Aseptic Non-Touch Technique And
Clean Technique Policy

This policy describes two different processes that are followed when undertaking healthcare interventions that breech the body's natural defence mechanism.

They are aseptic non-touch technique and a clean technique.

They are treated separately within the policy.

<table>
<thead>
<tr>
<th>Key Words:</th>
<th>Aseptic Non-Touch Technique (ANTT)</th>
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</thead>
<tbody>
<tr>
<td>Version:</td>
<td>6</td>
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<td>Adopted by:</td>
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<td>Date adopted:</td>
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<tr>
<td>Main author:</td>
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<tr>
<td>Target audience:</td>
<td>ALL LPT Staff</td>
</tr>
<tr>
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<td>Clinical □</td>
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<tr>
<td></td>
<td>Non Clinical □</td>
</tr>
<tr>
<td>Which Relevant CQC Fundamental Standards?</td>
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## Version Control and Summary of Changes

<table>
<thead>
<tr>
<th>Version number</th>
<th>Date</th>
<th>Comments (description change and amendments)</th>
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<tr>
<td>Version 1, Draft, 1</td>
<td>July 06 2010</td>
<td>Replaces NP 01984 “Infection Control Guidelines for Aseptic and Clean Techniques” Reviewed by U. Willis to incorporate requirements of the Health and Social Care Act 2008, Care Quality Commission and NHSLA Standards.</td>
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<tr>
<td>Version 1, Draft, 1</td>
<td>August / September 2010</td>
<td>Circulated to all members of the LCCHS Infection Control Sub Committee for comment</td>
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<tr>
<td>Version 1, Draft, 1</td>
<td>October 2010</td>
<td>Amendments following consultation process</td>
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<tr>
<td>Version 2, Draft, 1</td>
<td>October 06 2010</td>
<td>Circulated to all members of the LCCHS Infection Control Sub Committee for comment</td>
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<tr>
<td>Version 2 Final</td>
<td>28 October 2010</td>
<td>Presented to LCCHS Clinical Governance Committee for approval</td>
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<tr>
<td>Version 3</td>
<td>03 August 2011</td>
<td>Harmonised in line with LCRCHS, LCCHS, LPT (Historical organisations)</td>
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<tr>
<td>Version 5</td>
<td>February 2017</td>
<td>Review of policy against current guidance and legislation</td>
</tr>
<tr>
<td>Version 6</td>
<td>January 2018</td>
<td>Review of policy against current guidance, Clear separation of ANTT and clean technique</td>
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**For further information contact:**

Infection Prevention and Control Team
## Definitions that apply to this policy

<table>
<thead>
<tr>
<th>Term</th>
<th>Definition</th>
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<tbody>
<tr>
<td><strong>Asepsis</strong></td>
<td>Free of, or using methods to keep free of, pathogenic micro-organisms</td>
</tr>
<tr>
<td><strong>Aseptic Non-Touch Technique (ANTT)</strong></td>
<td>The method by which microbial contaminant is prevented during clinical procedures which bypass the body’s natural defenses</td>
</tr>
<tr>
<td><strong>Clean technique</strong></td>
<td>Measures taken to control the number of micro-organisms, but not aiming for sterility</td>
</tr>
<tr>
<td><strong>Public Health Consultant</strong></td>
<td>A consultant who is knowledgeable in Infectious Diseases</td>
</tr>
<tr>
<td><strong>Disease</strong></td>
<td>A pathological condition of a part, organ, or system of an organism resulting from various causes, such as infection, genetic defect or environmental stress, and characterized by an identifiable group of signs or symptoms</td>
</tr>
<tr>
<td><strong>Infection</strong></td>
<td>This is where an organism is present at a site and causes an inflammatory response or where the organism is present in a normally sterile site</td>
</tr>
<tr>
<td><strong>Infectious</strong></td>
<td>Caused by a pathogenic micro-organism or agent that has the capability of causing infection</td>
</tr>
<tr>
<td><strong>Invasive devices</strong></td>
<td>Invasive devices include urinary catheters, vascular catheters and wound drains. They increase the patient’s risk of acquiring a healthcare acquired infection and must be removed as soon as the patient’s clinical condition permits</td>
</tr>
<tr>
<td><strong>Key parts</strong></td>
<td>The critical parts of the procedure equipment, that if contaminated, are most likely to cause infection</td>
</tr>
<tr>
<td><strong>Key sites</strong></td>
<td>Open wounds and medical device access sites</td>
</tr>
<tr>
<td><strong>Micro-organisms</strong></td>
<td>This is defined as any living thing. In medical terms we refer to bacteria and viruses as micro-organisms</td>
</tr>
</tbody>
</table>
1.0 Purpose of the policy

