Leicestershire Partnership NHS Trust

Aseptic Non-Touch Technique and Clean Technique Policy

This policy describes two different processes that are followed when undertaking healthcare interventions that breach the body's natural defence mechanism. They are aseptic non-touch technique and a clean technique; they are treated separately within the policy.

Key words: Infection Prevention and Control Aseptic Non-Touch Technique (ANTT) Clean technique.

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Policy On A Page

SUMMARY & AIM

This policy has been developed to ensure that all staff employed by Leicestershire Partnership Trust (LPT) on a permanent or temporary basis are aware of the processes to be followed with regards to Aseptic Non-touch Technique (ANTT) and clean technique.

TARGET AUDIENCE:

This policy applies to all permanent employees working within LPT including medical staff and any members of staff working on the bank, agency or honorary contracts.

TRAINING

IPC Level 1&2

Role essential Clinical procedure training

KEY REQUIREMENTS

The general Public and staff have a right to expect that any potential hazards in a healthcare environment are adequately controlled. All staff must possess an appropriate awareness of their role in the prevention and control of infection their areas of work. Not only is this part of their professional duty of care to the patients whom they are involved (NMC,2015), but it is also their responsibility to themselves, to other patients and members of staff under the Health and Safety at work act (1974).

The health and social care Act 2008 (Updated, 2015) requires healthcare providers to have a standardised aseptic technique in which education and audit can be demonstarated.

1.0 Quick look summary

Please note that this is designed to act as a quick reference guide only and is not intended to replace the need to read the full policy.

1.1 Version control and summary of changes

Version number	Date	Comments (description change and amendments)
Version 1 (Draft 1)	July 06 2010	Replaces NP 01984 'Infection Control Guidelines for Aseptic & Clean Techniques' Reviewed by U. Willis to incorporate requirements of the health & Social Care Act 2008, Care Quality Commission & NHSLA standards.
Version 1 (Draft 1)	August/September 2010	Circulated to all members of the LCCHS infection Control Subcommittee for comment
Version 1 (Draft 1)	October 2010	Amendments following consultation process
Version 2 (Draft 1)	October 06 2010	Circulated to all members of the LCCHS infection Control subcommittee for comment.
Version 2 Final	28 October 2010	Presented to LCCHS clinical governance committee for approval.
Version 3	03 August 2011	Harmonised in line with LCRCHS, LCCHS, LPT (Historical organisations).
Version 4	June 2015	Review of policy against current legislation
Version 5	February 2017	Review of policy against current guidance and legislation.
Version 6	January 2018	Review of policy against current guidance, clear separation of ANTT and clean technique.
Version 7	January 2021	Review of the policy against current guidance
Version 8	June 2022	Review of Policy against current guidance and legislation.
Version 8.1	September 2022	Reviewed in line with current Infection Prevention and Control Guidance issued August 2022.
Version 9	May 2024	Review of policy against current guidance and legislation.

For Further Information Contact: Infection Prevention & Control team on 01162952320

1.2 Key individuals involved in developing and consulting on the document.

- Accountable Director- James Mullen Interim Director of Nursing, AHPS & Quality, Emma Wallis Deputy Director of Nursing & Quality
- Implementation Lead-Amanda Hemsley Head of Infection Prevention & Control
- Author(s)- Reviewed by Claire King Infection Prevention & Control Nurse
- Core policy reviewer Group- Infection Prevention & Control Assurance Group
- Wider Consultation-Infection Prevention & Control Assurance Group Members

Trust Policy experts

- Corporate Governance Lead with a responsibility for policies
- Head of Quality Governance and Quality Improvement
- Deputy Head of Nursing
- Equality and Diversity Lead
- Patient Safety Lead
- Patient Experience and Engagement Lead
- HR representative
- Health and Safety Representative
- Clinical Safety Officer
- Infection Control Representative
- Trust Secretary
- Head of Training and Development

1.3 Governance

Level 2 or 3 approving delivery group – Infection Prevention & Control Assurance Group
Level 1 Committee to ratify policy – Quality & Safety Group

1.4 Equality Statement

Leicestershire Partnership NHS Trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population, and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the Equality Act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy, and maternity.

If you would like a copy of this document in any other format, please contact lpt.corporateaffairs@nhs.net

1.5 Due Regard

LPT will ensure that due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the Equality Act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation.
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified.

Please refer to due regard assessment (Appendix 4) of this policy

1.6 Definitions that apply to this policy.

Consent: a patient's agreement for a health professional to provide care. Patients may indicate consent non-verbally (for example by presenting their arm for their pulse to be taken), orally, or in writing. For the consent to be valid, the patient must:

- be competent to take the particular decision.
- have received sufficient information to take it and not be acting under duress.

Due Regard: Having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people. Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

Asepsis- Free of or using methods to keep free of pathogenic micro-organisms.

Aseptic Non-Touch Technique (ANTT)- The method by which microbial contaminant is prevented during clinical procedures which bypass the body's natural defences.

Clean Technique-Measures taken to control the number of micro-organisms but not aiming for sterility.

