 <p> GIG CYMRU NHS WALES </p> <p> Iechyd Cyhoeddus Cymru Public Health Wales </p>	<p> Name of Meeting Quality, Safety and Improvement Committee Date of Meeting 20 May 2024 Agenda item: 5.2 </p>
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Policy / Procedure Approval Report

Section 1 - Policy / Procedure Information

Policy / Procedure Title	Aseptic Non-Touch Technique Policy
Policy Lead	Jennie Leleux, Lead Nurse for Infection Prevention & Control (Corporate)
Lead Executive	Executive Director of Quality, Nursing and Allied Health Professionals
PHW / All Wales?	PHW adoption of All Wales Policy
Date of last Review	No previous review.
Is the current policy / procedure within review date?	There is no current policy/procedure.
Approving Body /Group	Quality, Safety and Improvement Committee
Version Number	1

Section 2: Recommendation

That the Quality, Safety and Improvement Committee:

- **Considers** the draft Policy and information contained within the Equalities Impact Assessment (Appendix 1a)
- **Note** that the Infection Prevention & Control Group has endorsed the Policy to the Committee
- **Approve** the adoption of the All Wales ANTT policy as amended (Appendix1),



Section 3 – Details of the Review:	
Background:	
Reason for review	To approve use of the PHW Model ANTT Policy for local, organisational use.
Description/Assessment	This Policy outlines the current national standardised approach for raising clinical standards of aseptic technique and achieving asepsis in non-invasive and invasive clinical procedures. The aim is to provide a standardised approach termed Aseptic Non-Touch Technique (ANTT®) and to reduce variation in aseptic technique and practice across Wales in the prevention of healthcare associated infections (HCAI).
Consultation	
Has this Policy / Procedure been through the appropriate 28 day consultation process?	Yes
Date range of consultation:	The formal consultation period ran from 06.02.24 to 05.03.24.
Please provide details of any feedback received and outline what changes if any were made to the document as a result:	-None
Had this policy / procedure been considered by any other groups?	The Infection Prevention & Control Group has considered and subsequently endorsed the Policy to the Committee.
If so, please provide detail of any comments / feedback or amendments made to the documents as a result of this	The Assistant Director of Nursing has agreed the adaptations for local use. The model policy was written and agreed by the PHW HARP team. It was sent for consultation through the IPC Leads across Wales.
Section 4: Impact Assessments	
Equality and Health Impact Assessment	Has been completed and is included in the appendix.
Welsh Language Impact	The Policy will be translated to Welsh and available on the internet bilingually.
Risk and Assurance	Implementation of this policy and procedure enables PHW Senior Leadership and the public to take assurance that clinicians are practising in a safe and effective manner.



Health and Social Care (Quality and Engagement) (Wales) Act	This policy contributes to system-wide, safe, effective, person-centred, timely, efficient, equitable care.
Financial implications	The ANTT assessor training day will have a financial cost.
People implications	All staff members carrying out clinical procedures should be up to date with their ANTT e-learning and practical assessment. This requires the time to do the training and assessment, and requires sufficient peer assessors available to carry out the practical assessments.
Socio Economic Duty	There are no implications to the duty.

5 - Implementation

Implementation plan (with timescales)		
Next steps	Timescale	Responsible officer(s)
Approval Sought from the QSIC Committee	20 May 2024	
Translation into Welsh	2 weeks after approval	Jennie Leleux

6. Dissemination

The primary source for dissemination of this document (specify) within the organisation, wider community and our partners via the internet site.



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Public Health
Wales

Reference Number: XXXX
Version Number: XXX
Date of next review: XXX

ASEPTIC NON-TOUCH TECHNIQUE COMBINED POLICY & PROCEDURE

Policy Statement

This policy is an 'All Wales' document, produced by Healthcare Associated Infection & Antimicrobial Resistance & Prescribing Programme (HARP), Public Health Wales (PHW), in consultation with:

- All Wales ANTT Steering Group
- Higher Education Institute (HEI) sub-group
- The Association for Safe Aseptic Practice
- HCAI Delivery Board

This document outlines the current national standardised approach for raising clinical standards of aseptic technique and achieving asepsis in non-invasive and invasive clinical procedures. The aim is to provide a standardised approach termed Aseptic Non-Touch Technique (ANTT®) and to reduce variation in aseptic technique and practice across Wales in the prevention of healthcare associated infections (HCAI).

This model policy is applicable in all settings that provide healthcare to patients and/or service users and to all healthcare workers (HCW) who perform a clinical procedure that requires an aseptic technique.

The following sections have been greyed out as these are not relevant to PHW services:

- Sections 5.4 and 8.6.

Some job roles have been greyed out from Section 5.6 have been greyed out as they are not relevant to Public Health Wales Services

Supporting Procedures and Written Control Documents

This Policy will be supported by:

- On the Clinical Governance and Infection Control Policies intranet page ([Clinical Governance and Infection Control Policies - Public Health Wales \(NHS. Wales\)](#)):
 - Sharps and Exposure Injury & Safe Management of Sharps Policy
 - Sharps and Exposure Injury Procedure
 - Infection Prevention and Control Policy
- National Infection Prevention and Control Manual [NIPCM - Public Health Wales \(NHS. Wales\)](#)

Relevant legislation and related documents are listed in the Model Policy below.	
Impact Assessments	An Equality Health Impact Assessment (EHIA) has been completed and is available on the policy and procedure web pages.
Approved by	Quality Safety and Improvement Committee TBC
Approval Date	TBC
Review Date	TBC
Date of Publication:	TBC
Group with authority to approve supporting procedures	Infection Prevention & Control Group
Accountable Executive Director/Director	Claire Birchall, Acting Executive Director of Quality, Nursing and Allied Health Professionals.
Author	Jennie Leleux, Lead Nurse for Infection Prevention & Control.

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Summary of reviews/amendments

Version number	Date of Review	Date of Approval	Date published	Summary of Amendments
1	03.11.23			Adoption of model All-Wales policy for local PHW use.



Model Policy

Aseptic Non-Touch Technique (ANTT®):

A national, standardised approach to aseptic technique

Date to be reviewed:	April 2026	No of pages:	30
Original Author job title(s):	Healthcare Associated Infection & Antimicrobial Resistance & Prescribing Programme (HARP), Public Health Wales (PHW) In Consultation with: <ul style="list-style-type: none"> • All Wales ANTT Steering Group • Higher Education Institute (HEI) sub-group • The Association for Safe Aseptic Practice • HCAI Delivery Board 		
Responsible dept. / director:	HARP IP&C Team, Public Health Wales		
Approved by:	The all-Wales ANTT Steering Group & HEI sub-group The Association of Safe Practice (ASAP) HARP, Public Health Wales HCAI Delivery Board, Public Health Wales		
Original Date approved:	07 June 2019		
Original Effective Date (live):	04 July 2019		
Version:	FINAL Version 1 - 04 July 2019 FINAL Version 2 - July 2019 FINAL Version 3 – March 2023		
Date of Review	December 2022		
Date Verification form (1) completed:	24 th March 2023		

Documents to be read alongside this model policy:

[ANTT® Principles](#)¹
 NHS Scotland's National Infection Prevention and Control Model Policies [NIPCM -on-line](#)²
[Welsh Health Circular 2022/014 Amr-hcai-improvement-goals-for-2021-2023.](#)(Welsh Government 01 March 2022)³
 Welsh Code of practice for the Prevention of Infection (Welsh Government, May 2014) [Code-of-Practice](#) ¹⁸
[WHC 2015-26 ANTT Implementation](#) (Welsh Government, 5th June 2015)¹⁹
[WHC 2015-47 ANTT Follow up](#) (Welsh Government, 9th Oct. 2015)²⁰
[epic 3: National Evidence-Based Guidelines for the Prevention of Healthcare-Associated Infections in Hospitals in NHS Hospitals in England](#) (Loveday et al, 2014)⁹
 The Royal Marsden Hospital Manual of Clinical Nursing Procedures 10th Edition (2020)⁷ [Procedures - Royal Marsden Manual \(rmmonline.co.uk\)](#)
 National Institute of Clinical Excellence (NICE) Infection prevention and control of healthcare-associated infections in primary and community care (2017)¹¹ [Healthcare-associated infections: prevention and control in primary and community care | Guidance | NICE](#)

Executive Summary:

This model policy outlines the current national standardised approach for raising clinical standards of aseptic technique and achieving asepsis in non-invasive and invasive clinical procedures. The aim is to provide a standardised approach termed Aseptic Non-Touch Technique (ANTT®) and to reduce variation in aseptic technique and practice across Wales in the prevention of healthcare associated infections (HCAI). As agreed previously by Executive Nurse Directors, the intention is that this model policy is adopted as national policy by Health Boards and Trusts, including primary care and other health care organisation i.e., Care homes and independent hospitals within Wales. This policy requires relevant managers and leaders to organise and support its implementation and ongoing evaluation. This will ensure relevant clinical staff are appropriately trained and competency assessed in ANTT® so that it is embedded into everyday asepsis practice.

