Aseptic Non-Touch Technique (ANTT) Workbook

Principles to Minimise Infection related to Invasive Procedures and Maintenance of Invasive Devices

Completion of this package, if relevant to the context of practice, attracts one (1) Continuing Professional Development (CPD) hour of learning.

CPD hours can contribute to the healthcare professional’s CPD requirements as per the Australian Health Practitioner Regulation Agency (AHPRA) CPD Registration Standards.
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Statement of Indemnity

Queensland Health does not accept any responsibility for the use of this material outside of the scope for which it has been designed and outlined in the appropriate curriculum document.

Version Control

This is Version (3.0) of the ‘Aseptic Non-Touch Technique (ANTT) Workbook: Principles to Minimise Infection related to Invasive Procedures and Management of Invasive Devices’ and will remain current until 2022 – or earlier when modifications required. The current version will be available for access on the RBWH Intranet at: http://hi.bns.health.qld.gov.au/nursing/education.htm#clin%20learn%20pack

Authors

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- MNHHS Nursing and Midwifery Education and Workforce Development Committee for endorsement
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Introduction

The aim of this Workbook is to educate healthcare workers in the theoretical and clinical skills required to perform Aseptic Non-Touch Technique (ANTT) in accordance with relevant Metro North Hospital and Health Service (MNHHS) and facility/service/directorate procedures, state and national guidelines and within their own scope of practice. The National Safety and Quality Health Service Standards: Preventing and Controlling Healthcare Associated Infections (Standard 3) requires that all healthcare workers incorporate aseptic techniques into practice to prevent and control healthcare-associated infections. Safe aseptic practice is a shared responsibility of individual clinical staff and the healthcare organisation.

NSQHS STANDARDS

(NSQHS, 2017)

Learning Objectives

At the completion of this Workbook the participant will be able to:

- Explain the ANTT Approach
- Determine appropriate aseptic field following risk assessment and manage field correctly
- Identify Key-Parts and Key-Sites
- Demonstrate non-touch technique to maintain asepsis
- Provide appropriate patient education to support ANTT
- Complete the ANTT Awareness Theoretical Assessment

Process for ANTT Awareness Training and Assessment

- Attend ANTT Presentation OR Review ANTT Workbook OR Recognition of Prior Learning (RPL)

Successfully complete ANTT Awareness Theoretical Assessment (p 15 ANTT Workbook) and provide to Educator for marking & sign off

ANTT Clinical Skills Assessment is completed & aligned to PDP as determined by clinical requirement &/or annual Risk Assessment
<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Asepsis</strong></td>
<td>The destruction, removal or prevention of transfer of bacteria, viruses and other microorganisms during a procedure.</td>
</tr>
<tr>
<td><strong>ANTT</strong></td>
<td>ANTT is an evidence-based framework to prevent microbial contamination during the performance of invasive clinical procedures or the care and maintenance of invasive devices.</td>
</tr>
<tr>
<td><strong>Aseptic fields</strong></td>
<td>Designated work spaces that contain and protect procedural equipment from contamination. There are two types of aseptic fields – Critical and General.</td>
</tr>
</tbody>
</table>
| **Cleaning, Disinfection and Sterilisation** | *Cleaning*: removal, usually with detergent and water, detergent wipes or enzyme cleaner, of adherent visible bioburden and/or foreign material (e.g. soil, blood, protein substances, microorganisms and other debris) from the surfaces, crevices, serrations, joints, and lumens of instruments, devices, and equipment by a manual or mechanical process that prepares the items for safe handling and/or further decontamination.  
*Disinfection*: the destruction of pathogenic microorganisms, usually through thermal or chemical means.  
*Sterilisation*: is the validated process used to render a product free of all forms of viable microorganisms (including spores).|
| **Critical Aseptic Field**   | Critical Aseptic Fields are used when:  
• Key-Parts/Sites cannot be protected with covers and caps or handled at all times by a non-touch technique; or  
• open and invasive procedures require large working areas for long durations.  
The Critical Aseptic Field is managed as a Key Part - only sterilised equipment may come in contact with the Critical Aseptic Field. *N.B. Alco wipes and 1-2% Alcoholic chlorhexidine swab sticks are not sterile.*  
Sterile gloves and often, full barrier precautions are required *e.g. PICC insertion in DMI*. |
| **General Aseptic Field**    | General Aseptic Fields promote asepsis when:  
• Key-Parts are easily protected by Micro Critical Aseptic Fields and a non touch technique;  
• the main aseptic field does not need to be managed as a Key-Part. |
| **Key-Parts**                | Active Key-Parts  
Active Key-Parts are critical components of the procedural equipment that come into contact with the Key-Sites, any infusion fluid, or with any other active Key-Parts connected to the patient. |

