

ASEPTIC NON TOUCH TECHNIQUE POLICY

		POLICY
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Lead Division/ Directorate	Diagnostics & Outpatients	
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Position of Person able to provide Further Guidance/Information	Infection Prevention and Control Team	

Associated Documents/ Information	Date Associated Documents/ Information was reviewed
1. Not Applicable	Not Applicable

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1.0 INTRODUCTION

The Health and Social Care Act 2008: *Code of practice for the prevention and control of healthcare associated infections* incorporates a number of clinical care protocols to which the Trust must adhere to in relation to preventing and controlling the risk of healthcare associated infections (HCAIs), it stipulates:

- Aseptic should be carried out in a manner that maintains and promotes the principles of asepsis'
- The technique should be standardised across the organisation
- All clinical staff undertaking procedures involving asepsis should be provided with education, training and assessment

In the absence of a 'gold standard' randomised controlled studies on aseptic or sterile techniques, the ANTT theoretical framework has been developed using research based evidence and is a standard for safe and effective aseptic practice, which can be applied to all clinical procedures (Rowley 2009, . This procedure must be embedded into everyday clinical procedures as a robust commitment to preventing HCAIs. ANTT is endorsed by the Department of Health (DoH) and the Epic 3 guidelines.

2.0 POLICY STATEMENT

Aseptic non-touch technique (ANTT) is a framework to standardise and improve clinical standards whilst undertaking aseptic clinical procedures, which has shown to significantly improve patient outcome and reduce healthcare associated infections (HCAIs) (Rowley, 2001). This clinical document applies to:

Staff group(s)

- This policy applies to all clinical staff employed by or working on behalf of Sherwood Forest Hospitals NHS Foundation Trust, who are required to undertake aseptic procedures as part of their role and job description

Clinical area(s)

- This policy applies to all clinical areas within Sherwood Forest Hospitals NHS Foundation Trust, where care is being provided to patient(s) who require their care to be delivered using an aseptic technique

Patient group(s)

- This policy applies to all patient(s) who are either inpatient or outpatients, including adults, young people, paediatrics, neonatal of Sherwood Forest Hospitals NHS Foundation Trust, who require their care to be delivered using an aseptic technique

Exclusions

- Patients who do not require their procedure to be delivered using aseptic technique

3.0 DEFINITIONS/ ABBREVIATIONS

Trust:	Sherwood Forest Hospitals NHS Foundation Trust
Staff:	All employees of the Trust including those managed by a third party on behalf of the Trust
ANTT:	Aseptic non-touch technique
HCAIs:	Healthcare associated infections
PPE:	Personal Protective Equipment
NICE:	National Institute for Health and Care Excellence
DH:	Department of Health
Pathogenic:	Ability to cause or produce disease
Procedure:	The clinical task to be performed eg. Catheterisation, cannulation, wound dressing.
Technique:	Skilful or efficient actions conducted in a certain order or manner
Key parts:	Any part of a piece of equipment used during aseptic technique that will increase the risk of infection if contaminated by infectious material
Key sites:	Open wounds, including insertion and puncture sites
Invasive procedure:	A medical procedure that invades (enters) the body, usually by cutting or puncturing the skin or by inserting instruments into the body cavity
Sterile:	Free from ALL micro-organisms. Due to the constant presence of airborne micro-organisms, sterility is not possible to achieve in typical health care environments. Sterilized equipment can only be considered sterile inside unopened packaging. Once open, it is instantly exposed to airborne organisms and is therefore considered aseptic.
Asepsis:	Free from pathogenic organisms (in sufficient numbers to cause infection)
Primary intention:	The healing of an incised wound by the direct union of skin edges without granulations
Secondary intention:	The healing of an incised wound by granulations that bridge the gap between skin edges

4.0 ROLES AND RESPONSIBILITIES

A patient has a right to be protected from preventable HCAIs, and clinical staff have a duty to protect the wellbeing of their patients. It is the responsibility of all clinical staff to comply with this policy. Senior Clinical staff are requested to lead by example in complying with this policy. Continued failure by an individual to adhere to this policy may be managed under the Trust Disciplinary Policy.