This ANTT Model policy was first published in July 2017, Emergency ANTT added in July 2019, version 3 /2023 all links refreshed, circulated for comment minor amendments and comments updating of appendices including ANTT Accreditation, terminology and updated framework information added into the appendix

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1. Introduction

Asepsis is generally considered to mean 'Freedom from pathogenic material in sufficient quantity to cause infection'.¹⁴ During clinical procedures, the goal of asepsis is to prevent patient contamination by creating an environment that is low in microbe volume by using only sterile devices, materials and maintaining aseptic technique.

Aseptic technique is a core nursing and medical skill but is also used by other allied healthcare professionals (AHP) and healthcare support workers. The standard of aseptic technique practice can be inconsistent, and if not undertaken correctly may be instrumental in causing a healthcare-associated infection (HCAI) within primary, community, secondary and out of hospital care.

Historically, aseptic technique has been seen to be confusing and ambiguous with practice terms and principles having different meanings for different users. This has led to inconsistency and some substandard practices.

In the challenge to reduce HCAI, 'Aseptic Non-Touch Technique' (ANTT[®]) is used internationally as a safe and effective practice framework for aseptic technique for all aseptic clinical procedures.^{19,20}

The Association of Safe Aseptic Practice (ASAP), in collaboration with Public Health Wales and supported by Welsh Government, have been providing [ANTT[®] Resources](#) practice and implementation support to all healthcare workers across Wales since June 2015.

Standardising aseptic technique with ANTT[®] across Wales will reduce variability in practice and further raise standards for the greater benefit of patients.

Welsh Government has directed all healthcare organisations to 'roll-out' ANTT[®] competency training to all relevant staff within their organisation.[\(WHC/2015/026\)](#)¹⁹ The principles of ANTT[®] align with the principles of prudent healthcare²⁶ and a 'One Wales' agenda, Once For Wales approach. The need for asepsis, especially in the use of invasive procedures and wound management, is evidenced in the [epic3 Guidelines](#).⁹

What is ANTT[®]?

The ANTT[®] Approach is an International Campaign designed to promote a clear understanding of asepsis and the essential elements of aseptic technique. This approach is a three-way 'partnership' between patients/service users, healthcare professionals and healthcare organisations, to actively promote the essential '6 Actions for Safe Aseptic Technique' (Appendix 4).

The ANTT® Practice Framework was originated by Stephen Rowley (2001),¹⁵ and is defined as, 'A specific type of aseptic technique with a unique theoretical and clinical practice framework'.¹⁵

The framework is applicable to all non-invasive and invasive clinical procedures including major surgery, the insertion and maintenance of indwelling medical devices, wound management and all primary, community and out of hospital-based care that requires aseptic practice.

ANTT® Practice Framework developments and dissemination are overseen by The Association for Safe Aseptic Practice (ASAP), a non-profit non-governmental organisation (NGO). The ASAP is working in partnership with NHS Wales and Public Health Wales to standardise aseptic technique across as a national standard and provides Welsh healthcare staff with updates to all ANTT® resources as they are reviewed and developed. The current resources and full ANTT® can be found following this link [ANTT - Public Health Wales](#). A summarised version is given in Rowley et al (2010).¹⁶

ASAP can be contacted for on-going support on practice and implementation issues via www.antt.org.

2. Purpose

The purpose of this national model policy is to support the implementation of the ANTT® practice framework to enable standardisation of technique and 'practice language' for all aseptic procedures. ANTT® must be embedded into every day clinical procedures as part of a robust commitment to reducing the risks of HCAI and need for antimicrobial prescribing to improve patient safety. Welsh Government set HCAI annual reduction expectations for *Clostridioides difficile*, *Staphylococcus aureus* bacteraemia and Gram-negative bacteraemia as well as expectations for antimicrobial prescribing. These expectations align to the ambitions outlined in [the addendum to the 5 year UK National Action Plan \(NAP\)](#) and the [20 year vision](#) to achieve future reductions that include positively impacting on MRSA, MSSA Blood Stream Infections (BSI), Urinary Tract and Surgical Site Infection (SSI) rates. Compliance with ANTT® supports Health Boards/Trusts in reducing these and other HCAI's whilst improving patient experience and outcomes.

3. Aims and Objectives

This model policy provides a widely adopted evidence-based framework for establishing ANTT® as the safe and effective technique for all aseptic procedures in healthcare organisations across Wales.

Objectives are:

- To identify the role of ANTT® in the reduction of HCAI

- To identify key roles and responsibilities in ANTT® implementation
- To describe the implementation and uses of ANTT®
- To identify the principles of ANTT® and its application to practice
- To outline the requirements for learning and competency assessment for staff undertaking clinical aseptic procedures
- Provide resources and toolkit to support ANTT® in practice
- To be relevant in acute, community and primary care settings, including emergency out of hospital care

4. Scope of the Policy

This model policy is applicable in all settings that provide healthcare to patients and/or service users and to all healthcare workers (HCW) who perform a clinical procedure that requires an aseptic technique.

5. Roles and Responsibilities within Organisations

The Board and Chief Executive Officer (CEO) has ultimate responsibility for Infection Prevention and Control within Health Boards and NHS Trusts. This responsibility, together with responsibility for ANTT® is delegated to the Executive Team under the leadership of the Executive Director of Nursing.

5.1 The Executive Director of Nursing

- Has overall responsibility to ensure that ANTT® is fully implemented and effectively sustained within their organisation^{19,20}
- Will ensure that this and local ANTT® policy/procedures are adhered to
- Will nominate an organisational lead for ANTT®
- Will review progress and report to the Board on ANTT® implementation and maintaining compliance in all groups of HCW's
- Will ensure there are adequate financial resources.

The operational and professional responsibility lies with the individual performing the procedure.

5.2 Senior Clinical Leads, Departmental and Nurse Managers will

- Be responsible for the effective implementation and monitoring of compliance with ANTT®, ensuring appropriate action is taken when staff fail to comply with policy and required training
- Identify an ANTT® lead and key trainers and assessors for their area of responsibility
- Ensure additional resources and/or equipment is available to facilitate the HCW undertaking the theory and practice of ANTT®
- Facilitate completion of the All-Wales e-learning programme for ANTT® by all HCWs involved in aseptic procedures e.g., protected work time and access to a computer
- Facilitate completion of competency assessment for all HCWs undertaking any type of aseptic procedure

- Monitor and report on competency level of the team and report to the appropriate risk committee
- Support HCWs in achieving compliance with all statutory and mandatory training, including Standard Infection Prevention and Control Precaution (SICP) mandatory training
- Bring this model policy to the attention of all health professionals or workers involved in ANTT® including educational and specialist roles
- Embed ANTT® into routine aseptic practice and all teaching of clinical procedures that require asepsis

5.3 Healthcare Workers (HCWs) will

- Have a responsibility to be familiar with [NIPCM policies](#)² and adhere to this model policy and other relevant local IPC policies to reduce the risk of transmission of infection
- Always act in the patients' best interest
- Perform invasive and other procedures in accordance with the principles and process of ANTT® (appendices 2-5) and this policy.
- Take personal responsibility for attendance at mandatory training or completion of relevant e-learning and act in accordance with the [Welsh Code of Practice for the Prevention and Control of Healthcare Associated Infections](#)¹⁸ in Wales
- Be accountable for their practice in accordance with their job description and professional codes of conduct, for example, [NMC The Code - The Nursing and Midwifery Council](#)¹² and [GMC Good Medical Practice](#)⁸
- Undertake the required ANTT® training and competency assessment if performing any aseptic clinical procedures
- Embed ANTT® into all aseptic practice

5.4 Primary and Community Care Healthcare Staff, including Welsh Ambulance NHS Trust (WAST)

In any out of hospital care settings (e.g., Community Nursing, Primary Care, Long Term Care Facilities, Welsh Ambulance Service) there may be challenges in the application of ANTT® principles relating to equipment and the environment. A local risk assessment ([Appendix 7](#)) should be undertaken to assess how the principles can be adopted and any adaptation (if necessary) should be documented, minimising patient risk. Resources to assist with this risk assessment are available within the ANTT Framework on Public Health Wales website ANTT Framework.