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**Examples of active Key-Parts:**
- wound care packing;
- sterile surgical instruments such as scalpel blades, forceps, and retractors;
- invasive devices such as central venous access device or urinary catheters.

**Inactive Key Parts**
Key-Parts are considered inactive when no longer required or temporarily not in use e.g. *needless connectors, rubber tops on medication vials*, and these must be rendered aseptic prior to access by effective cleaning and/or disinfection. 4.

**Key-Sites**
Key-Sites refer to the area of the patient that is involved in the procedure or intervention, e.g. *wound, IV insertion or puncture site*, that must be protected from microorganisms. 4.

**Micro Critical Aseptic Fields (MCAF)**
MCAFs, *such as caps, covers or packaging on syringes, needles, access devices, instruments or wound care products*, assist to protect Key-Parts. The inside of these caps, covers or packaging have been sterilised and thus provide an optimum aseptic field for Key-Parts. 2, 4, 6.

**Standard ANTT**
Standard ANTT Is used when procedures meet all of the following criteria:
- minimal Key-Parts and small Key-Parts
- are not significantly invasive,
- are technically uncomplicated to achieve asepsis
- are short in duration (approximately < 20 minutes)
*Examples: simple wound dressing, administration of IV medication* 6.

**Surgical ANTT**
Surgical ANTT is demanded when procedures meet one or more of the following criteria:
- large or numerous Key-Parts
- are significantly invasive, (e.g. Large Key-Sites(s) or central venous access)
- are technically complex to achieve asepsis
- involves extended procedure time (approximately >20 minutes).
*Examples: complex wound dressings and CVAD insertion* 6.
Aseptic Non-Touch Technique (ANTT)

ANTT is an evidence-based framework employed to prevent microbial contamination during invasive clinical procedures or the care and maintenance of invasive devices. The ANTT Approach allows clinical staff to understand and undertake safe aseptic technique during a wide range of clinical procedures and monitor standards of aseptic technique.

**ANTT Approach (Appendix 1) includes:**

1. Risk Assessment
2. Environmental Management and Equipment Cleaning/Disinfection
3. Personal and Patient Protection
4. Aseptic Field Selection and Management
5. Key-Part/Key-Site Management and non-touch technique
6. Decontamination

**Risk Assessment**

 Whilst the principles of ANTT are consistent for all invasive clinical procedures and maintenance of invasive devices, the technique will change according to risk assessment of:

- number and size of Key-Parts and Key-Sites - *e.g. a basic dressing pack rather than a reusable green tray may be required to adequately contain the equipment for a CVAD dressing*
- length of the procedure - *the longer the procedure, the greater the risk of contamination*
- technical difficulty of the procedure - *the more technically difficult the procedure, the greater the need/risk of touching Key-Parts and Key-Sites during the procedure, sterile gloves and/or sterile forceps must be utilised when it is necessary to touch Key-Parts and/or Key-Sites*
- experience of the clinician in performing the procedure - *less experienced clinicians may not feel confident in using a non-touch technique*
- compliance of the patient – *this may impact on the ability to prevent contamination of key parts and key sites, e.g. clinician may be require assistance with a confused patient to maintain a non-touch technique*

In order to be efficient as well as safe, the ANTT Approach clarifies what type of aseptic set up and precautions are required depending on the simplicity or complexity of the procedure, Standard or Surgical ANTT. The table in Appendix 2 provides examples of invasive procedures which require ANTT.
**Standard ANTT**

Standard ANTT is the technique of choice when procedures:

- involve minimal Key-Parts and small Key-Sites,
- contain Key-Parts that can easily be protected by caps, covers or packaging (Micro Critical Aseptic Fields),
- are not significantly invasive,
- are technically uncomplicated and/or short in duration (approximately < 20 minutes) \(^2_4^6\).