Nurses and Medical staff responsibilities:

All staff members working on Trust premises, including Trust employed staff, contractor staff, agency and locum staff are responsible for:

- Adhering to this policy
- Reporting breaches of this policy to the person in charge and to their Line Manager

- Ensuring their practice and that of staff and students they supervise complies with this policy
- Ensuring they develop and maintain their knowledge and competencies regarding the principles and practices of standard infection prevention and control precautions and aseptic procedures

Divisional Lead for Infection Prevention and Control responsibilities:

- Establishing a positive culture across their clinical areas and promote compliance with ANTT
- Promoting good practice and challenging poor compliance
- Ensuring medical staff are able to access appropriate training in ANTT
- Ensuring medical staff within their clinical area have read and understood this policy and adhere to the principle contained within it at all times
- Ensuring medical staff who perform invasive procedures are released to attend mandatory updates of infection prevention and control
- All staff undertaking invasive procedures will have ANTT education incorporated into their Trust Induction programme
- Ensuring that all staff are only able to undertake invasive techniques following training and assessment of competence in ANTT procedure
- When variances are seen, the Divisional Lead for IPC in conjunction with the Matron and Ward/Department Sister Charge nurse if applicable, will produce an exception reports, which will include recommendations and action plans, which will be performance managed via the Infection Prevention and Control Committee

Heads of Nursing and Matrons responsibilities:

- Establishing a positive culture across their clinical areas and promoting compliance with ANTT
- Promoting good practice and challenging poor compliance
- Ensuring nursing staff are able to access appropriate training and assessment in ANTT
- Ensuring staff within their clinical area have read and understood this policy and adhere to the principle contained within it at all times
- Ensuring nursing or others i.e. phlebotomy staff, who perform invasive procedures are released to attend mandatory updates of infection prevention and control
- All staff undertaking invasive procedures will have ANTT education incorporated into their Trust Induction programme
- Ensuring that all staff are only able to undertake invasive techniques following training and assessment of competence in ANTT procedure
- Audit standards of compliance with ANTT policy in their clinical areas annually
- Divisions have a responsibility to ensure that staff have sufficient time to conduct the audits and that they are completed

Strategic planning and procurement responsibilities:

- To ensure the equipment purchased complies has clear procedures in place for decontamination or disposal.
- That all relevant equipment is available to enable effective ANTT to be performed

5.0 APPROVAL

This policy has been approved through the Infection Prevention and Control Committee

6.0 DOCUMENT REQUIREMENTS

ANTT is the method used within the Trust to reduce the risk of microbial contamination in a vulnerable body site. This procedure will ensure that the Trust is compliant with the requirements of the Health and Social Care Act 2015. It aims to prevent the contamination of wounds and other susceptible sites, by ensuring that only uncontaminated equipment, referred to as 'key part's or sterile fluids comes into contact with susceptible or sterile body sites during clinical procedures. It is essential that ANTT is used on all invasive procedures (RCN, 2009). This includes (but not exclusively) cannulation, venepuncture, administration of intravenous (IV) medication/fluids, wound care, urinary catheterisation and manipulation, central and peripheral venous line management. ANTT is an evidence-based framework and is quality assured, which is endorsed by the Department of Health, Epic 3 guidelines (Loveday et al 2014) and the National Institute for Health and Care Excellence (NICE).

The aim of ANTT is asepsis, not sterility. In reality asepsis is difficult to achieve, as pathogenic microorganisms are resident in different body sites, therefore the principles of ANTT is to establish a safe and effective technique for all aseptic procedures (Rowley 2009). Although the components of the technique may vary according to the degree of risk, ANTT encompasses the necessary infection prevention and control measures to reduce the risk of pathogenic microorganisms on hands, surfaces or equipment being introduced into susceptible or sterile body sites during clinical practice, and the contamination of specimens obtained for diagnosis (Rowley 2009).

The overriding principle is that the susceptible site must not come into contact with any non-sterile items or key parts (Wilson 2001). A key part is a component or site that if contaminated with microorganisms, this will increase the risk of infection. A non-touch technique is essential to ensure that hands do not contaminate the patient or sterile equipment and exposure of susceptible site must be kept to a minimum. The step to step guidance is designed to allow the practitioner to:

Always ensure hands are decontaminated effectively prior to the procedure

Never contaminate key parts of sterile materials or equipment by instituting a non-touch technique

Touch non-key parts with confidence, by identifying and protecting the key parts during a procedure

Take appropriate infection prevention and control precautions, personal protective equipment is used at the appropriate time

6.1 Indications for ANTT

All procedures to be undertaken should be risk assessed to establish the risk of introducing micro-organisms/infection before the procedure is commenced.