The purpose of this policy is to ensure that all staff employed by LPT on a permanent or temporary basis are aware of the processes to be followed with regards to aseptic non-touch technique (ANTT) and clean technique.

2.0 Summary and key points

When healthcare interventions are undertaken with patients that bypass the body’s natural defences, for example, the skin or mucous membranes, such as wound dressings, suturing and the insertion of an artificial medical device (for example a urinary catheter or cannula) it is imperative that this is undertaken with the least risk to the patient. The overall aim is to minimise the risk of introducing organisms that are capable of causing an infection into a wound or other susceptible sites where micro-organisms would not normally colonise or be expected to be found.

3.0 Introduction

The general public and staff have a right to expect that any potential hazards in a healthcare environment are adequately controlled. All staff must possess an appropriate awareness of their role in the prevention and control of infection in their areas of work. Not only is this part of their processional duty of care to the patients with whom they are involved (NMC 2015), but it is also their responsibility to themselves, to other patients and members of staff under the Health and Safety at Work etc. Act,(1974).

The Health and Social Care Act 2008 (updated 2015) requires healthcare providers to have a standardised aseptic technique in which education and audit can be demonstrated.

4.0 Patient/carer education

Patients, their relatives and/or carers should be educated about their role in helping to prevent infections. They should be made aware of the signs and symptoms of infection and who to contact should they suspect that an infection is developing. (The nurse or GP in charge of their care should be their first point of contact). This should be documented in the patient’s records.

Patients, their relatives and/or carers should also be educated in the importance of hand washing and shown techniques to be followed. They should be advised on the use of alcohol hand sanitiser if appropriate. They should also be educated regarding any other procedures and protocols they need to follow when handling a dressing or device if they are involved in any part of the aftercare of a wound or healthcare device.

Documentation of all education given to the patient, relatives and/or carers needs to be recorded in the patient’s records.
5.0 Aseptic Non-touch technique (ANTT)

ANTT is a procedure that is based on a theory and practice framework (Rowley et al 2010). Its purpose is to ensure that a safe and effective standard is followed when undertaking clinical procedures which will ensure that the presence of pathogenic micro-organisms are minimised as much as is practically possible.

The ANTT clinical practice framework is the de facto standard for safe aseptic practice and has been endorsed by the EPIC 3 guidelines (2014), NICE clinical guidelines (2012) and the RCN standards for infusion therapy (2016).

The aim of ANTT is to prevent micro-organisms from hands, surfaces or equipment being introduced into a susceptible site, such as an intravenous (IV) device, urinary catheter or wound by identification and protection of the key parts of the procedure undertaken.

Another way of reducing the risk of cross infection is by ensuring that only sterile equipment and fluids are used during invasive medical and nursing procedures.

ANTT is used for invasive clinical procedures or maintenance of invasive medical devices. Asepsis should be used for this and is achieved by protecting the key parts and sites from micro-organisms that could be transferred by the healthcare worker.

Standard infection prevention and control procedures, such as hand washing or hand decontamination and ensuring that environmental controls are put into place significantly reduce the risk of contaminating the key parts and key sites.

Key parts are the critical parts of the equipment used in the procedure, that if become contaminated, are most likely to cause infection.

Key sites are the critical parts that are to be manipulated or accessed during the ANTT procedure, e.g., open wounds and medical device access sites.