Public health Consultant-A consultant who is knowledgeable in Infectious Diseases

Disease-A pathological condition of a part, organ, or system of an organism resulting from various causes, such as infection, genetic defect or environmental stress and characterised by an identifiable group of signs or symptoms.

Infection- This is where an organism is present at a site and causes an inflammatory response or where the organism is present in a normally sterile site.

Infectious - Caused by a pathogenic Micro-organism or agent that has the capability of causing infection.

Invasive devices-Invasive devices include urinary catheters, Vascular catheters, and wound drains. They increase the patient's risk of acquiring a healthcare acquired infection and must be removed as soon as the patients clinical condition permits.

Key parts-The critical parts of the procedure equipment that if contaminated are most likely to cause infection.

Key sites-Open wounds and medical device access sites

Micro-organisms-This is defined as any living thing; in medical terms we refer to bacteria and viruses as micro-organisms.

2.0 Purpose and Introduction/Why we need this policy.

2.1 Purpose of this policy

The purpose of this policy is to ensure that all staff employed by LPT on a permanent or temporary basis are aware of the processes to be followed with regards to Aseptic Non-touch Technique (ANTT) and clean technique.

When healthcare interventions are undertaken with patients that bypass the body's natural defences for example, the skin or mucous membranes, such as wound dressings, Suturing and the insertion of an artificial medical device (For example a urinary catheter or Cannula) it is imperative that this is undertaken with the least risk to the patient. The overall aim is to minimise the risk of introducing organism that are capable of causing an infection into a wound or other susceptible sites where micro-organisms would not normally colonise or be expected to be found.

2.1 Introduction

The general public and staff have the right to expect that any potential hazards in a healthcare environment are adequately controlled. All staff must possess an appropriate awareness of their role in the prevention and control of infection in their areas of work. Not only is this part of their professional duty of care to the patients with whom they are involved (NMC 2015) but it is also their responsibility to themselves, to other patients and members of staff under the Health and Safety at Work Act (1974).

The Health and Social Care Act 2008 (Updated 2015) requires healthcare providers to have a standardised Aseptic Technique in which education and audit can be demonstrated.

3.0 Policy Requirements

3.1 Aseptic Non-Touch Technique (ANTT)

ANTT is a procedure that is based on a theory and practice framework (Rowley et al, 2010). Its overall purpose is to ensure that a safe and effective standard is followed when undertaking clinical procedures, which will ensure that the presence of pathogenic micro-organisms are minimised as much as is practically possible.

The ANTT clinical practice framework is the de facto standard for safe aseptic practice and has been endorsed by the EPIC 3 Guidelines (2014), NICE clinical guidelines (2012) and the RCN standards for infusion therapy (2016).

The aim of ANTT is to prevent micro-organisms from hands, surfaces or equipment being introduced into a susceptible site, such as an intravenous (IV) device, urinary catheter or wound by identification and protection of the key parts of the procedure undertaken.

Another way of reducing the risk of cross infection is by ensuring that only the sterile equipment and fluids are used during invasive medical and nursing procedures.

ANTT is used for invasive clinical procedures or maintenance of invasive medical devices. Asepsis should be used for this and is achieved by protecting the key parts and sites from micro-organisms that could be transferred by the healthcare worker.

Standard infection prevention and control procedures, such as hand washing or hand decontamination and ensuring that environmental controls are put into place significantly reduce the risk of contaminating the key parts and key sites.

- Key parts are critical parts of the equipment used in the procedure that if become contaminated are most likely to cause infection.
- Key sites are the critical parts that are to be manipulated or accessed during the ANTT procedure e.g., open wounds and medical device access sites.

A **Non-touch** technique is a critical skill that protects key parts and key sites from becoming contaminated with micro-organisms from either the healthcare worker or the environment with specific relation to healthcare procedures being carried out. The use of an aseptic field and technique aims to support these procedures.

The key principles of ANTT are:

A	Always decontaminate hands effectively prior to the procedure being carried out.
N	Never contaminate 'Key parts' of the equipment or the patient's susceptible site by instituting a non-touch technique.
T	Touch non key parts with confidence by identifying and protecting the key parts during the procedure.
T	Take appropriate Infection Prevention and Control (IPC) precautions, ensuring that Personal Protective Equipment (PPE) is used at the appropriate time.

A- Always decontaminate hands effectively prior to the procedure being carried out.

- Always decontaminate hands before patient contact.
- Always decontaminate hands before a clean/aseptic procedure
- Always decontaminate hands after body fluid exposure/risk
- Always decontaminate hands after patient contact with the patient's environment

N- Never contaminate key parts of the equipment or the patient's susceptible site by instituting a non-touch technique:

- Sterile gloves must be worn when there is a potential or actual risk of a key part being touched during the procedure, for example, wound care or catheterisation.
- Non-Sterile gloves are worn where there is no risk of a key part being contaminated, for example, drug preparation, drug delivery, cannulation, or phlebotomy.

T- Touch non key parts with confidence by identifying and protecting the key parts during the procedure.

