Leicestershire Partnership NHS Trust

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.

Key Words:	Infection Prevention and Control Aseptic Non-Touch Technique (ANTT) Clean Technique	
Version:	8.1	
Adopted by:	Trust Policy Committee	
Date this version was adopted:	19 July 2022	
Name of Author:	Claire King, infection prevention and control nurse	
Name of responsible committee:	Infection Prevention and Control Group	
Please state if there is a reason for not publishing on website:	N/A	
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Target audience:	ALL LPT Staff	
Type of Policy:	Clinical √	Non Clinical
Which Relevant CQC Fundamental Standards?		

Contents

Version Control and Summary of Changes

Version number	Date	Comments (description change and amendments)
Version 1, Draft, 1	July 06 2010	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.
Version 1, Draft, 1	August / September 2010	Circulated to all members of the LCCHS Infection Control Sub Committee for comment
Version 1, Draft, 1	October 2010	Amendments following consultation process
Version 2, Draft, 1	October 06 2010	Circulated to all members of the LCCHS Infection Control Sub Committee for comment
Version 2 Final	28 October 2010	Presented to LCCHS Clinical Governance Committee for approval
Version 3	03 August 2011	Harmonised in line with LCRCHS, LCCHS, LPT (Historical organisations)
Version 4	June 2015	Review of policy against current legislation.
Version 5	February 2017	Review of policy against current guidance and legislation
Version 6	January 2018	Review of policy against current guidance, Clear separation of ANTT and clean technique
Version 7	January 2021	Review of the policy against current guidance.
Version 8	June 2022	Review of policy against current guidance and legislation.
Version 8.1	September 2022	Reviewed in line with current infection prevention and control Guidance issued August 2022

For further information contact:

Infection Prevention and Control Team on 01162951668

Equality statement

Leicestershire partnership trust (LPT) aims to design and implement policy documents that meet the diverse needs of our service, population, and workforce, ensuring that none are placed at a disadvantage over others. It takes into account the provisions of the equality act 2010 and promotes equal opportunities for all. This document has been assessed to ensure that no one receives less favourable treatment on the protected characteristics of their age, disability, sex (gender), gender reassignment, sexual orientation, marriage and civil partnership, race, religion or belief, pregnancy, and maternity.

Due regard

LPT will ensure that due regard for equality is taken and as such will undertake an analysis of equality (assessment of impact) on existing and new policies in line with the equality act 2010. This process will help to ensure that:

- Strategies, policies and procedures and services are free from discrimination.
- LPT complies with current equality legislation
- Due regard is given to equality in decision making and subsequent processes.
- Opportunities for promoting equality are identified

Please refer to due regard assessment (Appendix 2) of this policy

Definitions that apply to this policy

Asepsis	Free of, or using methods to keep free of, pathogenic micro-organisms
Aseptic Non-Touch Technique (ANTT)	The method by which microbial contaminant is prevented during clinical procedures which bypass the body's natural defenses
Clean technique	Measures taken to control the number of micro-organisms, but not aiming for sterility
Public Health Consultant	A consultant who is knowledgeable in Infectious Diseases
Disease	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
Infection	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
Infectious	Caused by a pathogenic micro-organism or agent that has the capability of causing infection
Invasive devices	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
Key parts	The critical parts of the procedure equipment, that if contaminated, are most likely to cause infection
Key sites	Open wounds and medical device access sites
Micro-organisms	This is defined as any living thing. In medical terms we refer to bacteria and viruses as micro-organisms

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 scope of the policy

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 professional 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 the correct techniques to be followed. They should also be advised and shown the correct techniques to be followed on the use of alcohol hand sanitiser if appropriate (Please see appendix 3). 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 include:

- complex or large wound dressings,
- PICC/CVC insertion and surgery.

Please Note that this list is not exhaustive.