A non-touch technique is a critical skill that protects key-parts and key-sites from becoming contaminated with micro-organisms from either the healthcare worker or the environment, with specific relation to healthcare procedures being carried out. The use of an aseptic field and technique aims to support these procedures.

There are 2 types of ANTT, surgical ANTT and standard ANTT.

Surgical-ANTT is used for complicated procedures where one or more of the following criteria are met:

- Large or numerous key-parts are involved
- It is a significantly invasive procedure i.e. central venous access
- The procedures are technically complex
- The procedure involves an extended time to complete

Surgical-ANTT uses Critical Aseptic fields i.e. only equipment that has been sterilized and is aseptic. Only these components must be introduced into the aseptic field.
Sterile gloves must be used. It may also be necessary to undertake the procedure in sterile conditions, and often full barrier precautions. (Pratt et al, 2007).

Examples of these types of procedures would, complex or large wound dressings, PICC/CVC insertion and surgery. Note this list is not exhaustive.

**Standard-ANTT** can be used when the procedures meet all of the following criteria:
- The procedure involves minimal key-parts and small parts
- The procedures are not significantly invasive
- The procedures are technically uncomplicated to achieve asepsis
- The procedure is of short duration.

Standard-ANTT use General Aseptic fields and manage asepsis by Micro Critical Aseptic fields such as caps or covers. Non-sterile gloves can be used, although the specific procedure itself may call for the use of sterile gloves.

Examples of these types of procedures would be IV therapy and simple wound dressings. Note this list is not exhaustive.
‘The ANTT Approach’

1. Key-Part / Key-Site Risk Assessment

**Surgical - ANTT**
- Environmental risks removed or avoided
- Working areas/surfaces are disinfected
- Staff activity is strictly controlled

**Standard - ANTT**
- Environmental risks removed or avoided
- Work surfaces are cleaned and/or disinfected

2. Environmental Management

3. Personal & Equipment Decontamination & Protection

- Hand cleaning or surgical hand scrub
- Sterilized gloves
- Suitable mouth / eye protection
- Sterilized gown if full barrier precautions
- Scrubbing IV hubs etc

- Hand cleaning
- Non-sterilized gloves. Sterilized gloves are worn if key-parts must be touched
- Personal protection equipment
- Scrubbing IV hubs etc

4. Key-Part / Key-Site Risk Assessment

**Critical Aseptic Field**
- Sterilized drape(s)
  Key-parts are protected within one large main Critical Aseptic Field
  Only sterilized equipment can be placed in a Critical Aseptic Field, sterilized gloves are required to maintain asepsis (i.e. The main aseptic field is “Managed Critically”)

**Micro Critical Aseptic Field**
- (Caps & covers etc)
  Key-parts are protected with individual Micro Critical Aseptic Fields (MCAF’s)

**General Aseptic Field**
- Disinfected or disposable tray
  With Key-Parts protected by MCAF’s essential but non sterilized equipment may be placed in the aseptic field (i.e. The main General Aseptic Field is ‘Managed Generally’)

5. Non-Touch Technique

- Non-Touch Technique is desirable
  Despite wearing sterile gloves, key-parts & key-sites are not touched unless necessary to do so

- Non-Touch Technique is essential
  Non-touch technique is essential at all times

