The NESC Project

Carol Low Lead Nurse OHPAT Services
Pennie Harris Practice Development Sister for Peripheral Cannulation & Venepuncture
Where were we?

A Graph Showing the Total MRSA BSI Against their Respective Trajectory
April 2000 - December 2008

<table>
<thead>
<tr>
<th>Year</th>
<th>Total MRSA</th>
<th>MRSA Trajectory (DH)</th>
</tr>
</thead>
<tbody>
<tr>
<td>2000 - 2001</td>
<td>78</td>
<td>40</td>
</tr>
<tr>
<td>2001 - 2002</td>
<td>47</td>
<td>34</td>
</tr>
<tr>
<td>2002 - 2003</td>
<td>28</td>
<td>34</td>
</tr>
<tr>
<td>2003 - 2004</td>
<td>34</td>
<td>32</td>
</tr>
<tr>
<td>2004 - 2005</td>
<td>33</td>
<td>24</td>
</tr>
<tr>
<td>2005 - 2006</td>
<td>33</td>
<td>16</td>
</tr>
<tr>
<td>2006 - 2007</td>
<td>22</td>
<td>16</td>
</tr>
<tr>
<td>2007 - 2008</td>
<td>16</td>
<td>16</td>
</tr>
<tr>
<td>2008 - 2009</td>
<td>5</td>
<td></td>
</tr>
</tbody>
</table>

- Trauma & Orthopeadics and Vascular Surgery commenced on SDP
- SDP commenced across remainder of Adult Surgical Directorate
- SDP commenced across Adult Medical Directorate
- May 2007 - Pregnant healthcare workers screened
1. Agree standards of best practice
2. Write policy & Procedure
3. Scope training for health care professionals
4. Initial audit of current practice
5. Training Strategy following audit
6. Implement Policy, Procedure & guidance
7. Implement training & assessment
8. Re-audit
Agree Standards of Best Practice

• Review current literature and evidence
• Adapt core training to reflect Trust policies and procedures
• Write new Trust policies and procedures
Policy & Procedure

Policy, Procedure & Standards for Aseptic and Aseptic Non-Touch Techniques

Key Points

The aim of this document is to set out a framework for all clinical staff who perform invasive procedures to:

- Understand the need for effective aseptic technique
- Understand the principles of Aseptic Non-Touch Technique (ANTT) which will:
  1. Prevent microbial contamination of wounds and other susceptible sites.
  2. Prevent exogenous infection.
  3. Prevent transfer of bacteria between patient and staff.
- Use ANTT in association with relevant policies and guidelines

Version: Version 1.1
Amended: 8th June 2009.
Name of Policy Lead(s) / originators/authors: Pennie Harris (Practice Development Sister), Carol Llow (Lead Nurse – OHPAT).
Date approved by responsible committee: Infection Control Committee (ICC)
Date ratified:
Date issued:
Review date:
Target audience: All Clinical Staff
Scope Training

- Current training status
- Who is responsible for training
- How is training logged and evidenced
- How many staff need to be updated and assessed
- Time frames and resources required
- Ward based training
Training Strategy

ANTT - All clinical staff

HCA’s - Care and removal of cannulae

Qualified nursing and medical staff – insertion, care and removal of cannulae
Resources

- Managers/PDN’s Pack
- Introduction to NESC Project
- What is ANTT?
- ANTT Quiz & Answer sheet
- ANTT Questionnaire
- NESC ‘Gold Standard’
- Policy & Procedure
Resources

• Clinical Practice Standards
• Ward Trainers & Assessors Guide
• Technical Sheet
• Staff Workbook
• Assessment & Audit Tool
• ANTT DVD
• Laminated Guidelines
• Certificate
ANTT Aseptic Non Touch Technique

Peripheral Cannulation

1. Patient washes hands and arm with soap and water or alcogel.
2. Put on a clean white apron. Clean hands with soap & water or alcogel.
3. Clean tray (creating an aseptic field).
4. Gather equipment.
5. Clean hands & glove with alcohol gel or soap & water.
6. Prepare flushes & equipment protecting key-parts using Non Touch Technique.
7. Position hand on drape, apply disposable tourniquet.
8. Locate vein, release tourniquet.
9. Clean hands with alcohol gel or soap & water (making them aseptic)
10. Tighten tourniquet.
11. Apply non sterile gloves (or sterile gloves if you need to re-palpate the puncture site).
12. Scrub skin site with 2% chlorhexidine/70% alcohol.
13. Insert cannula.
15. Dispose of sharps & equipment.
16. Clean tray, dispose gloves then immediately...
17. Clean hands with alcohol gel or soap & water.

Key principles of ANTT
Protect patients: Protect key-parts and sites at all times.
Always wash hands effectively.
Non touch technique always.
Use appropriate infection precautions.
ANTT
Aseptic Non Touch Technique

Peripheral & central Intravenous Therapy

1. Put on a clean white apron. Clean hands with soap & water or algocel.
2. Clean tray - creating an aseptic field. Whilst it dries . . . .
3. Gather equipment place around tray
4. Clean hands with algocel or soap & water - making them aseptic.
5. Put on non sterile gloves* (use sterile gloves if you must touch key-parts)
6. Prepare drugs & equipment protecting key-parts using Non Touch Technique.