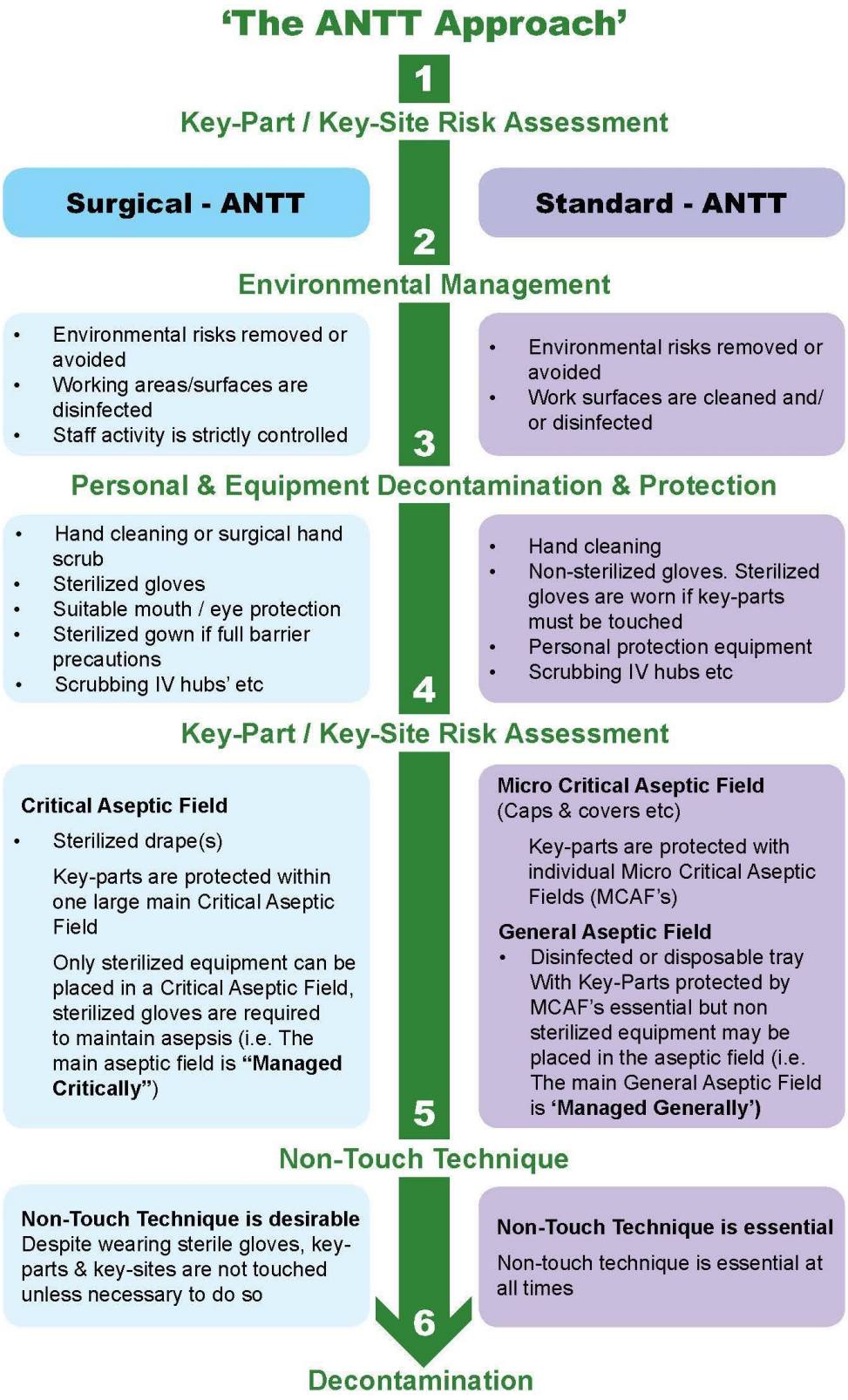
Standard-ANTT can be used when the procedures meet all of the following criteria:

- 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. Please note that this list is not exhaustive.

Please note when undertaking any of the above procedures if there is a potential risk of splash back from blood/body fluid contamination then face protection must be worn for the duration of the procedure.