Whilst recognising the application of ANTT® in challenging situations, it is still possible to aim to minimise patient risk by applying ANTT® '4 Actions for Safe Aseptic Technique' ([Appendix 3](#)). Tools and resources specific to community settings and ambulance staff can be accessed via this link [Appendix 6](#) provides an example template for 'Ambulance Peripheral Cannulation Guideline'.

See also [8.6](#) – Emergency ANTT®

ANTT[®] principles will be applied and adapted to the management of chronic wounds. While it is recognised some chronic wound procedures e.g., leg ulcer cleansing and dressing in a patients' own home, can be simplified, the aim is always asepsis, with the aim being not to introduce any further microorganisms into the wound. Guidance should be sought from the Tissue Viability Nurse on aspects that do require ANTT[®].

5.5 Consultant Medical Staff will

- Undertake the required ANTT[®] training and competency assessment
- Be competent and keep your professional knowledge and skills up to date
- Comply with the Good Medical Practice Framework.⁸ [GMC Good medical practice](#)
- Be responsible for ensuring their junior doctors and teams adhere to and embed the principles of ANTT[®] and undertake the required training and competency assessment

5.6 Infection Prevention and Control Team (IPCT), Tissue Viability Nurse (TVN), Contingence Teams and Intravenous Access Teams

These specialist teams will participate in the National ANTT[®] Steering Group supporting ANTT[®] rollout across Wales. They have a pivotal role in assisting relevant organisational teams to coordinate ANTT[®] implementation, ensure training in their specialist fields conforms to ANTT principles as well as risk-management and evaluating effectiveness of its use.

The IPCT will:

- Provide expert advice in accordance with this policy
- Support managers and staff with the implementation of ANTT[®]
- Provide information, advice, and training to enable managers and users to undertake necessary risk assessment
- Support investigations in areas with specific risk to advise on safe practice
- Ensure local or adapted procedures/policy remains consistent with the evidence-base for safe practice and review/update local policy and procedures at least every 3 years
- Identify areas for improvement and report to Infection Prevention and Control Managers, local Infection Prevention and Control Committee, and local Clinical Risk or Patient Safety, Health and Safety and national groups
- Support education and training programme for ANTT[®] across primary and secondary care
- Report any impact of compliance identified during investigations related to an HCAI, in line with Duty of Quality and Duty of Candour.^{29, 30} Assurance around shared learning from such investigation will be reported to the relevant governance, quality, and safety groups.

5.7 Nominated ANTT® Lead will

- Provide local leadership for the roll-out of ANTT®
- Participate in PHW-led all-Wales ANTT® Steering Group to enable sharing of best practice from and within their organisation
- Provide guidance to their organisation on future developments, e.g., primary care roll out, updated resources, standardised packs
- Ensure that all local training, policies, procedures, and guidelines are ANTT® compliant

5.8 Nominated Key-Trainers/Facilitators from each clinical area or professional group will:

- Facilitate completion of All Wales ANTT® e-learning training by all HCWs involved in aseptic processes
- Provide supplementary electronic/paper ANTT® training and competency assessment to relevant staff within their department
- Keep accurate records of staff trained
- Instil a culture for asepsis and of ANTT® practice across their clinical area/professional group
- Ensure compliance with ANTT® practice is achieved, challenging unsafe practice appropriately
- Maintain own compliance with ANTT® competence and practice
- Identify and support additional resources needed for compliance with ANTT® key principles
- Identify and address challenges and share areas of good practice via the Quality, Safety and Experience structures

5.9 Procurement Leads

Prior to purchase of any re-usable patient equipment, discussion must take place with manufacturers, local infection prevention and control leads, and local decontamination leads, where applicable, to ensure that such items can be safely decontaminated within the organisation. Equipment in use is required to facilitate ANTT® e.g., insertion packs, trays, trolleys. These should be made readily available and accessible across the organisation. There should be rationalisation and standardisation of equipment choices across Wales to help reduce practice variation in aseptic technique.

5.10 Higher Education Institutes (HEI):

Universities across Wales will work to standardise their curriculum regarding teaching and learning competencies in ANTT® for all healthcare professional students e.g., nursing, medical, podiatry, paramedics, and allied health in respect of ANTT®, at the point of registration.

6. Implementation of ANTT®

The implementation of ANTT® will require:

- Executive level commitment
- A robust ANTT® training and assessment programme
- Equipment and appropriate resources

- Raising ANTT® awareness across the whole organisation
- A locally agreed ANTT® audit programme
- External audit programme, as agreed with ASAP and HARP, PHW
- Robust monitoring and recording processes for compliance
- Key reporting mechanisms on impact or harm

6.1 ANTT® Accreditation for Healthcare Providers:

[ANTT Accreditation Guide 2023 \(PHW NHS. Wales\)](#) overseen freely by ASAP, provides healthcare organisations with a mechanism to demonstrate effective clinical governance for aseptic technique, and commitment to infection prevention and patient safety. This can be useful to demonstrate an organisations hard work in infection prevention to external regulators, patients/service users, and the public.

There are three levels of [accreditation](#): Bronze, Silver, and Gold.

- [ANTT Bronze Accreditation Workbook](#)
- [ANTT Silver Accreditation Workbook](#)
- [ANTT Gold Accreditation Workbook](#)

Accreditation criteria is based upon the following pre-requisites for safe and best practice:

- ANTT® Policy
- ANTT® Education
- ANTT® Assessment
- ANTT® Monitoring

For support with ANTT® Accreditation please contact enquiries@antt.org

7. Training:

Wales commenced ANTT® programme roll out in June 2015([WHC/2015/026](#))¹⁹ Substantial progress has been made across Wales despite limited resources to support this; however, all organisations are required to continue to aim for 100% compliance for those who will be performing procedures (regardless of job title) requiring the principles of aseptic technique.

As new employees join the organisation, compliance with ANTT® should be mandated as part of their induction programme.

Priority for training should be given to staff working within augmented care units, staff carrying out invasive procedures, and all new employees.

Professional registrants must recognise their accountability in accordance with their own code of conduct,^{8,12} e.g. The Code (Nursing and Midwifery Council 2015)¹² states that nurses must have a good knowledge base before performing any clinical procedure, should be trained appropriately, and have achieved competency within their clinical area. The General Medical Council ([Good medical practice-English 2014 \(gmc-uk.org\)](#))⁸ states that doctors must recognise and work within the limits of their competence,

provide good standards of practice of care and keep professional knowledge and skills up to date.

- All HCWs across Wales who are involved in aseptic procedures will complete the nationally agreed ANTT® training in the principles and theory for ANTT® prior to competency assessment i.e., current e-learning module at learning@ NHS Wales: <https://learning.wales.nhs.uk/>
- ANTT® will also be taught locally within departments by means of trained key-trainers/facilitators/assessors, using ANTT® resources: [ANTT resources \(antt.org\)](http://antt.org) within an implementation framework set out by the local organisation
- All taught procedures involving asepsis will be undertaken using ANTT®
- All HCWs performing ANTT® must be assessed as competent in the application of ANTT® utilising either the Standard ANTT® Competency Assessment tool (CAT) [Standard CAT v1.5](#) or the Surgical Assessment tool [Surgical CAT v2](#)
- It is recommended that ANTT® competency assessment should be undertaken within 3 months of completing the ANTT® e-learning programme
- HCW's performing aseptic procedures must maintain their ANTT® competency with at least three-yearly practical competency assessment, monitored via local annual appraisal process and entered to ESR
- HCW's have an individual responsibility to ensure their competencies are maintained and must inform their line manager of any obstacles preventing them to achieve this, or lapse in competency
- Should a HCW change specialties or commence a new post within the HB/Trust requiring competence in different skill sets, the need for further ANTT® training/assessment must be risk assessed and agreed with their line manager. Advice can be sought from the local ANTT® Lead

For staff who are unable to access ANTT® eLearning programmes through either ESR or Learning@Wales, arrangements need to be made for electronic/paper educational resources, which must include the main principles of ANTT®.

