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Aseptic non-touch technique (ANTT) – competency training and assessment

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Dear Editor,

By January 2013, Australian hospitals are required to comply with the Australian Commission on Safety and Quality in Health Care (ACSQHC), National Safety and Quality Health Service Standards. Standard 3 relates to preventing and controlling healthcare associated infections. Criterion 3.10 is specific to aseptic non-touch technique (ANTT), outlining requirements for workforce training and compliance auditing.¹ The challenge for our facility, Sydney Adventist Hospital (SAH), was how to develop and implement training and auditing to ensure compliance with the criterion.

The education and training model for clinical staff at SAH is based on eLearning packages and associated competency assessment, maintained by San Education (internal department responsible for overseeing clinical education). This platform was utilised to develop an ANTT eLearning package and practical competency in which nursing staff completing the assessment have their practice directly audited.

The eLearning package and online test was developed to educate staff in:

- Asepsis
- Aseptic technique
- Implications of poor technique
- ANTT
- Contamination

The practical competency was developed to direct the practical assessment of staff and consists of the following four elements of competency:

- Demonstrates knowledge of asepsis in the clinical setting
- Demonstrates safe practice
- Performs procedure
- Demonstrates communication and interpersonal skills

Each competency element is then broken down into several performance criteria that must be individually demonstrated. A competency assessor guide outlining required questions, responses and evidence has also been developed to ensure consistency of assessment throughout the hospital.

The package underwent validation by the San Education department and was assigned a value of 0.5 continuing professional development (CPD) points. To be validated each competency package is completed by a minimum of the author and two additional staff. Validation of this competency was undertaken by the Infection Prevention and Control department, the Education Manager and two Clinical Nurse Educators. Following validation, the package was then incorporated into the existing professional recognition program that all nursing staff are to commence during nursing orientation. Each nurse must complete the online package and competency assessment on a triennial basis.

Successful completion rates of the package are then audited with results presented at the multidisciplinary Infection Prevention and Control Committee.

From October 2011 to June 2012, 190 nurses successfully completed the package, with no staff failing their practical competency assessment. Further evaluation of this project against National Standard 3 will be undertaken in early 2013.

We have found that ANTT training and assessment is possible. With resources, auditing of practice for all nursing staff is attainable. The package is being incorporated into the credentialing of intravenous cannula and central line insertion for Career Medical Officers and Registrars. The authors are willing to share these resources with interested parties.

Conflicts of interest

We have no conflicts of interest to declare.

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References

 Australian Commission on Safety and Quality in Healthcare. National Safety and Quality Health Service Standards. Sydney: ACSQHC; 2011.