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

Examples of when Surgical or Standard ANTT should be considered		
IV therapy	Standard ANTT	Key parts can typically be protected by optimal critical micro fields and non-touch technique. Key sites are small. Procedures are technically simple and <20 mins duration.
Simple wound dressings	Standard ANTT	Key parts and sites can be protected by optimal critical micro fields and non-touch technique. Procedures are technically simple and <20 mins duration.
Complex or large wound dressings	Surgical ANTT	The complexity, duration or number of key parts may demand a critical aseptic field.
Urinary catheterisation	Standard/ Surgical ANTT	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.
Cannulation	Standard/ Surgical ANTT	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.
PICC/CVC insertion	Surgical ANTT	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.
Surgery	Surgical ANTT	Surgical access involves deep or large exposed wounds, numerous key parts and equipment and long procedures. Standard operating room precautions required.
The Association for Safe Aseptic Practice (ASAP) (2013) ANTT® Clinical Practice Framework. Version 3.1 www.antt.org		

General Steps for ANTT	
Step 1	ANTT Risk assessment (use of Standard or Surgical ANTT)
Step 2	Decontaminate hands
Step 3	Clean trolley/tray/create suitable working environment
Step 4	Gather equipment
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
Step 9	Decontaminate hands
Step 10	Apply gloves (as dictated by ANTT risk assessment)
Step 11	Perform procedure using ANTT as per the policy for the specific procedure being carried out
Step 12	Remove gloves & apron
Step 13	Dispose of waste
Step 14	Decontaminate hands
Step 15	Clean trolley/tray/environment
Step 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 a community setting with the 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 to help protect the 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, then 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:
    - At the beginning and end of the procedure
    - Before opening sterile packages
    - After removing old dressings/products
    - 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 including bare below the elbow policy and the uniform and workwear 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 patient's 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 polyethene bag which can be disposed of once they have been transported to the patient's 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/UKCA 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 along with the rationale and any alternative arrangements that have been put in place to further mitigate any risks.

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 and bare below the elbow policy and the uniform and workwear 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 (2011) Vol 107 No 36

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

DH (2015) Health and Social Care Act.

EPIC 3 (2014) National evidence based guidelines for preventing healthcare-associated infection in NHS Hospitals in England

LPT Health and Safety Department waste policy

LPT 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 Infection prevention and control hand hygiene policy 2022

LPT Workforce and Organisational Development dress code and uniform policy 2021

NICE (2017). Healthcare associated infection: prevention and control in primary and community care

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

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

The Association for Safe Aseptic Practice (ASAP) (2019) ANTT® Clinical Practice Framework. www.antt.org

https://www.gov.uk/coronavirus

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.**			
Name of Document:	**Aseptic non-touch technique and clean technique policy**		
Completed by:	**Reviewed by: Claire King infection, prevention, and control nurse**		
Job title	**Infection Prevention and Control Nurse**	**Date**	**02/06/2022**

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

Appendix 2

Due Regard Screening Template

Section 1	
Name of activity/proposal	Aseptic Non-touch Technique and Clean technique policy.
Date Screening commenced	May 2022
Directorate / Service carrying out the assessment	Infection, prevention, and control committee
Name and role of person undertaking this Due Regard (Equality Analysis)	Claire King Infection, prevention, and control nurse.
Give an overview of the aims, objectives, and purpose of the proposal:	
AIMS: 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. With clear guidance in relation to the procedures for ANTT in accordance with national and local standards for the prevention and control of infection.	
OBJECTIVES: The objective of the policy is to provide the organisations 'expected' standards for ANTT in line with National guidance and standards for the prevention and control of infection	

Section 2	
Protected Characteristic	**If the proposal/s have a positive or negative impact please give brief details**
Age	No Impact expected
Disability	No Impact expected
Gender reassignment	No Impact expected
Marriage & Civil Partnership	No impact expected
Pregnancy & Maternity	No Impact expected
Race	No Impact expected
Religion and Belief	No impact expected
Sex	No impact expected
Sexual Orientation	No Impact expected
Other equality groups?	No Impact expected

Section 3			
Does this activity propose major changes in terms of scale or significance for LPT? For example, is there a clear indication that, although the proposal is minor it is likely to have a major affect for people from an equality group/s? Please tick appropriate box below.			
Yes		No	
High risk: Complete a full EIA starting click here to proceed to Part B		Low risk: Go to Section 4.	**x**

Section 4			
If this proposal is low risk please give evidence or justification for how you reached this decision:			
Signed by reviewer/assessor		**Date**	
Sign off that this proposal is low risk and does not require a full Equality Analysis			
Head of Service Signed		**Date**	

Appendix 3

Infection Control – Hand washing advice for patients

The Importance of Clean Hands

Healthcare associated infections when caught can possibly cause serious health problems. However by reading and following this simple guide there are things we can do as patients to assist healthcare staff in preventing healthcare associated infection.