ANTT should be applied to ALL clinical procedures

Examples of clinical procedures requiring ANTT application. (this list is not exhaustive)

- All wound dressings whether they are healing by primary or secondary intention
- Suturing
- When inserting, re-siting, dressing or manipulating an invasive device i.e. peripheral, central venous cannula, urinary catheter, wound drains
- Administration of IV medication and fluids
- Invasive procedures i.e. insertion of gastrostomy, tracheostomy, drains
- Administration of PEG feed
- Surgical procedures i.e. biopsies
- Vaginal examination using instrumentation i.e. smears, colposcopy
- Assisted vaginal deliveries using forceps and suction
- If the patient is a 'high risk' of acquiring infection for instance babies, patients with diabetes, immunocompromised

6.2 Key principles

6.2.1 Hand hygiene

The majority of HCAs continue to be transmitted via the hands of healthcare staff; hence hand hygiene is the most significant procedure in the prevention of cross infection in healthcare. Effective hand hygiene is essential and must take place prior to and after all invasive techniques and after removal of personal protective equipment. Staff **must** be bare below the elbow.

6.2.2 Personal protective equipment

Personal protective equipment (PPE) such as a disposable plastic apron and gloves will provide a barrier between microorganisms on the hands, clothing and the susceptible site. Gloves must be worn for:

- Invasive procedures
- Contact with sterile sites
- Non-intact skin
- Mucous membranes
- Activities where a risk of exposure to blood, body fluids, secretions, excretions and contaminated instruments can occur (Loveday 2014)

Selecting sterile or non-sterile gloves will depend on factors such as the technical difficulty of the procedure, the number of key-parts, how long the procedure will take and the cleanliness of the environment. The basic question is 'can the procedure be performed without touching; contaminating the key parts either directly or indirectly?'

- If the answer to this question is **Yes**, then non-sterile gloves can be used, suggested procedures include IV medication, venepuncture or cannulation (where it is possible to undertake the procedure without touching any key parts)

- If the answer is **No**, then sterile gloves are worn, suggestive procedures include wound dressing change/care, urinary catheterisation or central venous catheter insertion

6.2.3 Key parts

A core component of ANTT is maintaining asepsis during invasive procedures. Key parts are those parts of equipment that if contaminated by microorganism, the risk of infection is increased, not touching them either directly or indirectly is one of the most important components of achieving asepsis. In IV therapy, key parts are usually those which come into direct contact with the liquid infusion for instance the needles, syringe tips, exposed line/lumen. For wound care it is important to consider all of the dressing pack equipment as key parts.

6.2.4 Environment and air contamination

The ideal environment for ANTT procedures at ward level is in a designated clinic room, however many of these have been removed from service across the Trust, and many of these procedures are now conducted in the patient's bed space. Due to airborne microorganisms it is not possible to maintain a perfect sterile technique in the majority of healthcare service settings. Airborne infections have been estimated to account for 10% of all endemic infections; therefore, the potential for contamination is generally viewed as insignificant in comparison to contamination by direct contact. The risk of environmental contamination can be reduced if sensible precautions are taken. During bed making and cleaning, the levels of environmental microorganisms are at their highest, for this reason, any activity that requires ANTT must not occur directly after these activities, especially wound dressings, administration of IV medication. Windows must also be closed and electrical fans turned off prior to the commencement of the clinical procedure.

6.2.5 Aseptic field

A clean working environment and an aseptic field are essential precautions for all clinical procedures. For the majority of IV administration asepsis is maintained for only one or two small key parts, which can be effectively achieved by a non-touch method and a basic aseptic field for instance a cleaned ANTT/IV plastic tray. It is important to remember that any plastic tray which is used for ANTT must be thoroughly cleaned using Clinell Universal wipes (green) before and after use. Tray must be dried before use.

6.3 Request for variation to the policy

Requests for variations to this policy to meet specific requirements must be considered on a clinical need basis only, and the rationale must be clearly documented in the patient's nursing and medical notes.

6.4 Procedure for performing a General ANTT procedure

(See [Appendix A](#) for specific pictorial guidance)