In Standard ANTT the main aseptic field is termed a General Aseptic Field. It does not have to be managed as a Key-Part and is used to promote rather than maintain asepsis. Non-sterile gloves are usually worn for Standard ANTT procedures, unless it is assessed necessary to touch a Key-Part/Site or the clinician’s experience/competence in the task would indicate that sterile gloves should be worn.

**Surgical ANTT**

Surgical ANTT is demanded when procedures:

- involve large and/or numerous Key-Parts,
- are significantly invasive, e.g. large/open Key-Site or central venous access device,
- are technically complex,
- require extended procedure time (approximately > 20 minutes) \(^2_4^6\).

Surgical ANTT utilises a Critical Aseptic Field that must be managed as a Key-Part and this aseptic field must only come into contact with sterilised equipment. Additionally, Surgical ANTT is usually performed in a controlled environment with the use of sterile gown/barrier precautions and sterile gloves.

**Environmental Management and Equipment Cleaning/Disinfection**

Thorough environmental management and equipment cleaning/disinfection is important for the prevention of transmission of infectious diseases within healthcare settings \(^8\). Deposits of dust, soil, blood or body fluids and microbes on environmental surfaces e.g. *medication preparation workspace or procedure trolley* can transmit infection \(^2\). Routine cleaning and disinfection is therefore necessary to maximise asepsis and maintain a safe healthcare environment.

Environmental management and equipment cleaning/disinfection encompasses effective cleaning of surfaces using appropriate products, disinfection of medical equipment and devices used in patient-care procedures, safe and appropriate handling of sharps, blood and body fluid spills, waste and linen \(^8\).
Prior to conducting an invasive procedure, clinicians should confirm that there are no avoidable environmental risks nearby. Environmental management focuses upon reducing the contamination risk through movement, touch or proximity. Environmental risks may include:

- bed making or bed pan use within close proximity
- movement and proximity of privacy curtains
- confined working area
- excessive number of people present during the procedure

**N.B.** Refer to facility/service/directorate procedures for further information and standards of practice for Environmental Management and Equipment Cleaning/Disinfection.

**Caboolture/Kilcoy/Woodford**
- Decontamination - Patient Care Equipment

**Community and Oral Health**
- Cleaning, Disinfection and Sterilisation, Waste Management and Linen Management

**Redcliffe Hospital**
- Cleaning - Environment, Patient Rooms and Care Equipment
- Instrument Cleaning at Point of Use
- Tracking of Reusable Medical Devices (RMDs)

**Royal Brisbane and Women’s Hospital (RBWH)**
- Cleaning and Decontamination - Patient environment and clinical equipment
- Chemical Disinfection / Sterilisation of Heat Sensitive Instruments / Equipment
- Environmental Management Plan
- Spill Management of Chemical Disinfectants and Sterilants

**The Prince Charles’ Hospital (TPCH)**
- Equipment Cleaning - Medical and Patient Care Devices
- Infection Control: Cleaning Patient Rooms and Equipment
- Instrumentation - Sterile Batch Tracking System
Personal and Patient Protection

Three of the basic measures in preventing the transmission of infection are:

- performing effective hand hygiene to protect both staff and patients,
- applying Bare Below the Elbow principles,
- wearing of correct personal protective equipment in accordance with standard and additional transmission-based precautions ².

Hand Hygiene

Hand hygiene is the single most important factor in reducing healthcare associated infections. Aseptic Non Touch Technique (ANTT) requires the 5 Moments for Hand Hygiene ⁹ program and facility/service/directorate Hand Hygiene procedures to be followed.

The use of gloves does not eliminate the need for hand hygiene. Patients and their carers also may require education about the importance of hand hygiene.

N.B. Refer to facility/service/directorate procedures for further information and standards of practice for Hand Hygiene and Standard Precautions.

Community and Oral Health

- Hand Hygiene
- Standard Precautions

Redcliffe Hospital

- Hand hygiene procedure
- Standard Precautions in the Sterilising Department

Royal Brisbane and Women’s Hospital (RBWH)

- Hand Hygiene
- Standard Precautions

The Prince Charles’ Hospital (TPCH)

- Surgical Hand Antisepsis
**Bare Below the Elbows**

The effectiveness of hand hygiene is improved when: skin is intact, nails are natural, short and unvarnished; hands and forearms are free of jewelry and sleeves are above the elbows 10.