It is acknowledged there remains a period of time when not all staff performing aseptic technique will have undergone the appropriate training and assessment in ANTT®. Therefore, existing aseptic practice skills, may be used to ensure service delivery is not affected, following individual local risk assessment with intention of becoming compliant as soon as practically possible.

8. Important basic infection prevention practice for aseptic technique:

This resource is not intended as a comprehensive educational tool, however, as well as providing an outline of the ANTT® Framework (see [appendix 9](#)), some important general aspects of aseptic technique are outlined below.

8.1. Use of Standard Infection Prevention and Control Precautions (SIPCP) such as hand hygiene:

A pre-requisite to safe ANTT® is compliance with standard infection control precautions (SICP's):

SICPs should be performed in line with [epic3 Guidelines](#)⁹ and the Scottish National Infection Prevention and Control Manual (NIPCM)² which is the resource adopted for use for healthcare in Wales. The 10 elements of SICP are:

- Patient Placement
- Hand Hygiene
- Respiratory cough and Hygiene
- Personal Protective Equipment
- Safe management of care equipment
- Safe management of care environment
- Safe management of linen
- Safe management of blood and body fluid spillages
- Safe disposal of waste
- Occupational safety: Prevention and Exposure management (e.g., sharps)

Key elements related to ANTT practice are hand hygiene, safe care of equipment and the environment, appropriate safe use of PPE and waste disposal.

8.2. Hand Hygiene

Hand hygiene is the single most effective way of preventing HCAI and cross infection from direct and indirect contact.^{2,9,21} It is essential that hands are effectively decontaminated in accordance with the World Health Organisation (WHO) "MY five Moments of Hand Hygiene"²¹ [WHO SAVE LIVES Clean YOUR Hands. Technical Reference Manuel 2009](#) prior to, during (as required) and after all aseptic procedures are performed.

8.3. Use of personal protective equipment (PPE)

Gloves and other PPE provide a barrier between microorganisms on hands, clothing, and the susceptible sites but must be used in conjunction with good hand hygiene and donning and doffing technique.

Gloves use for ANTT:

- Must be donned and used as intended, changed at appropriate frequency and between procedures, and removed with care to prevent shedding or spreading of microorganisms
- Are **non-sterile** gloves for Standard-ANTT® procedures e.g., preparing and delivering intravenous medication, attaching parenteral nutrition, venepuncture, and cannulation, as per local policies
- Are **Sterile** gloves for Surgical ANTT® procedures such as surgery, urinary catheterisation, or central venous catheter insertion

Aprons and Other PPE (aprons, gowns, masks, face protection) should be worn according to [NIPCM and associated infection](#).

8.4. Environmental / Air contamination

Airborne particles in the clinical space will contain a range of microorganisms including those from the patient/service user, staff, and other sources. These have increasingly been shown to present a risk of transmission of a range of infections. Sensible precautions can be taken to reduce the risk of particle contamination of the aseptic site during ANTT procedures including:

- Preparation of drugs to be undertaken in an appropriate designated area away from the bedside and sink
- Where available, ANTT procedures i.e., changing of wound dressings, insertion of medical devices should be undertaken in a dedicated fit for purpose treatment/dressing/examination room away from the patients' bed area
- Do not undertake ANTT® when air particle movement levels are likely to be at their highest e.g., ward/department cleaning, adjacent to portable electric fans or close to open windows or building refurbishment
- Do not undertake ANTT® following recent bed making or patient undressing/dressing
- Advise patient of cough/sneeze etiquette e.g., use of tissues

8.5. Pre-requisite support of effective aseptic technique

The risk of microbiological contamination during ANTT® procedures can be reduced by important pre-requisite measures including:

- Effective environmental cleaning
- Safe storage of procedure equipment
- Compliance with decontamination procedures and policies
- Ergonomically designed clinical preparation areas
- Rationalisation and standardisation of procedure and equipment choices e.g., procedure packs, trays

8.6. Emergency ANTT

For WAST frontline emergency staff, including advanced paramedic practitioners, paramedics, advanced technicians, technicians, urgent care

services staff, sub-contracted emergency staff, non-NHS organisations, Bank, and agency frontline staff.

The use of ANTT® is widespread within acute hospitals, yet ANTT's simple but robust practice principles are equally effective in the most challenging and emergency situations and environments. Emergency life-saving time-critical procedures undertaken in the out of hospital environment justify reason for reduced compliance with all the principles of ANTT® and therefore Emergency ANTT® is the pragmatic approach to ANTT®, focusing specifically on:

- What is possible to deliver at that moment
- Prioritise the points at which 'Key-Parts' and 'Key-Sites' interact (the moments microbes can transfer)
- Dynamic risk assessment to determine preparation steps, and if they cannot be delivered, the most essential components of aseptic technique are prioritised first
- Recording the ANTT applied during the procedure e.g., Standard, emergency, surgical

The intention is not to dilute ANTT® or reduce standards, but to focus the practitioners' attention to the most important elements of safe practice first, in relation to time, setting and equipment permitting.

Emergency ANTT® should only be selected following risk assessment of the situation, for example: 'Do I have the time, the equipment, and the environment to apply Standard or Surgical ANTT?'

If the answer is 'yes' – use Standard or Surgical ANTT

If the answer is 'no' – use Emergency ANTT

It is important for the practitioner to document and handover when emergency ANTT is used and clarify if asepsis was maintained or compromised due to the 'emergency' situation. WAST have introduced the ANTT coded colour labels, which will be applied to any invasive procedures performed to alert receiving staff of ANTT procedures used (see [Appendix Z](#)).

9. ANTT Resources

9.1. ANTT® Procedure Guidelines

These simple picture-based procedure guidelines are a highly effective way for the organisation to make practice expectancy explicit, setting out procedure sequence and equipment. They should be displayed prominently in relevant clinical areas.

9.2. ANTT Approach Educational PowerPoint

'The ANTT-Approach' is an International Campaign designed to promote the essential elements of aseptic technique. This approach is a three-way

'partnership' between patients, HCWs and healthcare organisations to actively promote the essential '6 Actions for Safe Aseptic Technique' to be used every time.

Three posters simplify this framework:

- Patient poster – [Appendix 3](#)
- Clinical Staff Poster – [Appendix 4](#)
- ANTT® Clinical Practice Framework poster – [Appendix 5](#)

9.3. Steps for ANTT® procedure – see [Appendix 2](#)

10. Dissemination and Implementation

This revised and updated policy will be implemented via the following routes:

- Circulation to all Health Board/Trust Executive leads, IPCT leads, WAST leads, Primary & Community Care leads, HCAI DB
- Available via local Health Board/Trust Document library
- Available via PHW/HARP website
- Available to all HCWs via local Health Board/Trust intranet

Each Health Board/Trust is responsible for the full implementation of this revised policy and must ensure all relevant staff have access to the policy.

11. Audit and Monitoring of ANTT® Implementation

Monitoring will be undertaken through:

- The percentage of staff that have completed ANTT® theory and ANTT® Competency Assessments through ensuring records are updated centrally on ESR
- Audit observation of clinical practice and aseptic procedures
- Targeted patient feedback
- Documentation/policy review
- As part of the Improvement Cymru initiatives (Previously known as 1000 plus lives) e.g., bundle use and catheter-associated urinary tract infection (CAUTI) prevention, peripheral venous catheter (PVC) and central venous catheter (CVC) care, prevention of surgical site infection (SSI)
- Identifying impact and compliance levels of ANTT® on investigating HCAI, e.g., *Staphylococcus aureus* bacteraemia or surgical site infection (SSI), CAUTI through root cause analysis (RCA) and post-incident review (PIR)
- Annual IPC rolling programme of audit, including external audit by ASAP or ad hoc audits by HARP team
- Target audit programmes, where deemed necessary following incident or outbreak
- Required changes in practice identified and actioned
- ANTT® accreditation

Any 'lessons learnt' should be shared locally and nationally across Wales to support and promote best practice.