Action	Rationale
Prepare the patient and establish whether the patient has any allergies to Chlorhexidine.	To ensure correct patient is identified and an explanation of procedure may be given To reduce the risk of anaphylaxis and ensure an alternative skin preparation product is used.
Assess the procedure environment for any avoidable environmental risks.	To avoid delays as this may prolong the procedure and or increase the risk of contamination.
Decontaminate hands with soap and water or alcohol gel/foam and put on a blue apron.	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
Establish clear access to the area of procedure.	Preparation enhances the procedure and ensures that asepsis is not compromised.
With clean hands - disinfect the tray with a Clinell Universal wipe to establish a General Aseptic Field (IV maintenance/Cannulation/Blood Cultures/Catheterisation are nearly always performed using Standard-ANTT).	Aseptic fields help protect procedure equipment from the immediate procedure environment.
Whilst the tray is drying gather all procedure equipment and place easy to hand.	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).
Clean hands using alcohol hand rub, or soap and water.	Effective hand hygiene is essential to reduce the risk of contamination to key parts. See Hand Hygiene Policy.
Apply non-sterile gloves. (Sterile gloves only for catheterisation, wound management and CVAD)	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.
Assemble all equipment taking care to identify and then protect all the Key-Parts using Non-Touch Technique (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.	Non-touch technique is fundamental. i.e. if a Key-Part is not touched it is unlikely to become contaminated.

<p>Protect all Key-Parts with dedicated caps and covers. (Micro-Critical Aseptic Fields). Scooping of needles is acceptable. However, re-sheathing is not permitted.</p>	<p>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.</p>
<p>Prepare medications using Non-Touch Technique.</p>	<p>In IV therapy, Key-Parts are the critical parts of the equipment that come into contact with the liquid infusion.</p>
<p>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.</p>	<p>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 the environment. (Because the hands will have sweated deep and low lying organisms to the surface of the skin). This breaks any chain of infection)</p>
<p>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.</p>	<p>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.</p>
<p>Allow port to dry before administering medications using Non-TouchTechnique.</p>	<p>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.
Remove gloves and decontaminate hands	Removing gloves will reduce the chance of cross Infection
Clean the tray thoroughly with a Clinell Universal wipe and store safely.	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.
Decontaminate hands immediately with soap and water.	Hands must be decontaminated at the end of the procedure to prevent cross infection.
Complete relevant documentation and state that ANTT was observed.	To effectively communicate and record the procedure

7.0 MONITORING COMPLIANCE AND EFFECTIVENESS

This policy will be audited as part of the Infection Prevention and Control Team audit programme.

Minimum Requirement to be Monitored (WHAT – element of compliance or effectiveness within the document will be monitored)	Responsible Individual (WHO – is going to monitor this element)	Process for Monitoring e.g. Audit (HOW – will this element be monitored (method used))	Frequency of Monitoring (WHEN – will this element be monitored (frequency/ how often))	Responsible Individual or Committee/ Group for Review of Results (WHERE – Which individual/ committee or group will this be reported to, in what format (eg verbal, formal report etc) and by who)
Asepsis managing invasive devices	IPCT	Utilising medical audits tool for monitoring management of invasive devices and documentation of insertion	quarterly	IPCC
ANTT competency	IPCT/TVN/ PDM	Utilising ANTT.org competency assessments	annually	IPCC

8.0 TRAINING AND IMPLEMENTATION

Infection Prevention and Control team along with training and development will ensure resources are available for training of ANTT through e-learning and workshops where applicable. ANTT will also be taught locally within the clinical areas (train the trainer approach), using the competencies framework for Training, Education and Development.

Ward Sisters and Charge nurses will ensure that all staff who provided care which requires to be delivered using an aseptic procedure i.e. cannulation, IV medication, urinary catheterisation, wound management etc, are trained and competent in ANTT.

All those who undertake clinical skills training will ensure that their training, policies, guidelines are ANTT compliant.

All staff will maintain their ANTT competency through re-assessment monitored via the appraisal process every other year.

It is the individual's responsibility to ensure their competencies are maintained, they must inform their Line Manager of any difficulties or lapses in competency.

All staff will attend their mandatory infection prevention and control, hand hygiene assessment annually which is required to be compliant with this policy.

"An attendance register of any training completed will be sent to the OLM Administration Officer: Training, Education and Development Department, King's Mill Hospital."

9.0 IMPACT ASSESSMENTS

Delete/ amend as applicable:

- This document has been subject to an Equality Impact Assessment, see completed form at [Appendix B](#)
- This document is not subject to an Environmental Impact Assessment

10.0 EVIDENCE BASE (Relevant Legislation/ National Guidance) AND RELATED SFHFT DOCUMENTS

Evidence Base:

1. ANTT Clinical practice framework. <http://antt.org>
2. Department of Health. 2010. *The Health and Social Care Act 2008: Code of practice on the prevention and control of infections and related guidance*
3. Loveday. H., Wilson. J. Pratt. R., Golsorkhi., A. Tingle., Bak. A., Brown. J., Prieto. J., Wilcox. M. 2014. *Epic 3: National Evidence based guidelines for preventing healthcare associated infections in NHS Hospitals in England.* Journal of Hospital Infections 86S1. S1- S70
4. National Institute for Health and Care Excellence (NICE) Clinical Guideline 139. 2012. *Infection: prevention and control of healthcare associated infections in primary and community care*
5. Rowley. S., Clare. S. 2009. *Improving standards of aseptic practice through an ANTT trust wide implementation process: a matter of prioritisation and care.* Journal of Infection Prevention. 10:s18
6. Wilson. J. 2001. *Infection control in clinical practice.* 2nd Edition. Baillière Tindall, London

Related SFHFT Documents:

- ICP 09 Personal Protective Equipment Policy
- ICP 17 Hand hygiene Policy
- ICP 04 Blood and Body Fluid Spillage Policy
- ICP 03 Safe Disposal of Sharps Policy
- Control of Substances Hazardous to Health (COSHH)
- Trust Decontamination Policy
- Trust Waste Policy

11.0 APPENDICES

[Appendix A](#) – Aseptic Non Touch Technique (ANTT) Clinical Pictorial Guidelines

[Appendix B](#) – Equality Impact Assessment



Peripheral Venepuncture / Phlebotomy

for the ANTT practice principles see www.antt.org ^{V5.2}

Preparation zone

1

Clean hands
with soap & water or alcohol hand rub

2

Clean tray
according to local policy creating a General Aseptic Field and whilst it dries

3

Gather all
equipment that may be needed

4

Prepare equipment
protecting Key-Parts using non-touch technique (NTT)

Patient zone

5

Apply disposable
tourniquet & palpate vein

6

Clean hands
with soap & water or alcohol hand rub

7

Apply non-sterilized
gloves

8

Clean skin
2% chlorhexidine/70% alcohol applicator, back & forth & left to right strokes for 30 seconds. Allow to dry.

9

Access patient's vein
protecting Key-Parts & Key-Sites using NTT

if attempt to draw blood is unsuccessful return to step **5**

Decontamination zone

10

Dispose of sharps & equipment

11

Clean tray
according to local policy

12

Dispose of gloves
then immediately...

13

Clean hands
with soap & water or alcohol hand rub

If going immediately to another patient proceed to step **3**

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Wound Care (uncomplicated)

for the ANTT practice principles see www.antt.org V2.2

Preparation zone



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

Patient zone



4
 Apply apron (Re-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 drape 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

Decontamination zone



17
 Clean trolley according to local policy



18
 Clean hands with alcohol hand rub or soap & water

*(12) Depending upon the risk assessment determining Standard or Surgical-ANTT

APPENDIX B – EQUALITY IMPACT ASSESSMENT FORM (EQIA)

Name of service/policy/procedure being reviewed:			
New or existing service/policy/procedure:			
Date of Assessment:			
For the service/policy/procedure and its implementation answer the questions a – c below against each characteristic (if relevant consider breaking the policy or implementation down into areas)			
Protected Characteristic	a) Using data and supporting information, what issues, needs or barriers could the protected characteristic groups' experience? For example, are there any known health inequality or access issues to consider?	b) What is already in place in the policy or its implementation to address any inequalities or barriers to access including under representation at clinics, screening?	c) Please state any barriers that still need to be addressed and any proposed actions to eliminate inequality
The area of policy or its implementation being assessed:			
Race and Ethnicity	None	None	None
Gender	None	None	None
Age	None	None	None
Religion	None	None	None
Disability	None	None	None
Sexuality	None	None	None
Pregnancy and Maternity	None	None	None
Gender Reassignment	None	None	None
Marriage and Civil Partnership	None	None	None

Socio-Economic Factors (i.e. living in a poorer neighbourhood / social deprivation)	None	None	None
What consultation with protected characteristic groups including patient groups have you carried out? Nil			
What data or information did you use in support of this EqIA? Nil			
As far as you are aware are there any Human Rights issues be taken into account such as arising from surveys, questionnaires, comments, concerns, complaints or compliments? Nil			
Level of impact From the information provided above and following EQIA guidance document Guidance on how to complete an EIA (click here) , please indicate the perceived level of impact: High Level of Impact/Medium Level of Impact/Low Level of Impact (<i>Delete as appropriate</i>) For high or medium levels of impact, please forward a copy of this form to the HR Secretaries for inclusion at the next Diversity and Inclusivity meeting.			
Name of Responsible Person undertaking this assessment: Rosie Dixon			
Signature:			
Date: 30/05/2018			