This workbook forms part of the Trust-wide implementation of ANTT
Please take some time to read it and complete the questions
Once completed please return it to the ANTT Team or your local clinical educator
Completing this workbook:

Before completing this workbook you should have had opportunity to see the following ANTT educational resources:

**ANTT poster**
(Gives an overview of the ANTT implementation plan in your area).

**ANTT DVD or video**
(Introduces ANTT, explains the need for it and demonstrates the guideline).

**ANTT training presentation**
(Runs through the guideline step by step in more detail).

The answers to the questions in this book are found in these resources. In addition the attached ANTT article from the Nursing Times provides most of the answers too.

Introduction

ANTT is a safe, modern, and efficient evidence-based aseptic technique. It has been shown to significantly improve the clinical behaviour of staff performing aseptic technique.

This workbook will apply ANTT to IV therapy; however, **ANTT can be applied to any procedure where an aseptic technique is required**.

The principles of ANTT are **SIMPLE**. But even the simplest things will be forgotten. The best way to ensure compliance is to undertake periodic updating and assessment.

The principles of ANTT are simple:

- **A**lways wash hands effectively.
- **N**on-touch-technique is used at all times to protect key-parts.
- **T**ouch non-key parts with confidence
- **T**ake appropriate infective precautions.

ANTT is the **mandatory standard** aseptic technique in this hospital.

It is important that **YOU** follow the **order** of the guideline exactly; this workbook will show you how.

Remember …

5000 – 15,000 patients die annually of hospital acquired infections. A high percentage of these patients acquire infection through clinical procedures such as IV therapy.

Clinical procedures such as IV therapy and wound care put patients at high levels of risk – largely avoidable risk.

**ANTT is a robust aseptic technique that is implemented robustly too.**
Evidence

ANTT has been implemented by many NHS hospitals (See www.antt.co.uk). It has been shown to improve the clinical (aseptic) behaviour of staff – when implemented robustly.

For example:
A Trust wide study by Clinical Practice Facilitators (CPF) in 2002 at University College London Hospitals NHS Foundation Trust (UCLH) identified that aseptic practice across was approximately 50% safe and 50% unsafe. This has been shown to be typical of most pre ANTT audits in different hospitals between 2002 and 2008.

ANTT can have a positive effect on clinical practice behaviour.

The ‘ANTT effect’
- Poor practice identified across UCLH Nov 2002. (Practice approximately 50% poor).
- Poor practice identified across UCLH 2002, 6 months post ANTT introduction.

Results of the DOH mandatory (MRSA) surveillance system in acute Trusts in North Central London, published 7 March 2005

- ANTT introduced at UCLH
- Not introduced at RFH

This slide (below) may show the impact of ANTT on MRSA at UCLH. Namely due to improvements in frequency and quality of hand washing. Other initiatives were introduced too but ANTT is not at the RFH – which may potentially explain the difference.
Step 1

If you have very recently cleaned your hands and have not contaminated them since proceed straight to Step 2. Otherwise,

- Clean your hands effectively with soap and water or alcohol gel
- Use the hospitals 7 step hand washing technique - below

Effective hand washing technique

- Palm-to-palm
- Palm over back of the hand with interlocking fingers. Swap hands
- Palm-to-palm, interlocking fingers
- Rubbing of backs of fingers into palms
- Rotational rubbing of thumb clasped over opposite palm, swap hands
- Rotational rubbing of fingers into palms, swap hands

Finish by rubbing hands-to-wrists on both hands
Step 2

- With clean hands clean your plastic tray thoroughly with a large alcohol wipe. Clean the inside first, then the outside ending with the bottom of the tray.
- Allow to dry for at least 30 seconds. This is now your portable aseptic field.

Remember …

If it is not dry, it is not aseptic

PAPER TRAYS ARE BANNED as aseptic fields.
Step 3

• Whilst the tray dries, gather all your equipment, medications etc., and place them around the tray

(Collect everything you require before you clean your hands – so as not contaminate them).

Step 4

• Now you have cleaned your tray and gathered your equipment you can perform your final hand clean before preparation

• Clean hands with Alco-gel or soap & water

• Use the hospitals 7 step hand washing technique.
Q. What does cleaning your hands actually achieve?