**Personal Protective Equipment (PPE)**

PPE items are necessary to protect clinicians and patients and are determined through risk assessment of the procedure.

PPE may include:

- gloves (sterile or non-sterile)
- apron or gown (to maintain asepsis and/or for infection control purposes)
- safety glasses or face shield
- face mask (surgical or high filtration [P2 or N95 respirator])

**N.B.** *PPE is dependent upon clinical need and risk assessment refer to local facility/service/directorate procedure/s.*

**Aseptic Field Selection and Management**

ANTT uses aseptic fields to provide basic protection from the environment. It is a designated work space that contains and protects the procedural equipment from direct and/or indirect environmental contamination. These are either General or Critical Aseptic Fields. Within a General Aseptic Field sterile caps or the inside of sterile packaging must be used as Micro Critical Aseptic Fields (MCAF) to protect Key-Parts.

Examples of procedures for each of the aseptic fields include:

- **General Aseptic Fields** - simple wound dressing, administration of IV medication/fluids, IDC bag change, tracheostomy dressing
- **Critical Aseptic Fields** - complex wound dressing, CVAD insertion, lumbar puncture, perioperative procedures 4 2

**Key-Part/Key-Site Management and Non-Touch Technique**

Effective ANTT is reliant on the identification and protection of Key-Parts and Key-Sites. Key-Parts and Key-Sites must be protected by a non-touch technique during the procedure to prevent transmission of pathogens into the patient. If Key-Parts are contaminated, they should be either disposed of or disinfected again (if reusable).

The sterile components of a procedure are considered Active Key-Parts and remain that way until touched (then they would be considered Inactive) 2 4. Non Key-Parts can be touched with confidence so the clinician must be able to identify those parts to enable safe handling of equipment and avoid contamination 4. *Example: Handle a syringe by the barrel to prevent touching...*
the luer/slip tip; this is to ensure the Key-Part remains active prior to connection with another active Key-Part.

Key-Parts may be considered inactive when no longer required or temporarily not in use. Key-Parts that are inactive must be rendered aseptic prior to re-use or accessing by effective cleaning and disinfection. Example: A needleless connector (bung) already insitu is considered inactive and must be disinfected prior to flushing or administering medication/fluids.

**Examples of Key-Parts**

### Insertion of Urinary Catheter
- Tip of Forceps
- Urinary catheter (entire catheter till inserted)
- Urinary drainage bag tip
- Syringe tip
- Needle tip and hub
- Sterile water for injection

### Intravenous Medication/Therapy via PIVC
- Openings and spike of IV line
- IV fluid bag port
- Needleless connectors openings (bungs)
- Drawing up needle tip and hub
- Syringe tip
- Rubber tops on medication vials
- Ports, spike and end of burette

### Surgical Wound Washout
- Forceps
- Critical Aseptic Field
- Sterile drapes
- Wound packing and dressing
- Retractors
- Sterile saline

### Insertion of PICC
- Critical Aseptic Field
- Sterile drapes
- Catheter - entire catheter till inserted and hub for access
- Scalpel and scalpel blade
- PICC dressing and Biopatch (unless contraindicated)
Decontamination

Following an invasive procedure or care of an invasive device all instruments, patient care equipment and treatment surfaces must be cleaned or reprocessed to a level appropriate for their intended use.

N.B. Staff should observe and maintain standard precautions during the decontamination of instruments and patient care equipment as per local facility/service/directorate procedure/s.
Appendix 1

The ANTT Approach

Risk Assessment
Risk assessment determines precautions & field selection based upon the technical difficulty of protecting Key-Parts & Key-Sites. This includes consideration of: number & size of Key-Parts & Key-Sites, length of the procedure, technical difficulty of the procedure, experience of the clinician in performing the procedure, & compliance of the patient.

To maintain asepsis of Key-Parts &/or Key-Sites, does the main aseptic field need to be managed critically?