12. Policy Conformance / Non-Compliance

If any Health Board employee fails to comply with this policy, the matter may be dealt with in accordance with their workforce and OD policies. The action taken will depend on the individual circumstances and will be in accordance with the appropriate disciplinary procedures. Under some circumstances, failure to follow this policy could be considered gross misconduct.

13. Distribution

The all-Wales policy will be available on the PHW/HARP internet site and via local Health Board/Trust Intranet site. Where staff do not have access to the intranet, their line manager must ensure that they have access to a current paper copy of this policy.

14. Review

This policy will be reviewed every 2 years or if guidance changes.

15. Legislation

The Control of Substances Hazardous to Health (COSHH) Regulations 2002 (as amended), Health and Safety Executive, L5 (6th edition) 2013. Welsh Government Health and Care Standards 201529. The 2023 Health and Social Care (Quality and Engagement) (Wales) Act 2020.³⁰

16. Equality

An Equality Impact Assessment has been undertaken at an all-Wales level on completion of version 1 (July 2017), Version 2 review (June 2019) and version 3 review (December 2022) with no change required.

A Verification report has been completed for HARP, Public Health Wales to support version 3 (December 2022).

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18. APPENDICES

Appendix 1: Definitions / Glossary

Asepsis

Freedom from pathogenic material in sufficient dose to cause infection.

Aseptic field

A working area that has been rendered aseptic to reduce the risk of contamination of procedure equipment.

Aseptic Technique

A generic term and variable process for describing the precautions taken to reduce the risk of infection during invasive clinical procedures.

Aseptic Non-Touch Technique (ANTT®)

A specific type of aseptic technique with a unique theoretical and clinical practice framework (NICE 2012).

Decontamination

Removing, or killing pathogens on an item or surface to make it safe for handling, re-use or disposal by cleaning, disinfection and/or sterilisation.

Direct contact transmission

Spread of infectious agents from one person to another by direct skin-to-skin contact.

Disinfectant

A cleaning chemical used to remove infectious agents from objects and surfaces.

Disinfection

A process, for example using a chemical disinfectant, to reduce the number of infectious agents from an object or surface to a level that means they are not harmful to your health.

Hand Hygiene (HH)

HH is the single most important procedure for preventing the spread of HCAI. Effective HH is essential to ANTT® and must take place prior to and after all invasive techniques. HH applies to hand washing, antiseptic hand wash, antiseptic hand rub or surgical hand antisepsis.

Healthcare-associated Infection (HCAI)

Any infection acquired by a person as a consequence of healthcare interventions regardless of where care is delivered.

Indirect contact transmission – The spread of infectious agents from one person to another via a contaminated object.

Invasive device – A device which penetrates the body, either through a body cavity or through the surface of the body. Central Venous Catheters (central line), Peripheral/ Arterial Lines and Urinary Catheters are examples of invasive devices.

Invasive Procedures

A medical/nursing procedure that invades (enters) the body, usually by cutting or puncturing the skin or by inserting instruments into the body cavity.

Microorganism (microbe) – Any living thing (organism) that is too small to be seen by the naked eye. Bacteria, viruses, and some parasites are microorganisms.

Mode of transmission – The way that microorganisms spread from one person to another. The main modes or routes of transmission are airborne (aerosol) transmission, droplet transmission and contact transmission.

MRSA – Strains of the infectious agent (bacterium) *Staphylococcus aureus* that are resistant to many of the antibiotics commonly used to treat infections.

Personal Protective Equipment (PPE)

Equipment a person wears to protect themselves from risks to their health or safety, including exposure to infections e.g., disposable gloves and disposable aprons.

Spore

A form that some types of bacteria take under certain environmental conditions. Spores can survive for long periods of time and are very resistant to heat, drying and chemicals.

Sterile

Free from all live bacteria or other microorganisms.

Sterilisation

The procedure of making some object free of all germs, live bacteria, or other microorganisms (usually by heat or chemical means).

Appendix 2: Steps to an ANTT® procedure

Step 1.	ANTT® risk assessment: Does this procedure need the ANTT® principles applied? Is a Standard or Surgical-ANTT® required? Gain patient's consent and explain procedure Draw curtains around patient or take to appropriate room
Step 2	Decontaminate hands
Step 3	Clean trolley/tray with appropriate detergent wipe Gather equipment including alcohol hand rub
Step 4	Create suitable working environment. If procedure is performed at the bedside, ensure no cleaning or bed making are ongoing within the area for at least 30 minutes. Ensure windows are closed and no fans are on
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 on the tray/trolley. Keep all equipment within their packaging. Identify Key-Parts
Step 9	Decontaminate hands
Step 10	Apply gloves if required
Step 11	Perform procedure using ANTT®
Step 12	Remove gloves and aprons and other PPE
Step 13	Dispose of waste
Step 14	Decontaminate hands
Step 15	Take patient back to the bedside if required and ensure patient is comfortable
Step 16	Clean trolley/tray/environment
Step 17	Decontaminate hands

Appendix 3: ANTT® Patient Poster

*Protecting YOU Every Time with...
4 Actions for Safe Aseptic Technique*

The ANTT-Approach

Aseptic Technique describes the measures we take to protect you from infection during invasive clinical procedures, such as surgery, insertion of medical devices and administration of intravenous medications. ANTT is a unique type of aseptic technique (NICE 2012).



1 Hand Cleaning

We clean our hands immediately prior to commencing your procedure, and use protective equipment like gloves



2 Using Aseptic Fields

We protect procedure equipment from microorganisms by using a cleaned procedure tray and individual equipment covers or, for more complex procedures, use a sterilized drape



3 Using Non-Touch Technique

We avoid touching the 'Key-Parts' of procedure equipment & any open wound or procedure skin site. If we must touch them we wear sterilized gloves



4 Preventing Cross Infection

We remove our gloves and wash our hands immediately after we have tidied up your procedure

If you have questions or concerns about aseptic technique please ask the Nurse in Charge

www.antt.org



Appendix 4: ANTT® Clinical Staff Poster

*Protect Patients Every Time with...
6 Actions for Safe Aseptic Technique*

The ANTT-Approach



1

Risk Assessment

Select Standard or Surgical-ANTT according to the technical difficulty of achieving asepsis



2

Manage the Environment

Avoid or remove contamination risks



3

Decontaminate & Protect

*Hand cleaning, personal protective equipment (PPE).
Disinfecting equipment, surfaces and Key-Parts*



4

Use Aseptic Fields

*General, Critical and Micro Critical Aseptic Fields
protect Key-Parts & Key-Sites*



5

Use Non-Touch Technique

*Key-Parts must only come into contact with other
Key-Parts & Key-Sites*



6

Prevent Cross Infection

*Safe equipment disposal, decontamination
& hand cleaning*

ANTT is a unique type of aseptic technique (NICE 2012)

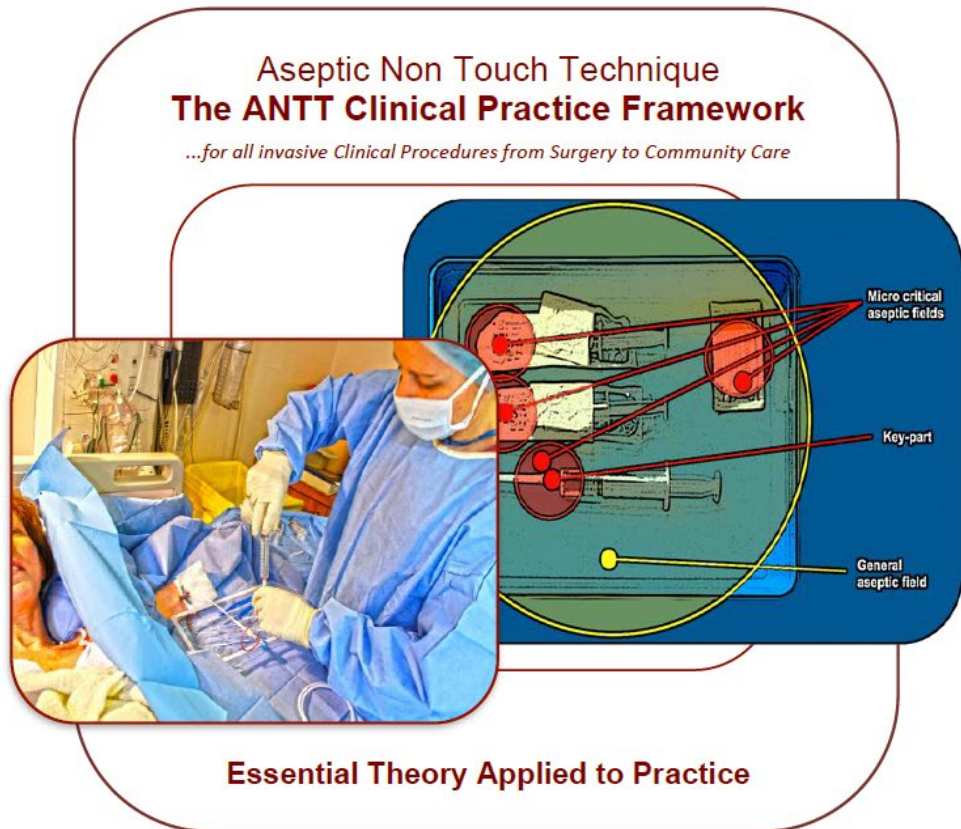
For the ANTT Clinical Practice Framework see - www.antt.org