- Key parts are those parts of equipment that if contaminated pose an increased risk of the patient acquiring an infection.
- Key parts may come into contact with the patient directly or indirectly via an infusion or connection. For example, in intravenous therapy key parts, would

be the fluid to be infused and the equipment that comes into contact with the fluid such as needles tips, syringe tips and needle free connectors.

- For example, in wound care, the dressing pack, dressings and sterile gloves can be considered key parts.
- If a key part becomes contaminated during a procedure, then the contaminated item should be disposed of and a new one used.
- Key sites are any parts that are connected to the patient, for example: Wounds, when they are exposed without a dressing and insertion sites of venous access devices.

T- Take appropriate Infection Prevention and Control (IPC) precautions, ensuring that Personal Protective Equipment (PPE) is used at the appropriate time.

- Each procedure should be risked assessed to determine the level of exposure to blood and bodily fluids splashing.
- Single gloves and plastic apron should always be worn where there is a risk of contact with Blood or bodily fluids.
- If a key part has to be handled or a key site touched, then the gloves must be sterile.
- Eye and face protection will need to be risked assessed as may be required if the procedure has a risk of splashing from blood or bodily fluids to the face.

Types of ANTT

There are 2 types of ANTT-**Surgical** ANTT and **standard** ANTT.

- **Surgical ANTT** is used for complicated procedures where one or more of the following criteria are met:
    - Large or numerous key-parts are involved.
    - It is a significantly invasive procedure ie central venous access
    - The procedures are technically complex.
    - The procedure involves an extended time to complete.

Surgical ANTT uses critical Aseptic fields i.e., only equipment that has been sterilized and is aseptic. Only these components must be introduced into the aseptic field.

Sterile gloves must be used, it may also be necessary to undertake the procedure in sterile conditions and often full barrier precautions (Pratt et al, 2007).

Examples of these types of procedures would include:

- Complex large wound dressings
- PICC/CVC insertion and surgery

Please note that this list is not exhaustive

- **Standard ANTT** Can be used when the procedures meet all of the following criteria:
    - The procedure involves minimal key-parts and small parts.
    - The procedures are not significantly invasive.
    - The procedures are technically uncomplicated to achieve asepsis**.**
    - The process is of short duration.

Standard ANTT uses general aseptic fields and manage asepsis by micro critical aseptic fields such as caps or covers. Non-sterile gloves can be used, although the specific procedure itself may call for the use of sterile gloves.

Examples of these types of procedures would be IV therapy and simple wound dressings.

Please note that this list is not exhaustive

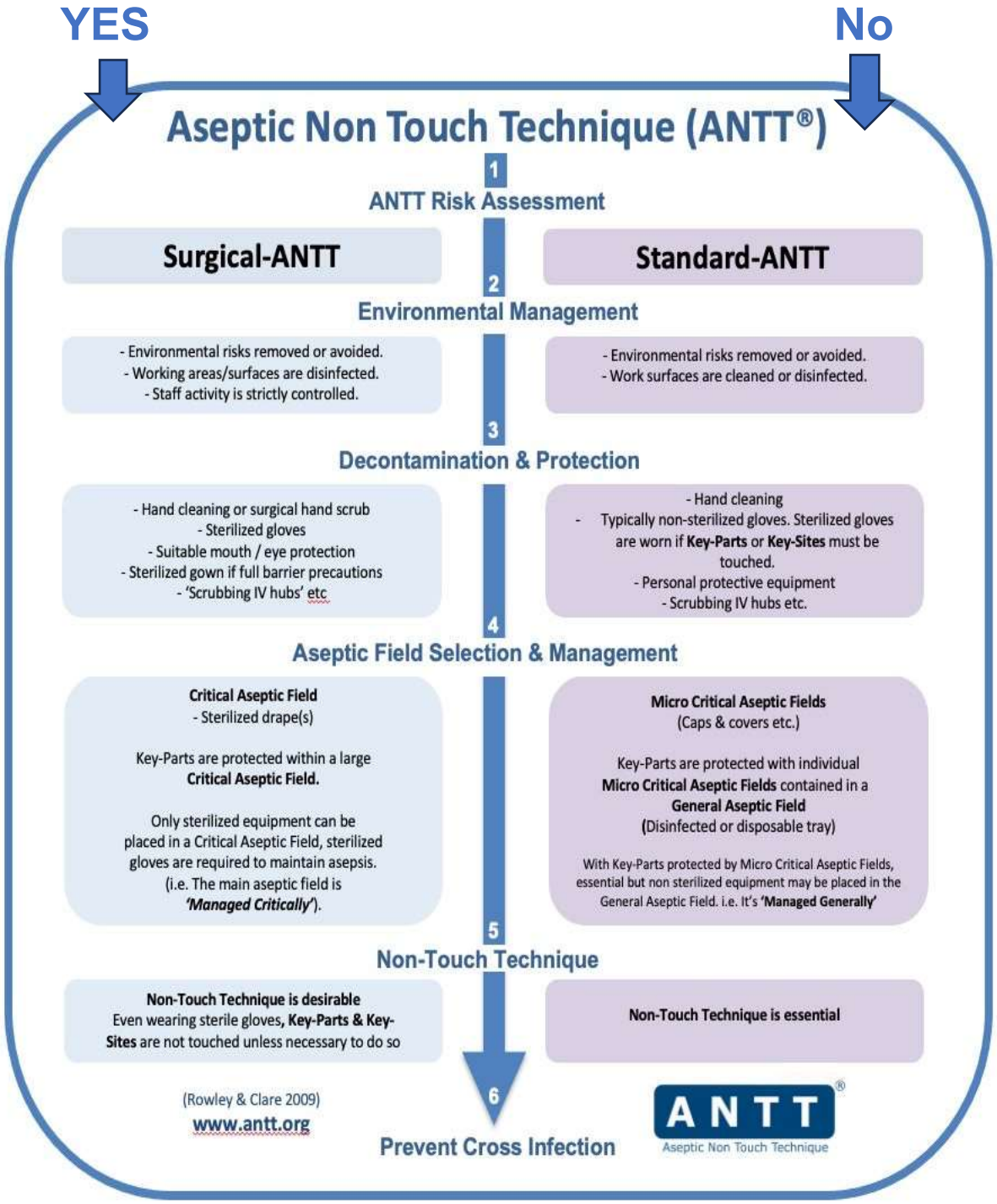
Please note that when undertaking any of the above procedures if there is a potential risk of splash back from blood/body fluid contamination then face protection must be worn for the duration of the procedure.