6. Decontamination

### Examples of when Surgical or Standard ANTT should be considered

<table>
<thead>
<tr>
<th>Procedure</th>
<th>ANTT Type</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>IV therapy</td>
<td>Standard ANTT</td>
<td>Key parts can typically be protected by optimal critical micro fields and non-touch technique. Key sites are small. Procedures are technically simple and &lt;20 mins duration.</td>
</tr>
<tr>
<td>Simple wound dressings</td>
<td>Standard ANTT</td>
<td>Key parts and sites can be protected by optimal critical micro fields and non-touch technique. Procedures are technically simple and &lt;20 mins duration.</td>
</tr>
<tr>
<td>Complex or large wound dressings</td>
<td>Surgical ANTT</td>
<td>The complexity, duration or number of key parts may demand a critical aseptic field.</td>
</tr>
<tr>
<td>Urinary catheterisation</td>
<td>Standard/Surgical ANTT</td>
<td>An experienced healthcare worker can perform catheterisation with the use of a main general aseptic field, micro-aseptic-fields and a non-touch technique. However, less experienced healthcare workers may require a critical aseptic field.</td>
</tr>
<tr>
<td>Cannulation</td>
<td>Standard/Surgical ANTT</td>
<td>Although technically quite simple the close proximity of healthcare worker hands to the puncture site and key parts may demand sterile gloves – dependent upon healthcare worker competency.</td>
</tr>
<tr>
<td>PICC/CVC insertion</td>
<td>Surgical ANTT</td>
<td>The size of the CVC or PICC line, invasiveness, numerous key parts and equipment and duration will demand a critical aseptic field and full barrier precautions.</td>
</tr>
<tr>
<td>Surgery</td>
<td>Surgical ANTT</td>
<td>Surgical access involves deep or large exposed wounds, numerous key parts and equipment and long procedures. Standard operating room precautions required.</td>
</tr>
</tbody>
</table>

The Association for Safe Aseptic Practice (ASAP) (2013) ANTT® Clinical Practice Framework. Version 3.1

[www.antt.org](http://www.antt.org)

### General Steps for ANTT

1. **ANTT Risk assessment** (use of Standard or Surgical ANTT)
2. Decontaminate hands
3. Clean trolley/tray/create suitable working environment
4. Gather equipment
5. Decontaminate hands
6. Apply single use disposable apron
7. If required, open dressing pack/sterile drape
8. Open and prepare all equipment
9. Decontaminate hands
10. Apply gloves (as dictated by ANTT risk assessment)
11. Perform procedure using ANTT as per the policy for the specific procedure being carried out
12. Remove gloves & apron
13. Dispose of waste
14. Decontaminate hands
15. Clean trolley/tray/environment
16. Decontaminate hands
ANTT, (either surgical or standard depending on individual circumstances of the procedure) must be used for the following procedures:

- Wounds healing by primary intention
- Intravenous cannulation
- Urinary catheterisation
- Suturing
- Insertion of indwelling medical devices
- Any care to central line sites
- Any care to peripheral line sites
- IV access

Note the above list is not exhaustive.

**Manage the environment:** there are recognised challenges i.e. patients’ own environment in performing an aseptic technique within an environment that is not a designated healthcare facility (community). However, the aim of an aseptic technique is always asepsis (i.e. to prevent the introduction of new or further harmful microorganisms) which can easily be achieved in community setting with application of simple control measures to manage the environment

**Decontaminate and protect:** the importance of effective hand hygiene is the single most important measure to prevent the transmission of infection; therefore it plays a crucial role in ANTT. Standard infection prevention and control precautions must always be adhered to when performing ANTT

**Use aseptic fields:** Aseptic fields help protect procedure equipment from the clinical or home care environment. Standard and Surgical-ANTT use different types of aseptic fields

**Use Non-Touch Technique:** The safest way to protect a Key-Part is not to touch it. Avoid touching Key-Parts of the procedure equipment and Key-Sites. If these must be handled sterile gloves must be worn and handling/touching of these areas kept to a minimum.

**Prevent Cross Infection:** By safe and effective equipment disposal and hand decontamination at the end of every procedure.

The steps in each procedure are risk evaluated and sequenced to ensure an efficient, logical and safe order; staff must always follow Trust policies and procedures

**If undertaking a wound dressing:**

- Clean wounds should be dressed before contaminated wounds, ensuring that hands are decontaminated and PPE changed in between
- Avoid unnecessary or prolonged exposure of the wound to maintain ambient temperature and minimise risk of contamination
- Always work from clean to dirty sites; all necessary steps must be taken to avoid contamination and cross-infection
- If a sterile field is required this must be maintained at all times
- Items intended for single use must never be re-used, even on the same patient
• Sterile items must not come into contact with non-sterile objects
• All single use equipment and all other waste must be disposed of as per LPT waste policy
• Hand hygiene must occur at key points, please refer to the hand hygiene policy for further information:
  o At the beginning and end of the procedure
  o Before opening sterile packages
  o After removing old dressings/products
  o Before donning sterile gloves