If YES

If NO

Surgical ANTT

Environmental Management & Equipment Cleaning/Disinfection
- Dedicated procedure area required
- Environmental risks removed or avoided
- Activity around procedure area is strictly controlled
- Working areas/surfaces are disinfected

Standard ANTT

Environmental Management & Equipment Cleaning/Disinfection
- Clear and adequate work space
- Environmental risks removed or avoided
- Activity around procedure area is minimised
- Work surfaces are cleaned or disinfected

Personal & Patient Protection
- Surgical hand scrub/ Clinical hand wash according to procedure
- Sterile gloves must be utilised
- Sterile gown and face mask/shield may be used to maintain asepsis

- Hand Hygiene according to 5 Moments
- Bare Below the Elbows principles applied
- Non sterile gloves, or sterile gloves if Key-Parts and/or Key-Sites need to be touched
- Personal protective equipment according to procedure

Aseptic Field Selection & Management
- Critical Aseptic Field
  - Sterile dressing/procedure pack
  - The field is managed as a Key-Part and only sterile equipment can come into contact
  - Sterile drape(s) and a large generous field is commonly required
  - Micro Critical Aseptic Fields can be utilised

- General Aseptic Field
  - Disinfected reusable tray or dressing pack
  - Non sterile equipment can be placed on the field as long as Key-Parts are protected by Micro Critical Aseptic Fields
  - MCAs must be utilised

Key-Part / Key-Site Management & Non Touch Technique
- Non touch technique is desirable
- Despite wearing sterile gloves, Key-Parts & Key-Sites are not touched unless it is necessary to do so

- Non touch technique is essential at all times for protection of Key-Parts & Key-Sites
- Inactive Key-Parts must be rendered active through decontamination prior to use
- Non Key-Parts can be touched with confidence

Decontamination
Effective decontamination of the procedural area, equipment & the clinician is essential to prevent potential cross infection.

The ANTT Approach has been adapted from the Association for Safe Aseptic Practice (ASAP)™
<table>
<thead>
<tr>
<th>Procedure</th>
<th>Risk Assessment</th>
<th>Environmental and Equipment Management</th>
<th>Personal and Patient Protection</th>
<th>Aseptic Field Selection and Management</th>
<th>Key-Part/Key-Site Management</th>
<th>Decontamination</th>
</tr>
</thead>
</table>
| IV Preparation/Administration     | • Minimal and small Key-Parts  
• No Key-Sites if the IV dressing intact  
• Simple procedure                      | Remove or avoid any environmental risks:  
• Bed making  
• Proximity of privacy curtains | Hand hygiene  
• Non-sterile gloves  
• Goggles  
• Apron | General Aseptic Field  
• Cleaned green or yellow tray  
• MCAF’s essential | • Non-touch technique for all Key-Parts  
• Touch non-Key-Parts with confidence  
• Decontaminate non-active Key-Parts | • Clean green or yellow tray  
• Remove and dispose of PPE, waste and sharps  
• Clean work space |
| Cannulation                       | • Minimal and small Key-Parts  
• Single small Key-Site  
• Complex procedure                           | Excessive staff or patient movement  
• Irrelevant items within procedure space | Hand hygiene  
• Non-sterile gloves or Sterile gloves  
• Goggles  
• Apron | General Aseptic Field  
• Cleaned green tray or Sterile dressing pack  
• MCAF’s essential | • Non-touch technique for all Key-Parts  
• Only touch Key-Site if wearing sterile gloves  
• Touch non-Key-Parts with confidence | • Clean green tray or dispose of dressing pack  
• Remove and dispose of PPE, waste and sharps  
• Clean work space |
| Tracheal suctioning via stoma     | • Minimal Key-Parts  
• Small Key-Site  
• Complex procedure                           | • Excessive staff or patient movement  
• Irrelevant items within procedure space | Hand hygiene  
• Non-sterile gloves or Sterile gloves  
• Goggles  
• Apron | General Aseptic Field  
• MCAF’s essential | • Non-touch technique for all Key-Parts  
• Only touch Key-Site if wearing sterile gloves  
• Touch non-Key-Parts with confidence | • Remove and dispose of PPE, and waste  
• Clean work space |
| IDC Insertion                      | • Minimal Key-Parts  
• Small Key-Site  
• Complex procedure                           | • Excessive staff or patient movement  
• Irrelevant items within procedure space | Hand hygiene  
• Sterile gloves  
• Goggles  
• Apron | Sterile Catheter Pack  
• Minimal MCAF’s | • Touching catheter unavoidable when inserting  
• Touch non-Key-Parts with confidence | • Remove and dispose of PPE, waste and sharps  
• Clean work space |
| PICC Insertion                     | • Multiple Key-Parts  
• Small Key-Site  
• Potential long duration  
• Invasive procedure                          | A dedicated procedure area is used  
Remove or avoid any environmental risks | Surgical scrub/clinical hand wash  
• Sterile gown and gloves  
• Full barrier precautions | Critical Aseptic Field  
managed as a Key-Part  
• Sterile pack | • Non-touch technique is still desirable where practical. | • Remove and dispose of PPE, waste and sharps  
• Clean work space |
| Surgical intervention             | • Multiple Key-Parts  
• Large Key-Site  
• Potential long duration  
• Invasive procedure                          | Full Theatre Room Precautions | Surgical scrub  
• Sterile gown and gloves  
• Full barrier precautions | Critical Aseptic Field  
managed as a Key-Part | • Non-touch technique is still desirable where practical. | • Non-single use items, sent for processing  
• Remove and dispose of PPE, waste and sharps  
• Clean work space |
ANTT Awareness Theoretical Assessment