The ANTT approach

To determine if standard or surgical ANTT is required then assessment will need to be undertaken to assess the difficulty of protecting key parts and key sites based on the:

- Environment
- Invasiveness
- Technical difficulty
- Number and size of key parts and key sites
- User competency

Then ask the question 'To maintain asepsis of key parts and or key sites, does the main aseptic field need to be manged critically' (See flow chart below)



The Association for Safe Aseptic Practice (ASAP) (2013) ANTT® Clinical Practice Framework. Version 3.1 www.antt.org

Examples of when Surgical or Standard ANTT should be considered		
IV therapy	Standard ANTT	Key parts can typically be protected by optimal critical micro fields. and non-touch technique. Key sites are small. Procedures are technically simple and <20 mins duration.
Simple wound dressings	Standard ANTT	Key parts and sites can be protected by optimal critical micro fields and non-touch technique. Procedures are technically simple and <20 mins duration.
Complex or large wound dressings	Surgical ANTT	The complexity, duration or number of key parts may demand a critical aseptic field.
Urinary catheterisation	Standard/ Surgical **ANTT**	An experienced healthcare worker can perform catheterisation with the use of a main general aseptic field, micro-aseptic-fields and a non-touch technique. However, less experienced healthcare workers may require a critical aseptic field.
Cannulation	Standard/ Surgical ANTT	Although technically quite simple the close proximity of healthcare worker hands to the puncture site and key parts may demand sterile gloves - dependent upon healthcare worker competency.
PICC/CVC insertion	Surgical **ANTT**	The size of the CVC or PICC line, invasiveness, numerous key parts and equipment and duration will demand a critical aseptic field and full barrier precautions.
Surgery	Surgical ANTT	Surgical access involves deep or large exposed wounds, numerous key parts and equipment and long procedures. Standard operating room precautions required.
The Association for Safe Aseptic Practice (ASAP) (2013) ANTT® Clinical Practice Framework. Version 3.1 www.antt.org		

Please note that this list is not exhaustive

General Steps for ANTT	
Step 1	ANTT Risk assessment (use of Standard or Surgical ANTT)
Step 2	Decontaminate hands
Step 3	Clean trolley/tray/create suitable working environment
Step 4	Gather equipment
Step 5	Decontaminate hands
Step 6	Apply single use disposable apron
Step 7	If required, open dressing pack/sterile drape
Step 8	Open and prepare all equipment
Step 9	Decontaminate hands
Step 10	Apply gloves (as dictated by ANTT risk assessment)
Step 11	Perform procedure using **ANTT as** per the policy for the specific procedure being carried out
Step 12	Remove gloves & apron
Step 13	Dispose of waste
Step 14	Decontaminate hands
Step 15	Clean trolley/tray/environment
Step 16	Decontaminate hands

Manage the environment:

There are recognised challenges when performing an aseptic technique within an environment that is not a designated healthcare facility (Community) such as in a patient's own environment. However, the aim is of an aseptic technique is always asepsis (i.e., to prevent the introduction of new or further harmful microorganisms) which can easily be achieved in a community setting with the application of simple control measures to manage the environment.

Decontaminate and protect:

The importance of effective hand hygiene is the single most important measure to prevent the transmission of infection; therefore, it plays a crucial role in ANTT. Standard infection prevention and control precautions must always be adhered to when performing ANTT.

Use aseptic fields:

Aseptic fields help to protect the procedure equipment from the clinical or home environment, standard and surgical ANTT use different types of aseptic fields.