Q. What are the 7 steps to good hand washing technique?

1. ________________________________________________
2. ________________________________________________
3. ________________________________________________
4. ________________________________________________
5. ________________________________________________
6. ________________________________________________
7. ________________________________________________

Step 5

- Put on non-sterile gloves

- **Risk Assessment**: To decide between sterile or non-sterile gloves simply ask this question: ‘Can I do this procedure without touching key-parts?’

If no, wear sterile gloves
However, nearly always the answer will be **YES**
Therefore, wear **non-sterile gloves**

(Glove wearing at the drug preparation stage is mandatory to protect the clinician from drug exposure (COSHH regulations) and to limit the compromise of asepsis should you inadvertently touch key parts).
Step 6

- Assemble your equipment and protect key-parts at all times.
- Prepare medications using a non-touch-technique
- Touch non key-parts with confidence
- After drug prep - go straight to the patient & do not contaminate your gloves
- Do not DROP your equipment into your tray – This increases the risk of contaminating key-parts.

(Key-parts should not be touched by anything, other than other aseptic key-parts).
Q. What constitutes a key-part in the ANTT IV Therapy Guideline?

________________________________________________________________________

Q. If you are wearing gloves can you then touch key-parts?

YES / NO  Your rationale?

________________________________________________________________________
Q. What can you put into your tray?

This would be ideal

This would also be fine. Because …

- The paper wrapping should be dry and aseptic
- The key parts are protected
- The aseptic field is organised

(Don’t put unnecessary items in the tray).

NEVER flick off key-parts such as needles or caps

Your thumb is likely to touch the key-part

Q. Do you need an aseptic or sterile field to administer IV medications? Explain your answer.
At this stage of the guideline (between preparation and administration) you have a choice. **If you have pre-prepped the patient and can access the port without contaminating your gloves you can proceed straight to step 7.** If not, you need to follow Steps 6a to 6e.

- Patient’s IV port is already exposed
- IV pump is already primed

To re-cap…

If you cannot get to the patient without contaminating your gloves

**OR**

If you need to prime an IV pump

**OR**

Take down a dressing to expose an IV port

You must follow 6a, 6b, 6c, 6d, and 6e of the ANTT IV administration guideline

*(Tip: Its quicker to prep the patient before Step 1).*
Step 6a

- If required, prime the patient’s IV pump or infusion device

Step 6b

- Expose the patient’s IV port, ensuring free and unrestricted access
Step 6c

- Because you have contaminated your gloves by priming the pump or removing a bandage etc you will need to re-establish the asepsis of your hands
- Dispose of your gloves

Step 6d

- Re-clean your hands with alcohol gel or soap and water

(Cleaning hands after glove removal is vital because wearing gloves encourages the growth of potentially pathogenic micro-organisms naturally found on and in your skin).
Step 6e

- Re-apply non-sterile gloves

Step 7

- Clean key parts (in this instance the patient’s IV port)
- Clean with a large wipe of 2% Chlorhexidine & 70% alcohol
- Apply friction by scrubbing the port tip hard with different parts of the wipe
- Allow to dry for 30 seconds

Remember …

It’s not aseptic – until it’s DRY
Step 8

- Administer drugs using a non-touch-technique

(Non-touch-technique means not touching the key-parts & not letting the key-parts touch anything else – other than other aseptic key-parts).

Use large size wipes

Small Sterets® are too small to clean key-parts safely
• Don’t leave medication vials attached to identify your drugs

(IT WOULD BE DANGEROUS IF THEY WERE TO FALL OUT OF THE TRAY)

The bungs often leak around the needle – compromising asepsis).

Step 9

• Dispose of sharps & equipment

• Then dispose of gloves
Step 10

• Clean your tray

• Allow it to dry properly before putting it away

(Not doing so is a perfect way of creating cross-infection)

Step 11

• Clean hands with Alco-gel or soap & water

• Use the hospitals 7 step hand washing technique
And finally …

Q. What does ANTT stand for? ________________________________

Q. What is a key-part? ________________________________

Q. What is the most essential starting point of ANTT? ________________________________

Q. What are the four (4) main principles of ANTT? ________________________________
    ________________________________
    ________________________________

Q. What parts of an IV line can be touched? ________________________________

Q. What should you do following glove removal and disposal? _______________________

Q. What do you clean key-parts with, how and why? ________________________________
    ________________________________

Q. Do you need to wear gloves if the ANTT guideline is being followed and all main 
   principles are being observed? Explain your rationale. ________________________________
    ________________________________

Q. Is the order of the guideline optional or mandatory? Why? ________________________________