Appendix 5: ANTT® Clinical Practice Framework Poster:



www.antt.org




*First,
do no
harm*




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Appendix 6: Example template for Ambulance Staff: Peripheral Cannulation Guideline (2017)




ANTT
Aseptic Non Touch Technique



Welsh Ambulance Service Peripheral Cannulation Guideline for the ANTT practice principles see: www.antt.org v1.3


Preparation Zone

1



If using a tray
Clean with universal sanitising wipe; allow tray to dry

2



Gather all equipment to hand

3




Decontaminate hands

4



Open IV pack
Creating a general aseptic field

5



Open cannula into the field.
Protect Key Parts using protective sleeve & non-touch technique (NTT)

6



Prepare 10ml N/S flush. Return syringe to packet & place on the field. Add unopened skin prep


Procedure (patients') Zone

7



Apply tourniquet (single use and disposable)

8




Palpate the vein

9




Decontaminate hands & apply non sterile gloves

11




Clean skin using back & forth & left to right strokes for 30 secs

12



Allow skin to dry
Do not re-palpate the vein.
Re-clean the skin if re-palpation is unavoidable


13



Insert cannula to IHCD guidelines ensuring insertion site is not touched. Safe disposal of sharp. Remove tourniquet, flush with N/S


POST PROCEDURE ZONE

14



Secure cannula with semi-permeable, transparent dressing

15



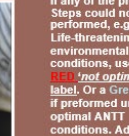
Remove gloves, & decontaminate hands

16




Decontaminate hands

17



18




Record the date, time and type of insertion on the Patient Report Form via trusts I pads

If any of the previous Steps could not be performed, e.g. for Life-threatening or environmental conditions, use a **RED 'not optimal'** label. Or a **Green** label if performed under optimal ANTT conditions. Advise the Receiving hospital to replace the cannula as soon as possible

ANTT performed in optimal conditions

ANTT not performed in optimal conditions



Amyllfa Iechyd
Cyhoeddus Cymru
Public Health
Wales Observatory

Appendix 7: Emergency ANTT Risk Assessment

Emergency-ANTT® Risk Assessment

It is important that emergency ANTT® is only selected when necessary


Decided by risk assessment ...


“Do I have the time, the equipment and the environment to apply Standard or Surgical-ANTT?”

If yes – use Standard or Surgical-ANTT

If no – use **Emergency-ANTT®**

Document and handover whether you used Emergency-ANTT® and maintained asepsis, or had to use Emergency-ANTT and may have compromised asepsis

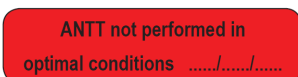

Aseptic Non-Touch Technique


The Association for
Safe Anaesthetic Practices

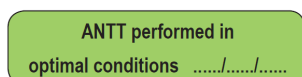
ANTT® ©2018 www.antt.org enquiries@antt.org

Use of colour coded labels to alert receiving healthcare staff of ANTT procedure used:

Red Label applied to the procedure site. ANTT not performed in optimal conditions. Date.



Green Label applied to the procedure site. ANTT performed in optimal conditions. Date.



Appendix 8: [Standard Terminology](#)

Aseptic technique is historically confused with ambiguous terms used interchangeably. The ANTT® Practice Framework defines aseptic practice explicitly:

- ***Sterile Technique***

ANTT® does not use the word “sterile” for describing technique; due to the natural multitude of organisms in the atmosphere, it is not possible to achieve a true sterile technique in any setting. The term sterilized is used to identify products and equipment that have been sterilized. However, once opened to air equipment and products are said to be aseptic.

- ***Asepsis / Aseptic technique***

The term ‘asepsis’ means, ‘*Freedom from pathogenic material in sufficient quantity to cause infection*’. It is possible to achieve asepsis in health care delivery by taking steps to reduce patient contamination. Aseptic technique is a generic term for aseptic practice and has no explicitly defined practice framework.

- ***Aseptic Non-Touch Technique (ANTT®)***

ANTT® is a specific type of aseptic technique with a unique theoretical and clinical practice framework.^{10,11,12} The ANTT® Practice Framework includes a set of Principles and Safeguards that, if followed, will ensure asepsis for all types of invasive procedures ‘from the operating theatre to the community setting’. It is based on a novel concept termed ‘Key-Part and Key-Site Protection’.

The ‘ANTT-Approach’ involves a combination of methods aimed at achieving and supporting best practice aseptic technique; including the ANTT® Practice Framework, a set of ANTT® Guidelines for the most common invasive procedures and a standard implementation process.

- ***Non-Touch Technique***

Non-touch technique is not a technique in itself. It is however an important component of ANTT®.

Appendix 9: ANTT® Practice Framework outline

This model policy is not intended as an educational tool for ANTT®. It is important that Practice Leads refer to the full ANTT® Practice Framework available on the www.antt.org or Public Health Wales on [ANTT Framework](#). A snapshot of the framework is outlined below:

- The aim of ANTT® is always asepsis (see appendix 8)
- **Key-Parts** are the critical parts of any equipment that come into contact with Key-Sites; any liquid infusion; or with any other active Key-Parts connected to the patient via a medical device. If contaminated during a procedure, Key-Parts provide a route for the transmission of pathogens onto or into the patient and present a significant infection risk.
- **Key-Sites:** open wounds, including insertion and puncture sites for invasive medical devices.
- **There are two types of ANTT® (Surgical and Standard) determined by a simple ANTT® Risk Assessment:**
- **Standard-ANTT®** is used for procedures that are technically simple to achieve asepsis. Typically, such a procedure will be of short duration and involve few small Key-Parts and Key-Sites. In Standard-ANTT, primarily non-touch technique and individual Micro Critical Aseptic Fields protect Key-Parts.
- **Surgical-ANTT®** is required for procedures that are technically complex to achieve asepsis, are of longer duration, involve large open-sites and large or numerous Key-Parts. In contrast to Standard-ANTT, in Surgical-ANTT, Key-Parts are managed on one main Critical Aseptic Field (sterile drape) and sterile gloves are essential.
- **Aseptic Fields in ANTT®:** the type of aseptic field and how it is managed is dependent upon the type of ANTT® being utilized.

ANTT® uses three types of aseptic field:

- ✓ **Critical Aseptic Field:** a large sterile drape that is managed 'critically'
- ✓ **Micro Critical Aseptic field:** sterilized caps and covers etc. including the inside of some equipment packaging
- ✓ **General Aseptic Field:** A disinfected plastic tray, suitable sized single-use cardboard tray. NB: General Aseptic Fields are not relied upon to maintain asepsis. They are used to promote asepsis whilst Key-Parts within them are protected by Micro Critical Aseptic Fields. (See above).

A pre-requisite to safe ANTT® is compliance with standard infection prevention and control precautions:

Equality & Health Impact Assessment for

Aseptic non touch technique (ANTT) Policy – local PHW adoption of all-Wales model policy.