Use Non touch technique:

The safest way to protect a key-part is not to touch it, avoid touching key parts of the procedure equipment and key sites. If these must be handled, then sterile gloves must be worn and handling/touching of these areas kept to a minimum.

Prevent cross infection:

By safe and effective equipment disposal and hand decontamination at the end of every procedure.

The steps in each procedure are risk evaluated and sequenced to ensure an efficient logical and safe order; staff must always follow trust policies and procedures.

If undertaking a wound dressing:

- Clean wounds should be dressed before contaminated wounds, ensuring that hands are decontaminated, and PPE is changed in between.
- Avoid unnecessary or prolonged exposure of the wound to maintain ambient temperature and minimise the risk of contamination.
- Always work from clean to dirty sites; all necessary steps must be taken to avoid contamination and cross infection.
- If a sterile field is required, this must be maintained at all times.
- Items intended for single use must never be re-used, even if on the same patient.
- Sterile items must not come into contact with non-sterile objects.

- All single use equipment and all other waste must be disposed of as per LPT waste management policy.
- Hand hygiene must occur at key points,
    - At the beginning of the procedure
    - Before opening sterile packages
    - After removing old dressings/products
    - Before donning sterile gloves

(Healthcare-associated infections: Prevention and control in primary and community care, February 2017)

Bare below the elbows must be adhered to at all times, please refer to the hand hygiene including Bare Below the Elbows (BBE) policy and the uniform and workwear policy for further information

Consumables and Equipment:

- Sterile dressings, clean supplies and equipment within a hospital or clinic must be stored in clean dry conditions, in cupboards above floor level and away from any items that may potentially contaminate.
- Sterile dressings, clean supplies and equipment within a community area should be stored within a clean lidded wipe-able container, if at all possible, when they are left in the patient's home. If the patient is unable to provide a suitable container, the practitioner prior to carrying out the ANTT must ensure that all items are clean and intact.
- Care must be taken to ensure that the items are transported in a clean polyethene bag which can be disposed of once they have been transported to the patient's home. Packaging of sterile dressing packs and other sterile equipment must be dry, intact, clean and in date.
- All medical devices must carry the CE/UKCA making which signifies that the device will perform effectively and safely when used.
- All medical devices must be within their service date prior to use, it is the responsibility of the practitioner who is to the use the equipment to check that the equipment has had its service within the time span required. If equipment is out of its service date, then this should not be used as its efficiency cannot be guaranteed.

3.2 Undertaking ANTT in the patient's own home.

When carrying out ANTT in a patient's own home, whilst the principles stated above must be maintained, modifications may need to be made to the techniques employed as some of the specific equipment required may not be available.

- When undertaking a wound dressing, a dressing trolley will not be available, therefore the healthcare worker will need to select an appropriate alternative. Examples include of this include:
    - Tabletops
    - Trays
    - Coffee tables
    - Stools
    - Chairs
    - Beds

  The area selected should be cleaned with detergent wipes and be as free from dust as feasible. In certain circumstances this may not be achievable; in such instances a new unused plastic apron placed under the sterile field may provide additional protection.
- If at all possible, avoid using the floor or the bed, if this is not possible a new unused plastic apron should be placed on the floor or bed as described above and the sterile field placed directly onto the plastic apron to provide the additional protection.
- Air movement should be minimised by closing windows- An explanation for the rationale for this is required to gain consent for intervention. Where consent is not given the patient must be warned of the risks and discussion documented in the patients record.
- Pets should be removed from the room-An explanation of the rationale for this is required to gain consent for the intervention, where consent is not given, the patient must be warned of the risks and discussion documented in the patient's clinical record.

Where practices are not able to be adhered to and the risk to the patient of developing infection is high, then consideration should be given to the patient attending a clinic If possible. There needs to be clear documentation on the assessment, including the patient's environment.

It is imperative that any deviations to an ANTT procedure is documented along with the rationale and any alternative arrangements that have been put in place to further mitigate any risks.

3.3 Clean Technique

For some procedures ANTT may not always be required, instead a clean technique should be used.

Aims of a clean technique

- To prevent the introduction of pathogens to a wound or susceptible site
- To prevent the transfer of pathogens to other patients or staff

Basic principles of a clean technique

- Ensure that all equipment is available before commencing the procedure.
- Work from a visibly clean area
- New nitrile free non-sterile gloves and disposable plastic apron to be worn
- Avoid touching unclean areas/equipment during the procedure.
- All single use equipment must be disposed of as per LPT waste management policy.
- Hand hygiene must occur at key points as per LPT hand hygiene policy.
    - At the beginning and end of the procedure
    - After removing old dressings/products
    - Before donning non-sterile gloves

Healthcare associated infections: prevention and control in primary and community care (February 2017)

Bare below the elbows must be adhered to at all times, please refer to the hand hygiene including Bare Below the Elbows (BBE) policy and the uniform and workwear policy for further information

3.4 Patient/Carer education

Patients, their relatives and/or Carers should be educated about their role in helping to prevent infections. They should be made aware of the signs and symptoms of infection and who to contact should they suspect that an infection is developing (The nurse or GP in charge of their care should be their first point of contact). This should be documented in the patients records.