(Healthcare-associated infections: prevention and control in primary and community care (February 2017)

• Bare below the elbows must be adhered to at all times. Please refer to the hand hygiene policy and the dress code policy for further information

Consumables and equipment

• Sterile dressings, clean supplies and equipment within a hospital or clinic must be stored in clean dry conditions, in cupboards above floor level and away from any items that may potentially contaminate
• Sterile dressings, clean supplies and equipment within a community area should be stored within a clean lidded wipe-able container if at all possible when they are left in the patients home. If the patient is unable to provide a suitable container, the practitioner, prior to carrying out the ANTT, must ensure that all items are clean and intact.
• Care must be taken to ensure that the items are transported in a clean ploythene bag which can be disposed of once they have been transported to the patients’ home. Packaging of sterile dressing packs and other sterile equipment must be dry, intact, clean and in date
• All medical devices must carry the CE marking which signifies that the device will perform effectively and safely when used
• All medical devices must be within service date prior to use. It is the responsibility of the practitioner who is to use the equipment to check that the equipment has had its service within the time span required. If equipment is out of service date it should not be used as its efficacy cannot be guaranteed

6.0 Undertaking ANTT in the Patient’s Home

When carrying out ANTT in a patient’s own home, whilst the principles stated above must be maintained, modifications may need to be made to the techniques employed as some specific equipment may not be available.

• When undertaking a wound dressing, a dressing trolley will not be available. Therefore, the healthcare worker will need to select and appropriate alternative. Examples include table tops, trays, coffee tables, stools, chairs and beds. The area selected should be cleaned with detergent wipes and be as free from dust as feasible. In certain circumstances this may not be achievable; in such instances a new unused plastic apron placed under the sterile field may provide additional protection.
• If at all possible avoid using the floor or bed. If this is not possible, a new unused plastic apron should be placed on the floor or bed as described above and the sterile field placed directly onto the plastic apron, to provide additional protection.

• Air movement should be minimised by closing windows. An explanation of the rationale for this is required to gain consent for the intervention. Where consent is not given the patient must be warned of the risks and discussion documented in the patients clinical record.

• Pets should be removed from the room. An explanation of the rationale for this is required to gain consent for the intervention. Where consent is not given, the patient must be warned of the risks and discussion documented in the patients clinical record.

Where practices are not able to be adhered to and the risk to the patient of developing a potential infection is high, then consideration should be given to the patient attending a clinic if possible. There needs to be clear documentation on the assessment, including the patient’s environment.

It is imperative that any deviations to an ANTT are documented with rationale and any alternative arrangements that have been put in place and are documented.
7.0 Clean Technique

For some procedures ANTT may not always be required. Instead a clean technique should be used.

Aims of a clean technique

- To prevent the introduction of pathogens to a wound or susceptible site
- To prevent the transfer of pathogens to other patients or staff

Basic principles of a clean technique

- Ensure all equipment is available before commencing the procedure
- Work from a visibly clean area
- New nitrile free non-sterile gloves and a disposable plastic apron to be worn
- Avoid touching unclean areas/equipment during the procedure
- All single use equipment must be disposed of as per LPT waste policy
- Hand hygiene must occur at key points, as per LPT hand hygiene policy:
  - At the beginning and end of a procedure
  - After removing old dressings/products
  - Before donning non-sterile gloves
    (Healthcare-associated infections: prevention and control in primary and community care (February 2017)

- Bare below the elbows must be adhered to at all times. Please refer to the hand hygiene policy and the dress code policy for further information.