Part 1

Please answer all questions:-

1.	For service change, provide the title of the Project Outline Document or Business Case and Reference Number	Not applicable.
2.	Name of Clinical Board / Corporate Directorate and title of lead member of staff, including contact details	Quality, Nursing and Allied Health Professionals Directorate. Jennie Leleux, Lead Nurse for Infection Prevention & Control jennie.leleux2@wales.nhs.uk
3.	Objectives of strategy/ policy/ plan/ procedure/ service	Objective is to provide a Standardised approach to the roll out of ANTT across Wales & to provide clarity of individual and Health Board/Trust roles & responsibilities in implementing & sustaining ANTT principles to all staff who perform asepsis within their healthcare setting.
4.	Evidence and background information considered. For example <ul style="list-style-type: none"> • population data • staff and service users data, as applicable • needs assessment • engagement and involvement findings 	The draft model policy was shared with all Infection Prevention Teams and nominated ANTT leads across Wales, all members of ANTT steering group & subgroup members (Primary & Community Care subgroup & HEI subgroup), all members of the Healthcare associated infection (HCAI) programme, PHW and Health Protection Team, PHW, during policy development from August

	<ul style="list-style-type: none"> • research • good practice guidelines • participant knowledge • list of stakeholders and how stakeholders have engaged in the development stages • comments from those involved in the designing and development stages <p>Population pyramids are available from Public Health Wales Observatory and the 'Shaping Our Future Wellbeing' Strategy provides an overview of health need.</p>	<p>2016 to December 2016, all comments, where applicable & appropriate, incorporated into final draft.</p> <p>Also, it was shared with Stephen Rowley, Clinical Director for Association for Safe Aseptic Practice, between September 2016 & December 2016, and comments received incorporated into the policy.</p> <p>Literature review undertaken & ANTT document review undertaken (ANTT principles provided by Stephen Rowley already available on PHW intranet site for all staff to access)</p>
5.	<p>Who will be affected by the strategy/ policy/ plan/ procedure/ service</p> <p>Consider staff as well as the population that the project/change may affect to different degrees.</p>	<p>This model policy is applicable in all settings that provide healthcare to patients and/or service users and to all healthcare workers (HCW) who perform a clinical procedure that requires an aseptic technique.</p>

Part 2- Equality and Welsh language

6. EQIA / How will the strategy, policy, plan, procedure and/or service impact on people?

Questions in this section relate to the impact on people on the basis of their 'protected characteristics'.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
6.1 Age For most purposes, the main categories are: <ul style="list-style-type: none"> • under 18; • between 18 and 65; and • over 65 	The policy should impact equally on all. There is a risk of infection to anyone who is undergoing any invasive procedure, the risk being higher for those where asepsis is poor or inadequate. Potential positive impact is reduced risk of healthcare-associated infection for all age groups receiving care requiring asepsis	All healthcare staff to have completed ANTT e learning & practical assessment & be competent in performing ANTT. PHW IPC Lead Nurse and divisions to work together to ensure adequate training & support tools available to achieve this.	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
6.2 Persons with a disability as defined in the Equality Act 2010 Those with physical impairments, learning disability, sensory loss or impairment, mental health conditions, long-term medical conditions such as diabetes	The policy should not have an impact on disability. Consent should be sought from the service user or the authorised guardian after full explanation of the need/procedure. There is a risk of infection to anyone who is undergoing any invasive procedure, the risk being higher for those where asepsis is poor or inadequate. Potential positive impact is reduced risk of healthcare-associated infection for all age groups receiving care requiring asepsis	All healthcare staff to have completed ANTT e learning & practical assessment & be competent in performing ANTT. PHW IPC Lead Nurse and divisions to work together to ensure adequate training & support tools available to achieve this.	
6.3 People of different genders:	Expected positive impact is improvement in healthcare worker skills in performing aseptic procedures with	All healthcare staff to have completed ANTT e learning & practical	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
Consider men, women, people undergoing gender reassignment NB Gender-reassignment is anyone who proposes to, starts, is going through or who has completed a process to change his or her gender with or without going through any medical procedures. Sometimes referred to as Trans or Transgender	reduced risk of healthcare-associated infection for all age groups and all genders receiving care requiring asepsis	assessment & be competent in performing ANTT. PHW IPC Lead Nurse and divisions to work together to ensure adequate training & support tools available to achieve this.	
6.4 People who are married or who have a civil partner.	The policy should impact equally on all. There is a risk of infection to anyone who is undergoing any invasive procedure, the risk being higher for those where asepsis is poor or inadequate.	All healthcare staff to have completed ANTT e learning & practical assessment & be competent in performing ANTT. PHW IPC Lead Nurse and divisions to work together to ensure	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
	Expected positive impact is improvement in healthcare worker skills in performing aseptic procedures with reduced risk of healthcare-associated infection for all age groups receiving care requiring asepsis	adequate training & support tools available to achieve this.	
6.5 Women who are expecting a baby, who are on a break from work after having a baby, or who are breastfeeding.	The policy should impact equally on all. There is a risk of infection to anyone who is undergoing any invasive procedure, the risk being higher for those where asepsis is poor or inadequate. Expected positive impact is improvement in healthcare worker skills in performing aseptic procedures with reduced risk of healthcare-associated infection for all	All healthcare staff to have completed ANTT e learning & practical assessment & be competent in performing ANTT. PHW IPC Lead Nurse and divisions to work together to ensure adequate training & support tools available to achieve this.	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
	age groups receiving care requiring asepsis		
6.6 People of a different race, nationality, colour, culture or ethnic origin including non-English speakers, gypsies/travellers, migrant workers	<p>The policy should impact equally on all. There is a risk of infection to anyone who is undergoing any invasive procedure, the risk being higher for those where asepsis is poor or inadequate.</p> <p>Expected positive impact is improvement in healthcare worker skills in performing aseptic procedures with reduced risk of healthcare-associated infection for all age groups receiving care requiring asepsis</p>	<p>All healthcare staff to have completed ANTT e learning & practical assessment & be competent in performing ANTT. PHW IPC Lead Nurse and divisions to work together to ensure adequate training & support tools available to achieve this.</p>	
6.7 People with a religion or belief or with no religion or belief.	<p>The policy should impact equally on all. There is a risk of infection to anyone who is undergoing any</p>	<p>All healthcare staff to have completed ANTT e learning & practical assessment & be</p>	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
The term 'religion' includes a religious or philosophical belief	invasive procedure, the risk being higher for those where asepsis is poor or inadequate. Expected positive impact is improvement in healthcare worker skills in performing aseptic procedures with reduced risk of healthcare-associated infection for all age groups receiving care requiring asepsis	competent in performing ANTT. PHW IPC Lead Nurse and divisions to work together to ensure adequate training & support tools available to achieve this.	
6.8 People who are attracted to other people of: <ul style="list-style-type: none"> • the opposite sex (heterosexual); • the same sex (lesbian or gay); • both sexes (bisexual) 	The policy should impact equally on all. There is a risk of infection to anyone who is undergoing any invasive procedure, the risk being higher for those where asepsis is poor or inadequate. Expected positive impact is improvement in healthcare	All healthcare staff to have completed ANTT e learning & practical assessment & be competent in performing ANTT. PHW IPC Lead Nurse and divisions to work together to ensure adequate training &	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
	worker skills in performing aseptic procedures with reduced risk of healthcare-associated infection for all age groups receiving care requiring asepsis	support tools available to achieve this.	
6.9 People according to their income related group: Consider people on low income, economically inactive, unemployed/workless, people who are unable to work due to ill-health	The policy should impact equally on all. There is a risk of infection to anyone who is undergoing any invasive procedure, the risk being higher for those where asepsis is poor or inadequate. Expected positive impact is improvement in healthcare worker skills in performing aseptic procedures with reduced risk of healthcare-associated infection for all age groups receiving care requiring asepsis	All healthcare staff to have completed ANTT e learning & practical assessment & be competent in performing ANTT. PHW IPC Lead Nurse and divisions to work together to ensure adequate training & support tools available to achieve this.	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
6.10 People according to where they live: Consider people living in areas known to exhibit poor economic and/or health indicators, people unable to access services and facilities	The policy should impact equally on all. There is a risk of infection to anyone who is undergoing any invasive procedure, the risk being higher for those where asepsis is poor or inadequate.	All healthcare staff to have completed ANTT e learning & practical assessment & be competent in performing ANTT. PHW IPC Lead Nurse and divisions to work together to ensure adequate training & support tools available to achieve this.	
6.11 Consider any other groups and risk factors relevant to this strategy, policy, plan, procedure and/or service	The policy should impact equally on all. There is a risk of infection to anyone who is undergoing any invasive procedure, the risk being higher for those where asepsis is poor or inadequate. Expected positive impact is improvement in healthcare	All healthcare staff to have completed ANTT e learning & practical assessment & be competent in performing ANTT. PHW IPC Lead Nurse and divisions to work together to ensure adequate training &	

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
	worker skills in performing aseptic procedures with reduced risk of healthcare-associated infection for all age groups receiving care requiring asepsis	support tools available to achieve this.	
6.12 Welsh Language			
There are 2 key considerations to be made during the development of a policy, project, programme, service to ensure there are no adverse effects and/or a positive or increased positive effect on: (please note these will continue to be reviewed to ensure Public Health Wales fulfils their duties to comply with one or more standards outlined within the Welsh Language Standards (No 7) Regulations 2018)			
Opportunities for persons to use the Welsh language	The local PHW ANTT Policy will be produced in both English and Welsh and therefore will not discriminate against any person who wishes to communicate in Welsh. However, there may be a delay in the availability of copies in both languages	Require Translation services to convert the document into Welsh for publication. If communication is required in Welsh then access to translation services will be required.	To translate document as per PHW policy.

