <li>Thumb clasped in opposite hand, rotational movement (HW &amp; HG)</li> <li>Fingers in opposite palm, circular motion (HW &amp; HG)</li> <li>Each wrist with opposite hand (HW &amp; HG)</li> <li>Rinse thoroughly with water (HW)</li> <li>Dry hands thoroughly with a single use paper towel (HW)</li> </ul> Demonstrates the appropriate choice of aseptic field <ul> <li>General</li> </ul>	
<ul><li>Surgical</li><li>Standard</li></ul>	
<ul> <li>Demonstrates effective choice of PPE and gloves</li> <li>Apron</li> <li>Sterile gloves</li> <li>Non – sterile gloves</li> </ul>	
Demonstrates effective cleaning and decontamination of the trolley / tray being used	
Only places required equipment into the aseptic field ensuring that all key parts are protected using a non-touch technique and ensures that all key parts not being used are managed in micro critical aseptic fields throughout and do not come in to contact with non-aseptic equipment. Maintains a well organised and clutter free aseptic field	
Procedure	
Removes environmental risks as appropriate	
Appropriately decontaminates hands then chooses and dons correct PPE for the procedure	
Cleans key parts with 70% Isopropyl Alcohol & 2% Chlorhexidine Gluconate (for skin) for 20 – 30 seconds then allows to dry	
Demonstrates effective non touch techniques throughout ensuring no key parts or key sites are contaminated	
Ensures that all inactive key parts are protected at all times by micro critical aseptic fields	
Post Procedure	
Safely and effectively disposes of all sharps and clinical and non-clinical waste in the appropriate receptacles as per Trust waste management guidelines	
Cleans and decontaminates aseptic field and stores as appropriate	
Demonstrates effective hand cleansing using the Trust's and World Health Organisation (WHO) procedure as above	

# **Competency Assessment Sign Off Form**

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Name of Staff & Band	Name (Please Print)	
(Please ensure that you are in the relevant staff group on the competency; if not, you should not be undertaking this assessment)	Band	
Staff / ESR Number (This is the number you use to login to Blended learning and is the 8 digit number on your payslip)	(This is used to store you how we will search for y	ur competencies on a trust database and is rour competency)
Signature of Staff		
Ward		
Name of Assessor & Band	Name (Please Print)	
(Please ensure that they are appropriate for the competency and that the assessor has the appropriate competence to sign off)	Band	
Signature of Assessor		
Ward		
Date		

Please ensure that you keep a copy of the completed competency and this form for your own records, it is your responsibility to maintain your own records.

Please forward completed competencies and / or this form;

Scanned to; <a href="mailto:clinical.education@lthtr.nhs.uk">clinical.education@lthtr.nhs.uk</a>



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