The Facts

Bacteria (bugs) surround us all the time.

Bugs are passed on in three ways:

- Direct contact with other individuals
- Indirect contact with those who have not washed their hands
- Indirect contact with an environment that has not been properly cleaned in between patients.

Most Infections are treatable

Individuals with open wounds or medical devices such as catheters, lines and feeding tubes are most at risk of acquiring an infection.

Some common healthcare infections you may have heard of are MRSA and Clostridium difficile. However, any bacteria can potentially cause a healthcare associated infection.

Bacteria can be present anywhere on an individual, but it doesn't always cause an infection.

How do people get healthcare associated infections?

There are many myths surrounding healthcare associated infection. Here are a few of the more common myths:

- Patients have to be in hospital to get an infection.
- I can stop taking antibiotics immediately when I feel better
- All infections caught in hospital are resistant to most of the antibiotics that would be used to treat them
- Cleaning of the environment alone will stop all infections being passed on.

What can be done to help prevent health care associated infections?

Healthcare associated infections can be prevented in a number of ways, It is not just down to healthcare staff you can help to by carrying out some of the steps listed below:

General hand hygiene in the home

It's good to get into the habit of washing hands regularly particularly:

- After using the toilet / changing nappies
- After touching animals or animal waste
- After handling rubbish
- Before and after preparing food and drinks -
- After blowing your nose, coughing, or sneezing -
- When hands look and feel dirty.

When visited by healthcare staff in your home:

When you are receiving care from a healthcare professional, they will clean their hands before they treat you.

Try to provide facilities for staff to wash their hands effectively. Staff will need some liquid soap, warm water and a clean towel or kitchen roll.

Make sure the sink is free from pots.

General surfaces should also be uncluttered in case staff need to get equipment out.

- Don't' be afraid to ask if they have cleaned their hands before they begin treatment
- If having a wound dressed, try to keep pets away from the area in which the nurse is working
- Advise people to only visit you at home if they have no illnesses such as coughs, colds and diarrhoea.

When visiting healthcare premises as a patient or visitor:

- Don't be afraid to point out to staff areas that you feel are dirty or cluttered
- Don't be afraid to ask staff if they have cleaned their hands before they begin treatments.
- Always remember to clean your hands before and after leaving healthcare premises when visiting.

It's OK to ask

If you have any concerns about cleanliness, MRSA and how it is treated ask the nurse, they can help put your mind at rest.

Don't be frightened to ask your carers if they've washed their hands. They will expect it and by doing so you will be helping to control infection.

Clean hands

Washing your hands with soap and clear running water for 30 seconds will go a long way towards fighting infection.

When you wash your hands, it is important to include palms, thumbs and fingers, including tips, and backs of hands. The recommended way of washing your hands is shown below.

Wet hands with water

Apply enough soap to cover all hand surfaces

Rub hands palm to palm

Rub back of each hand with palm of other hand with fingers interlaced

Rub palm to palm with fingers interlaced

Rub back of interlaced fingers

Rub each thumb clasped in opposite hand using a rotational movement

Rub tips of fingers in opposite palm in circular motion

Rinse hands with water

Dry thoroughly

When your hands are visibly clean apply the cleansing get / hand rub in the same way you wash your hands. There is no need to rinse; the gel will evaporate after 15 seconds.

Appendix 4

Contribution List

Key individuals involved in developing the document

Name	Designation
Amanda Hemsley	Lead infection, prevention, and control nurse
Laura Brown Claire King Clarissa Swann	Senior Infection Prevention and Control Team Infection, prevention, and control nurse Infection, prevention and control nurse

Name	Designation
Anne Scott	Executive director of nursing, AHP and quality
Emma Wallis	Associate director of nursing and professional practice
Claire Armitage	Lead nurse for community AMH
Michelle Churchard	Head of nursing AMH/LD services
Alison O'Donnell	Interim head of learning and development
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Bernadette Keavney	Head of trust health and safety compliance
Samantha Roost	Senior health, safety, and security advisor
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Carmella Senogles	Acting deputy head of nursing FYPC
Bernadette Williams	Facilities manager