

ANTT[®] Implementation Guide



ASAP The Association for
Safe Aseptic Practice

ANTT[®]
Aseptic Non Touch Technique

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ANTT[®]
Aseptic non touch technique

www.antt.org



Governments in an an increasing number of countries are using **legislation** to ensure health care organisations adopt a single standard approach to aseptic technique that is evidenced by **education and audit**. For example, the UK's Health & Social Care Act 2008/10/15

The ANTT Implementation process facilitates this

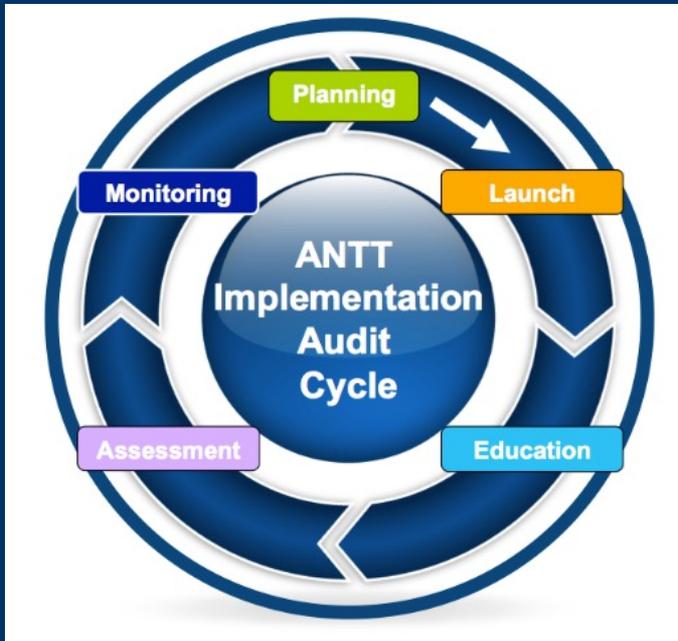


Aseptic technique is a critical clinical competency that is paramount to patient safety. This brief presentation outlines how to effectively implement a standardized form of aseptic technique termed ANTT® in clinical teams or large health care organizations.

ANTT is defined as being a, *‘Specific type of aseptic technique with a unique theory and practice framework’* (National Institute for Health & Care Excellence 2012).

The clinical competency of ANTT® is a worthwhile investment for health care workers and health care organizations as it is rapidly becoming a universal international standard for aseptic technique.

The 5 stage implementation process looks simple. It's meant to be



It's a basic audit cycle

- Practice is audited
- ANTT is launched
- Staff are trained
- Staff are competency assessed
- Areas are accredited

For information on educational and training resources please email us at enquiries@antt.org

We have a range of free and some chargeable resources to help support ANTT Implementation including training videos and e-learning courses

We advise and support freely 7 days a week - internationally

The aim of ANTT Implementation

In a nut shell...

*The aim of ANTT Implementation is to ensure that all clinical staff that perform invasive clinical procedures in any organization, **are clinically competent in applying ANTT principles and terminology to practice**, and that the most common clinical procedures are standardized by ANTT Clinical Guidelines.*



Planning

Planning the implementation of ANTT in advance of launching it will save you time and avoid problems. In particular:

■ Information and Communication Technologies (ICT)

Disseminate or place ANTT e-resources on your local intranet: This can take time, so organise in advance of the implementation.

■ Equipment & Environment

Standards of ANTT will be enhanced if equipment choices are reviewed and rationalised. For example, What type of procedure trays used for aseptic fields, what type of surface wipe, cannula type etc

■ Communications

Prior to implementation, agree with your Chief Nurse/CEO when and what they will communicate. We recommend, as a minimum; an email announcing the mandatory nature of the initiative at the start and a reminder half way through.

Launch

- Audit practice before introducing ANTT for evaluation purposes - undertaking at least a snapshot of practice across the organisation.
- The audit findings & observations are likely to identify variable practice and other issues and will help motivate staff and convince them of the need for ANTT.
- Use the standard Audit Tool provided. The-ASAP can provide an electronic version for PC's, iPad etc.
- Hospitals should aim for 50 audits and smaller services 10-20 audits. We can happily support collation and analysis free of charge.