6A. If your hands are contaminated or patient’s IV port needs exposing - go to Step 6a
6B. Dispose of sharps BEFORE Proceeding directly to patient.
6C. Dispose gloves
6D. Re-clean hands
7. Re-glove

8. Scrub key parts
   Use a large Sani-cloth (2% chlorhexidine /70% alcohol).
   - Scrub the port tip for 20 seconds using different parts of the wipe. Then wipe away from the tip.
   - Allow to dry for 30 seconds.
10. Dispose of apron and gloves - use alcohol gel or wash hands.
11. Clean tray

The core principle of ANTT
Protect ‘key-parts’ by:
- Washing hands effectively.
- Using a Non Touch Technique.
- Using appropriate infective precautions.
- Covering/capping key-parts when not in use.
ANTT
Aseptic Non Touch Technique
Peripheral Venepuncture

- Leave phlebotomy trolley outside bay / room.
- Aprons must be changed for each patient interaction.
- Trays may be positioned on patient tables.
- Tourniquet must be disposable or cleaned according to manufacturer’s instructions.

1. Clean hands with soap & water or alcohol gel
2. Clean tray - creating an aseptic field. And whilst it dries . . .
3. Gather all equipment that may be needed

4. Prepare equipment - protecting key-parts & using Non-Touch Technique.
5. Apply disposable tourniquet & palpate vein.
6. Clean hands with alcohol gel or soap & water.
7. Put on non-sterile gloves.
8. Clean site - with a large 2% chlorhexidine & 70% alcohol wipe. - allow to dry for 30 secs.
9. Access patient’s vein protecting key-parts
10. If attempt to draw blood unsuccessful return to step
11. Dispose of apron and gloves, clean tray, then immediately...
12. Clean hands with alcohol gel or soap & water.

Key principles of ANTT
- Protect patients:
  - Protect key-parts at all times.
  - Always wash hands effectively.
  - Non touch technique always.
  - Use appropriate infective precautions.
ANTT
Aseptic Non Touch Technique

Wound Care

In prep room

1. Put on a clean white plastic apron. Clean hands with soap & water or alcogel.
2. Clean trolley surfaces creating an aseptic field.
3. Gather dressing pack & equipment, place on bottom shelf.

Proceed to patient

4. Remove dressing, expose wound.
5. Clean hands with soap & water or alcogel.
6. Open pack, place drape on top shelf, position waste bag.
7. Assemble equipment, place on top shelf, protecting key-parts.
8. Apply non sterile gloves (Sterile if you need to touch the wound directly).
9. Place paper towel or drape under the wound.
10. Clean wound.
11. Dress wound.
12. Dispose of equipment, waste and gloves.
13. Clean trolley surfaces.
14. Clean hands with soap & water or alcogel.

Key principles of ANTT
Protect patients:
- Always wash hands effectively.
- Non touch technique always take appropriate equipment precautions.
- Take steps to protect key-parts at all times.
ANTT Cannulation Guideline

The guideline is mandatory

- Cannulation & central line dressings & equipment.
  - The flip top ports on cannulas are NOT to be used unless an emergency.
  - All cannulas and central lines will be dressed and equipped using the above standards.

VIP Care Plan

- Record all insertions and removals.
- Assess all IV sites TDS.

ANTT IV Guideline

- This guideline is mandatory.
- Scrub the hubs & allow to dry.
- Use plastic trays.

------standardise and improve practice

Our NEW Standard IV pathway for peripheral and central access care
### Assessment and Audit Tool (ANTT) for Peripheral & Central Access Intravenous Therapy

Please tick the type of activity being assessed:  
- Central Venous Catheter
- Peripheral IV
- Other:

<table>
<thead>
<tr>
<th>Observed Practitioner: Nurse</th>
<th>Midwife</th>
<th>Doctor</th>
<th>Other</th>
<th>Ward / Dept.</th>
<th>Assessor</th>
<th>The ANTT Clinical Guideline for IV Therapy is used in this area: Yes</th>
<th>No</th>
</tr>
</thead>
</table>

1. Were hands washed using the six stage hand cleaning technique?  
   - Yes
   - No
   - Not required
   
   **If No:** Please circle which parts of the hands were not cleaned correctly

2. Was the plastic tray cleaned with an alcohol surface wipe, and allowed to dry?  
   - Yes
   - No
   - Didn't use a plastic tray
   
<table>
<thead>
<tr>
<th>Paper Tray</th>
<th>Trolley</th>
<th>Table</th>
<th>Dressing Pack</th>
<th>Other:</th>
</tr>
</thead>
<tbody>
<tr>
<td>If plastic tray not used: Please circle which type of aseptic field was used</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

3. Was the equipment gathered when the tray was drying?  
   - Yes
   - No

4. Were hands washed using the six stage hand cleaning technique using soap & water or alcohol gel?  
   - Yes
   - No

5. Was an appropriate glove choice made?  
   - Yes
   - No
   
   **If No:** Please circle glove choice made by member of staff
   
<table>
<thead>
<tr>
<th>Inappropriate choice of sterile glove</th>
<th>Inappropriate choice of non-sterile glove</th>
<th>Other situation:</th>
</tr>
</thead>
</table>

6. Were Key-Parts protected throughout the preparation?  
   - Yes
   - No
   
   **6.1 Was the aseptic field tidy and well organised**

   - Yes
   - No
   
   Were sharps disposed of immediately after preparation of medication

   **Problem:** ____________________________________________  

   **Problem:** ____________________________________________
Getting the basics right

![Bar chart showing MRSA and MSSA cases from Jan-09 to May-09]
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