Patients and their relatives and/or carers should also be educated in the importance of hand washing and shown the correct techniques to be followed. They should also be advised and shown the correct techniques to be followed on the use of alcohol hand sanitiser if appropriate (See appendix 1). They should also be educated regarding any other procedures and protocols they need to follow when handling a dressing or device if they are involved in any part of the aftercare of a wound or healthcare device.

Documentation of all education given to the patient, relative and/or carer needs to be recorded in the patients record.

4.0 Duties within the Organisation

Duties regarding this policy can be located in the LPT infection prevention and control assurance policy.

5.0 Consent

Clinical staff must ensure that consent has been sought and obtained before any care, intervention or treatment described in this policy is delivered. Consent can be given orally and/ or in writing. Someone could also give non-verbal consent if they understand the treatment or care about to take place. Consent must be voluntary and informed, and the person consenting must have the capacity to make the decision.

In the event that the patient's capacity to consent is in doubt, clinical staff must ensure that a mental capacity assessment is completed and recorded. Someone with an impairment of or a disturbance in the functioning of the mind or brain is thought to lack the mental capacity to give informed consent if they cannot do one of the following:

- Understand information about the decision.
- Remember that information.
- Use the information to make the decision.
- Communicate the decision.

6.0 Monitoring Compliance and Effectiveness

Monitoring and compliance with this policy is outlined in the LPT infection prevention and control assurance policy.

7.0 References and Bibliography

ANTT: A standard approach to aseptic technique Nursing Times (2011) Vol 107 No 36

Health and Safety at Work ACT (1974)

Health and Social care Act (2015) Revised 2018

Epic 3 (2014) National evidence-based guidelines for preventing healthcare associated infection in NHS hospitals England.

LPT waste management policy (2024)

LPT Cleaning and Decontamination of equipment, medical devices and the environment (Including the management of Blood and Body fluid spillages policy (2022)

LPT Hand hygiene including Bare Below the Elbows (BBE) policy (2022)

LPT Work wear and Uniform policy (2021)

NHS England (2024) National Infection Prevention and Control Manual for England

NICE (2017) Healthcare associated infection: Prevention and Control in primary and community care

RCN (2016) Standards for infusion therapy (4th ed), London, RCN

The association for Safe Aseptic Practice (ASAP) (2019) ANTT Clinical practice Framework www.antt.org

8.0 Fraud, Bribery and Corruption consideration

The Trust has a zero-tolerance approach to fraud, bribery, and corruption in all areas of our work and it is important that this is reflected through all policies and procedures to mitigate these risks.

Fraud relates to a dishonest representation, failure to disclose information or abuse of position in order to make a gain or cause a loss. Bribery involves the giving or receiving of gifts or money in return for improper performance. Corruption relates to dishonest or fraudulent conduct by those in power.

Any procedure incurring costs or fees or involving the procurement or provision of goods or service, may be susceptible to fraud, bribery, or corruption so provision should be made within the policy to safeguard against these.

If there is a potential that the policy being written, amended or updated controls a procedure for which there is a potential of fraud, bribery, or corruption to occur you should contact the Trusts Local Counter Fraud Specialist (LCFS) for assistance.

Appendix 1 Handwashing advice for patients

Infection Control – Hand washing advice for patients

The Importance of Clean Hands

Healthcare associated infections when caught can possibly cause serious health problems. However, by reading and following this simple guide there are things we can do as patients to assist healthcare staff in preventing healthcare associated infection.

The Facts

Bacteria (bugs) surround us all the time. Bugs are passed on in three ways:

- Direct contact with other individuals
- Indirect contact with those who have not washed their hands.
- Indirect contact with an environment that has not been properly cleaned in between patients.

Most Infections are treatable.

Individuals with open wounds or medical devices such as catheters, lines and feeding tubes are most at risk of acquiring an infection.

Some common healthcare infections you may have heard of are MRSA and Clostridium difficile. However, any bacteria can potentially cause a healthcare associated infection.

Bacteria can be present anywhere on an individual, but it doesn't always cause an

How do people get healthcare associated infections?

infection.

There are many myths surrounding healthcare associated infection. Here are a few of the more common myths:

- Patients have to be in hospital to get an infection.
- I can stop taking antibiotics immediately when I feel better.
- All infections caught in hospital are resistant to most of the

antibiotics that would be used to treat them.
- Cleaning of the environment alone will stop all infections being passed on.

What can be done to help prevent health care associated infections?

Healthcare associated infections can be prevented in a number of ways, It is not just down to healthcare staff you can help to by carrying out some of the steps listed below

General hand hygiene in the home:

It's good to get into the habit of washing hands regularly particularly.

- After using the toilet/changing nappies
- After touching animals or animal waste
- After handling rubbish
- Before and after preparing food and drinks
- After blowing your nose, coughing, or sneezing
- When hands look and feel dirty

When visited by healthcare staff in your home:

When you are receiving care from a healthcare professional, they will clean their hands before they treat you.