8.0 Training needs

There is a need for training identified within this policy. In accordance with the classification of training outlines in the Trust Human Resources and Organisational Development Strategy, this training has been identified as mandatory and role development training.
9.0 References and bibliography

ANTT: a standard approach to aseptic technique Nursing Times 13.09.11 / Vol 107 No 36

DH (1974) Health and Safety at Work etc., Act


LPT (2015) Health and Safety Department waste policy

LPT (2015) Infection prevention and control cleaning and decontamination of equipment, medical devices and the environment, (including the management of blood and body fluid spillages policy

LPT (2017) Infection prevention and control hand hygiene policy

LPT (2017) Workforce and Organisational Development dress code and uniform policy


RCN (4th ed.) (2016) Standards for Infusion Therapy


Royal College of Nursing (2016) Standards for Infusion Therapy (4th ed), London. RCN

Appendix 1

PRIVACY IMPACT ASSESSMENT SCREENING

Privacy impact assessment (PIAs) are a tool which can help organisations identify the most effective way to comply with their data protection obligations and meet individual's expectations of privacy. The first step in the PIA process is identifying the need for an assessment.

The following screening questions will help decide whether a PIA is necessary. Answering 'yes' to any of these questions is an indication that a PIA would be a useful exercise and requires senior management support, at this stage the Head of Data Privacy must be involved.

<table>
<thead>
<tr>
<th>Name of Document:</th>
<th>Aseptic non-touch technique and clean technique policy</th>
</tr>
</thead>
<tbody>
<tr>
<td>Completed by:</td>
<td>Mel Hutchings</td>
</tr>
<tr>
<td>Job title</td>
<td>Infection Prevention and Control Nurse</td>
</tr>
<tr>
<td>Date</td>
<td>4/4/18</td>
</tr>
</tbody>
</table>

1. Will the process described in the document involve the collection of new information about individuals? This is information in excess of what is required to carry out the process described within the document.  
   **Yes / No**  
   - **No**

2. Will the process described in the document compel individuals to provide information about themselves? This is information in excess of what is required to carry out the process described within the document.  
   **Yes / No**  
   - **No**

3. Will information about individuals be disclosed to organisations or people who have not previously had routine access to the information as part of the process described in this document?  
   **Yes / No**  
   - **No**

4. Are you using information about individuals for a purpose it is not currently used for, or in a way it is not currently used?  
   **Yes / No**  
   - **No**

5. Does the process outlined in this document involve the use of new technology which might be perceived as being privacy intrusive? For example, the use of biometrics.  
   **Yes / No**  
   - **No**

6. Will the process outlined in this document result in decisions being made or action taken against individuals in ways which can have a significant impact on them?  
   **Yes / No**  
   - **No**

7. As part of the process outlined in this document, is the information about individuals of a kind particularly likely to raise privacy concerns or expectations? For examples, health records, criminal records or other information that people would consider to be particularly private.  
   **Yes / No**  
   - **No**

8. Will the process require you to contact individuals in ways which they may find intrusive?  
   **Yes / No**  
   - **No**

If the answer to any of these questions is ‘Yes’ please contact the Head of Data Privacy Tel: 0116 2950997 Mobile: 07825 947786  
Lpt-dataprivacy@leicspart.secure.nhs.uk  
In this case, ratification of a procedural document will not take place until approved by the Head of Data Privacy.

IG Manager approval name:  
Date of approval:  

Acknowledgement: Princess Alexandra Hospital NHS Trust
## Contribution List

Key individuals involved in developing the document

<table>
<thead>
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</tr>
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<tbody>
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<td></td>
</tr>
</tbody>
</table>

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<table>
<thead>
<tr>
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<tbody>
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<tr>
<td>Sally Smith</td>
<td>Senior Zone Coordinator</td>
</tr>
<tr>
<td>Helen Walton</td>
<td>Property Manager</td>
</tr>
<tr>
<td>David Leeson</td>
<td>Clinical Education Lead</td>
</tr>
<tr>
<td>Anita Kilroy-Findley</td>
<td>Clinical Lead Tissue Viability</td>
</tr>
<tr>
<td>Lesley Tooley</td>
<td>Clinical Trainer and Practice Development Manager</td>
</tr>
</tbody>
</table>