Please respond to the following questions by ticking the most correct answer. Once completed, provide this completed Questionnaire to the Facilitator / Educator for marking and sign off.

1. **What ANTT strategies facilitate asepsis?**
   a. Hand hygiene
   b. Non touch technique
   c. Using new sterilised equipment
   d. Cleaning inactive Key-Parts prior to use
   e. All of the above

2. **When should sterile gloves be used?**
   a. Protecting cracked skin
   b. When it is necessary to touch Key-Parts or Key-Sites directly
   c. When protecting the healthcare worker from blood and body fluids
   d. When wearing chipped nail polish

3. **When would you use Critical Aseptic Fields?**
   a. When the Key-Parts can be easily protected by covers and caps
   b. When non touch technique is critical at all times
   c. When Key-Parts cannot be easily protected at all times with covers and caps or handled at all times by a non touch technique
   d. When sterile drapes are not available

4. **Which of the following strategies support appropriate aseptic field management?**
   a. Check the packaging of equipment is intact, correctly wrapped and sterilisation date/indicator visible.
   b. Wash hands and apply appropriate personal protective equipment
   c. Clean trolley with appropriate solution before setting up aseptic field.
   d. All of the above

5. **When performing an ANTT risk assessment what characterises Standard Aseptic Technique?**
   i. Minimal key-parts and key-sites
   ii. Critical aseptic field
   iii. Longer procedural time
   iv. Procedure is technically uncomplicated
   v. Procedure is not significantly invasive

   **Tick the most correct response**
   a. i, iv, v
   b. i, ii, iii
   c. ii, iii, v
   d. i, iii, iv
   e. All of the above

6. **Identify the ‘active’ key part/s in the list below:**
   i. IDC tip
   ii. Forceps
   iii. Cannulation site
   iv. Stoma site

   **Tick the most correct response**
   a. i, ii, iv
   b. i, ii
   c. ii, iv
   d. i, iii, iv
   e. All of the above

7. **Identify the key sites in the list below:**
   i. Wound bed
   ii. Forceps
   iii. Cannulation site
   iv. Stoma site

   **Tick the most correct response**
   a. i, ii, iv
   b. i, ii, iii
   c. ii, iv
   d. i, iii, iv
   e. All of the above

8. **Determine optimally management for each of the following skills sets.**

<table>
<thead>
<tr>
<th>Skill Set</th>
<th>Clean Technique</th>
<th>Standard ANTT</th>
<th>Surgical ANTT</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. IV Medication/Fluid administration</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>b. CVAD insertion</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>c. Angiogram</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>d. Simple wound dressing</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>e. Tracheostomy suctioning (established stoma)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>f. Tracheostomy suctioning (closed ventilation circuit)</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>g. Nasogastric tube insertion</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

**Assessment Outcome:**

- Achieved ☐
- Not Yet Achieved ☐

**Assessee’s Name:** …………………………………………………… **Assessee’s Signature:** ……………………………………………………

**Work Unit:** …………………………………………………………………………………………………………………… **Date:** …………/………/………………

**Assessor’s Name:** …………………………………………………… **Assessor’s Signature:** ……………………………………………………

**Work Unit:** …………………………………………………………………………………………………………………… **Date:** …………/………/………………
References