Audit Tool
Invasive Clinical Procedures

 Anglia Includ
Coventry Symu
Public Health
Waste Observatory

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*See overleaf for guidance

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

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

3. Ask the Health Worker what the AIM of the technique is Clean Aseptic Sterile Other _____

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

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

5. Type of glove used? Sterile gloves Non-sterile gloves No gloves

6. Were the gloves contaminated during the procedure* Yes No

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

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

Communications from the CEO and other influential figureheads in an organisation are essential in identifying the initiative as a top priority to staff.

The **Project Overview Teaching Board**, which introduces ANTT to staff and provides a basic implementation overview, should be prominently displayed in all clinical areas.

The most relevant **ANTT Guidelines** should be displayed in all clinical preparation and procedure rooms.

The object of these early communications is to:

- Create awareness of ANTT and ensure good communication
- Help prepare staff for the implementation
- Outline the timeline for the implementation project
- Start the 'cascade' of education and training

Education & Training

This is most efficiently and effectively delivered by a **'staff cascade' method of training** and competency assessment.

This is achieved by selected staff being trained as ANTT Trainers. They then cascade training through the organisation. (The-ASAP can provide such training – email enquiries@ant.org for details).

NB: It is not the role of the ANTT Trainer to do lots of group presentations as the ANTT resources are designed to be self learning.

It is the role of the ANTT Trainer to:

- ◆ Direct staff to view/undertake the ANTT training resources listed on the next slide
- ◆ Provide some demonstrations of ANTT as required
- ◆ Act as resource for questions
- ◆ Display the ANTT Procedure Guidelines in clinical prep areas
- ◆ Competency assess staff using the **ANTT Competency Assessment Tool (CAT)**

Competency Assessment

Once staff have watched the ANTT resources they can start practicing ANTT. When competent they should be competency assessed using the **ANTT Competency Assessment Tool (CAT)**.

A record of competency assessment should be maintained locally and preferably feed into a hospital wide database of ANTT competent staff



ANTT
Aseptic Non Touch Technique

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



ASAP
The Association for Safe Aseptic Practice

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

Surname:		Forename:	
Job Title:		Ward / Department:	
<p>An Observational Assessment or a Simulation of Practice</p> <ul style="list-style-type: none"> • Only assessors with evidence of ANTT[®] competence can assess staff - healthcare worker (HCW) • The assessor must include the theory and practice questions before or during the procedure • This tool allows for assessment of three clinical procedures – if required 			
Competency Assessment (mark all components : ✓ X or n/a)			
Date:	Date:	Date:	Procedure Types (abbreviations) Venepuncture – V; Cannulation – C; Urinary catheterisation – UC Blood cultures – BC; Simple wound care – SW; Complex Wound Care – CW Intravenous drug admin./ flush – IV; Other – O Other Procedures & abbreviations: _____
Initial:	Initial:	Initial:	
Type:	Type:	Type:	
ANTT[®] principles & practice terms			
Pre-Procedure			
			State the three main ways that equipment can be contaminated during aseptic technique
			State a short definition of the terms a) Sterile b) Aseptic c) Clean
			State the practice aim of ANTT [®]
			State the type of invasive procedures ANTT [®] is suitable for
			State the fundamental practice concept that ANTT [®] is based upon
			Name the two types of ANTT [®]
			Explain the type of ANTT you are going to use and why you selected it
			State some practice variables you've considered when determining the type of ANTT
			Then state the ANTT Risk Assessment question that selects the type of ANTT
Inter-Procedure			
			Ask the practitioner to identify all the procedure Key-Parts of the procedure
			State the definition of a Key-Part
			State the definition of a Key-Site
			State the Key-Part / Key-Site Rule
			State the three types of aseptic field used in ANTT. Point them out in the procedure

NB: Staff are best prepared for their CATS Assessment by watching the 'Competency Assessment Preparation' presentation in the assessment folder on the disks supplied.

Monitoring

A post audit should be performed at 6 months after implementation has completed to assess the impact of the ANTT implementation on clinical practice and the effect on Healthcare Associated Infections (HCAI) and to help identify learning.

Ongoing periodic audit should be performed at least annually to inform the organisation of practice standards

Incidentally, various centres have been able to demonstrate significant improvements in infection rates following a robust ANTT implementation, when comparing their HCAI surveillance data pre and post ANTT

Accreditation

Ok, so you spotted this is an extra step!

The-ASAP provide an optional Accreditation Process (Bronze – Silver-Gold levels). This can help organisations demonstrate their hard work in improving patient safety with ANTT to patients and regulators. For details see enquiries@antt.org)

If you have questions please contact
us. **We are happy to help
freely advise**

www.antt.org
enquiries@antt.org