Try to provide facilities for staff to wash their hands effectively. Staff will need some liquid soap, warm water and a clean towel or kitchen roll.

Make sure the sink is free from pots.

General surfaces should also be uncluttered in case staff need to get equipment out.

- Don't' be afraid to ask if they have cleaned their hands before they begin treatment.
- If having a wound dressed, try to keep pets away from the area in which the nurse is working.
- Advise people to only visit you at home if they have no illnesses such as coughs, colds, and diarrhoea.

When visiting healthcare premises as a patient or visitor:

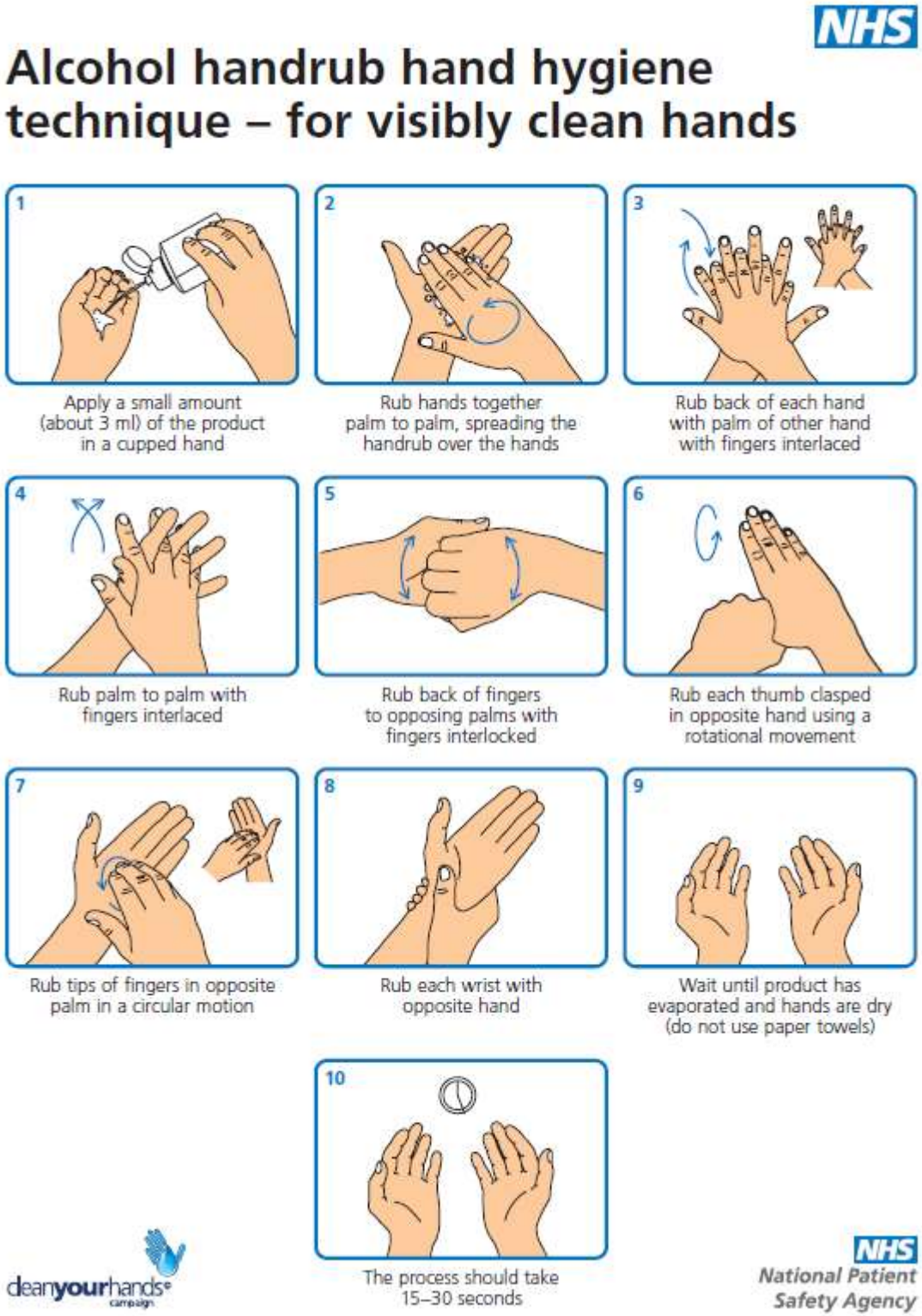
- Don’t be afraid to point out to staff areas that you feel are dirty or cluttered.
- Don’t be afraid to ask staff if they have cleaned their hands before they begin treatments.
- Always remember to clean your hands before and after leaving healthcare premises when visiting.

It’s ok to ask if you have any concerns about cleanliness, they can help put your mind at rest.

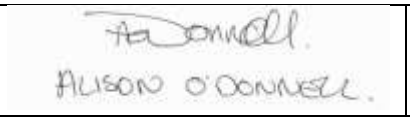
Do not be frightened to ask your carers if they have washed their hands, they will expect it and by doing so you will be helping to control infection.