How will the strategy, policy, plan, procedure and/or service impact on:-	Potential positive and/or negative impacts (unintended consequences) Opportunities or gaps	Action taken by Directorate. Make reference to where the mitigation is included in the document, as appropriate This column is to be updated in future reviews	Recommendations for improvement/ mitigation/ identified gaps or opportunities
	<p>due to translation service timescales.</p> <p>Infection Prevention & Control & ANTT contains specialised language. If verbal communication is required in Welsh, a specialised translation service may be required.</p>		
Treating the Welsh language no less favourably than the English language	The ANTT policy will be produced in both English and Welsh.	Require Translation services to convert the document into Welsh for publication.	To translate document as per PHW policy.

Part 3 – Health

Questions in this section relate to the impact on the health and wellbeing outcomes of the population **and** specific population groups who could be more impacted than others by a policy/project/proposal.

The part of the assessment identifies;

- which specific groups in the population could be impacted more (inequalities)

- what those potential impacts could be across the wider determinants of health framework?
- Potential gaps, opportunities to maximise positive H&WB outcomes
- Recommendations/mitigation to be considered by the decision makers

7. Identification of specific population groups

Use the WHIASU Population Groups checklist as a reference to identify the population groups who could be more impacted than others by a policy/project/proposal. The check list can be found on the PHW Integrated EqHIA guidance pages (requires link to PHW Intranet pages for additional information and resources)

The groups listed have been identified as more susceptible to poorer health and wellbeing outcomes (health inequalities) and therefore it is important to consider them in a HIA assessment. In a HIA, the groups identified, as more sensitive to potential impacts will depend on the characteristics of the local population, the context, and the nature of the proposal itself.

7.1 Groups identified	Rational/explanation
No groups are identified as being negatively impacted by this policy.	Adherence to this policy by staff members will improve the standards of care provided to all service users using PHW services, and will protect the health of both staff and service users.

Assessment

Complete the wider determinants framework table below providing rational/evidence where appropriate:

1. Consider how the proposal could impact on the population and specific population groups identified above (positive/negative) for each of the wider determinants (the bullets under each determinant are there as a guide)
2. Record any unintended consequences (negative impacts) and/or gaps identified
3. Record any positive impacts or missed opportunities to maximise positive health and wellbeing outcomes
4. identify and record mitigation/recommendations where appropriate

Please note you may find that not all determinants are relevant to the project/plan however recording N/A is not acceptable a rational or evidence should be explained/referenced

Wider determinant for consideration	Positive impacts or additional opportunities	Unintended consequences or gaps	Population groups affected	Mitigation/recommendations
<p>7.2 Lifestyles</p> <ul style="list-style-type: none"> • Diet/nutrition/breastfeeding • Physical activity • Use of alcohol, cigarettes, e-cigarettes • Use of substances, non-prescribed drugs, abuse of prescription medication • Social media use • Sexual activity • Risk-taking activity i.e. gambling, addictive behaviour 	<p>Adherence to this procedure by staff members will improve the standards of care provided to all service users using PHW services, and will protect the health of both staff and service users.</p>	<p>No unintended consequences identified.</p>	<p>-</p>	<p>-</p>
<p>7.3 Social and community influences on health</p> <ul style="list-style-type: none"> • Adverse childhood experiences • Citizen power and influence • Community cohesion, identity, local pride • Community resilience • Domestic violence • Family relationships • Language, cultural and spirituality • Neighbourliness • Social exclusion i.e. homelessness • Parenting and infant attachment • Peer pressure • Racism • Sense of belonging • Social isolation/loneliness • Social capital/support/networks • Third sector & volunteering 	<p>Adherence to this procedure by staff members will improve the standards of care provided to all service users using PHW services, and will protect the health of both staff and service users.</p>	<p>No unintended consequences identified.</p>	<p>-</p>	<p>-</p>

<p>7.4 Mental Wellbeing</p> <ul style="list-style-type: none"> • Does this proposal support sense of control? • Does it enable participation in community and economic life? • Does it impact on emotional wellbeing and resilience? 	<p>Adherence to this procedure by staff members will improve the standards of care provided to all service users using PHW services, and will protect the health of both staff and service users.</p>	<p>No unintended consequences identified.</p>	<p>-</p>	<p>-</p>
<p>7.5 Living/ environmental conditions affecting health</p> <ul style="list-style-type: none"> • Air quality • Attractiveness/access/availability/quality of area, green and blue space, natural space. • Health & safety, community, individual, public/private space • Housing, quality/tenure/indoor environment • Light/noise/odours, pollution • Quality & safety of play areas (formal/informal) • Road safety • Urban/rural built & natural environment • Waste and recycling • Water quality 	<p>Adherence to this procedure by staff members will improve the standards of care provided to all service users using PHW services, and will protect the health of both staff and service users.</p>	<p>No unintended consequences identified.</p>	<p>-</p>	<p>-</p>
<p>7.6 Economic conditions affecting health</p> <ul style="list-style-type: none"> • Unemployment • Income, poverty (incl. food and fuel) • Economic inactivity • Personal and household debt • Type of employment i.e. permanent/temp, full/part time 	<p>Adherence to this procedure by staff members will improve the standards of care provided to all service users using PHW</p>	<p>No unintended consequences identified.</p>	<p>-</p>	<p>-</p>

<ul style="list-style-type: none"> • Workplace conditions i.e. environment culture, H&S 	<p>services, and will protect the health of both staff and service users.</p>			
<p>7.7 Access and quality of services</p> <ul style="list-style-type: none"> • Careers advice • Education and training • Information technology, internet access, digital services • Leisure services • Medical and health services • Other caring services i.e. social care; Third Sector, youth services, child care • Public amenities i.e. village halls, libraries, community hub • Shops and commercial services • Transport including parking, public transport, active travel 	<p>Adherence to this procedure by staff members will improve the standards of care provided to all service users using PHW services, and will protect the health of both staff and service users.</p>	<p>No unintended consequences identified.</p>	<p>-</p>	<p>-</p>
<p>7.8 Macro-economic, environmental and sustainability factors</p> <ul style="list-style-type: none"> • Biodiversity • Climate change/carbon reduction/flooding/heatwave • Cost of living i.e. food, rent, transport and house prices • Economic development including trade • Government policies i.e. Sustainable Development principle (integration; collaboration; involvement; long term thinking; and prevention) • Gross Domestic Product • Regeneration 	<p>Adherence to this procedure by staff members will improve the standards of care provided to all service users using PHW services, and will protect the health of both staff and service users.</p>	<p>No unintended consequences identified.</p>	<p>-</p>	<p>-</p>

Stage 3

Summary of key findings and actions Please answer question 8.1 following the completion of the EHIA and complete the action plan

Key findings: Impacts/gaps/opportunities	Actions (what is needed and who needs to do) to address the identified mitigation and recommendations	Lead		
Adherence to this procedure by staff members will improve the standards of care provided to all service users using PHW services, and will protect the health of both staff and service users.	No actions required.	-		

Alternatively, if appropriate, please explain the steps taken to consult with and consider the differential impact of the changes on the various protected characteristic groups (part 2) or any specific identified population groups (part 3).