Appendix 2 Hand washing technique with soap and water

Appendix 3 Alcohol handrub hand hygiene technique-For visibly clean hands



Appendix 4 Training Needs Analysis

Training topic/title:	1. Infection Prevention and Control Level 2 2. Aseptic Technique practical training		
Type of training: (see Mandatory and Role Essential Training policy for descriptions)	☐ Not required 1. Mandatory (must be on mandatory training register) ☐ Role Essential (must be on the role essential training register) 2. Desirable or Developmental		
Directorate to which the training is applicable:	Yes - Directorate of Mental Health Yes - Community Health Services ☐ Enabling Services ☐ Estates and Facilities Yes - Families, Young People, Children, Learning Disability and Autism ☐ Hosted Services		
Staff groups who require the training: (consider bank /agency/volunteers/medical)	All healthcare staff groups involved in direct patient care or services		
Governance group who has approved this training:	Infection Prevention and Control	Date approved:	11-06-2024
Named lead or team who is responsible for this training:	Infection Prevention and Control Team		
Delivery mode of training: elearning/virtual/classroom/ informal/adhoc	Elearning Practical training locally		
Has a training plan been agreed?	Yes		
Where will completion of this training be recorded?	1. Yes - uLearn 2. Other (please specify): local staff personal records		
How is this training going to be quality assured and completions monitored?	IPC group monitor compliance with 1. training		
Signed by Learning and Development Approval name and date		Date: 12.6.24	

Appendix 5 The NHS Constitution

- The NHS will provide a universal service for all based on clinical need, not ability to pay.
- The NHS will provide a comprehensive range of services.

Shape its services around the needs and preferences of individual patients, their families and their carers Answer yes.

Respond to different needs of different sectors of the population yes.

Work continuously to improve quality services and to minimise errors yes.

Support and value its staff yes

Work together with others to ensure a seamless service for patients yes.

Help keep people healthy and work to reduce health inequalities yes.

Respect the confidentiality of individual patients and provide open access to information about services, treatment, and performance yes

Appendix 6 Due Regard Screening Template

Section 1	
Name of activity/proposal	Aseptic Non-Touch Technique (ANTT)
Date Screening commenced	16-05-2024
Directorate / Service carrying out the assessment	Enabling-Infection Prevention and Control Team
Name and role of person undertaking. this Due Regard (Equality Analysis)	Claire King-Infection Prevention and Control Nurse
Give an overview of the aims, objectives, and purpose of the proposal:	
AIMS: This policy has been developed to ensure that all staff employed by Leicestershire Partnership Trust (LPT) on a permanent or temporary basis are aware of the processes to be followed with regards to Aseptic Non-touch Technique (ANTT) and clean technique.	
OBJECTIVES: The objective of this policy is to provide all staff employed by LPT on a permanent or temporary basis clear guidance on the processes to be followed with regards to Aseptic Non-touch Technique (ANTT) and clean technique to minimise the risk of transmission of infections to patients within our care.	

Section 2	
Protected Characteristic	If the proposal/s have a positive or negative impact, please give brief details
Age	None identified
Disability	None identified
Gender reassignment	None identified
Marriage & Civil Partnership	None identified
Pregnancy & Maternity	None identified
Race	None identified
Religion and Belief	None identified
Sex	None identified
Sexual Orientation	None identified
Other equality groups?	None identified

Section 3	
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.	
Yes	No
High risk: Complete a full EIA starting click here to proceed to Part B	Low risk
Section 4	

If this proposal is low risk, please give evidence or justification for how you reached this decision:			
Signed by reviewer/assessor	Claire King	Date	15-05-2024
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed		Date	

Appendix 7 Data Privacy Impact Assessment Screening

Data Privacy impact assessment (DPIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet Individual's expectations of privacy. The following screening questions will help the Trust determine if there are any privacy issues associated with the implementation of the Policy. Answering 'yes' to any of these questions is an indication that a DPIA may be a useful exercise. An explanation for the answers will assist with the determination as to whether a full DPIA is required which will require senior management support, at this stage the Head of Data Privacy must be involved.		
Name of Document:	Aseptic Non-Touch Technique and Clean Technique Policy	
Completed by:	Claire King	
Job title	Infection Prevention and Control Nurse	**Date**16-05-2024
Screening Questions	**Yes / No**	**Explanatory Note**
1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.	NO	
2. Will the process described in the document compel individuals to provide information about them? This is information in excess of what is required to carry out the process described within the document.	No	
3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?	No	
4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?	No	
5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.	No	
6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?	No	

7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.	No	
8. Will the process require you to contact individuals in ways which they may find intrusive?	No	
If the answer to any of these questions is 'Yes' please contact the Data Privacy Team via Lpt-dataprivacy@leicspart.secure.nhs.uk In this case, ratification of a procedural document will not take place until review by the Head of Data Privacy.		
Data Privacy approval name:	**N/A**	
Date of approval		

Acknowledgement: This is based on the work of Princess Alexandra Hospital NHS Trust