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# ANTT<sup>®</sup> Patient Protection Accreditation Programme for Healthcare Providers:

*Demonstrating excellence in clinical governance for the critical  
clinical competency of Aseptic Non Touch Technique (ANTT<sup>®</sup>)*



## Accreditation Submission

Assessor Name: \_\_\_\_\_ Initials: \_\_\_\_\_ Date: \_\_\_\_\_

Centre ID No: \_\_\_\_\_ Certificate No: \_\_\_\_\_

For The-ASAP ONLY, DO NOT COMPLETE ID / CERT No.

## Background

Healthcare providers internationally are increasingly required to demonstrate effective clinical governance to regulators and the public for the critical clinical competency of aseptic technique. For example, in the UK, the Care Quality Commission (CQC) assess organisational requirements for aseptic technique as stipulated in the Health and Social Care Act 2008 (DH 2010, 2015).

ANTT<sup>®</sup> Accreditation, overseen freely by The-Association for Safe Aseptic Practice, provides healthcare organisations with a mechanism by which to demonstrate effective clinical governance for aseptic technique, and their commitment to infection prevention and patient safety. Accreditation criteria is based upon the following pre-requisites:

1. ANTT<sup>®</sup> Policy
2. ANTT<sup>®</sup> Education
3. ANTT<sup>®</sup> Assessment
4. ANTT<sup>®</sup> Monitoring

Ensuring effective clinical governance for aseptic technique across large healthcare provider organisations is best not underestimated; For example, ensuring hand hygiene competency and compliance in healthcare alone has proved highly problematic and challenging for over two decades; Effective aseptic technique includes hand hygiene plus a number of other critical components. Therefore, achieving robust and effective ANTT<sup>®</sup> takes times and organisational ambition. Having three levels of accreditation reflects this challenge, and enables organisations to demonstrate their commitment to patient safety from the beginning of the process and on-going.

Gold Accreditation is the highest level of excellence in ANTT<sup>®</sup> a healthcare provider can currently attain in the UK; it represents the culmination of months or years of hard work implementing, promoting and maintaining ANTT<sup>®</sup> in an organisation, department or ward. This Accreditation Workbook is the organisations record of their ANTT<sup>®</sup> journey and is a requirement for accreditation. It must be completed and signed by an approved ASAP Assessor.

## Support

Please note that The-Association for Safe Aseptic Practice provides free advice and support for ANTT Accreditation and ANTT practice and implementation issues. Please contact us in the first instance at:

**[enquiries@antt.org](mailto:enquiries@antt.org)**  
**[www.antt.org](http://www.antt.org)**

## Gold ANTT® Patient Protection Accreditation

Standard	Criteria	Status (Y / N)	Evidence
<b>ANTT® Policy</b>	<p>ANTT® must be named as the standard aseptic technique for all invasive clinical procedures in the following documents, as a minimum:</p> <ul style="list-style-type: none"> <li>• Infection Control Policy</li> <li>• All relevant SOP documents</li> </ul> <p>ANTT® practice terms / language must be accurately and consistently applied in every document 'ANTT' is mentioned</p>	<p><b>Compliant</b> <input type="checkbox"/></p> <p><b>Assessor Initials:</b> <input style="width: 50px; height: 30px;" type="text"/></p>	<p style="color: red;">[attach evidence with submission, and list below]</p> <p><b>Appendix:</b></p> <p><b>Notes:</b></p>
<b>ANTT® Clinical Practice Guidelines</b>	<p>ANTT® Clinical Practice Guidelines should be prominently displayed in all applicable clinical areas and for the most common invasive clinical procedures. Guidelines should be printed in colour and be laminated to facilitate cleaning</p> <p>All ACPGs are downloadable to staff from a local intranet site</p> <p>Optional: Niche ACPG's are developed for relevant procedures e.g. Radiology administration of contrast, podiatry etc.</p>	<p><b>Compliant</b> <input type="checkbox"/></p> <p><b>Assessor Initials:</b> <input style="width: 50px; height: 30px;" type="text"/></p>	<p><b>Appendix:</b></p> <p><b>Name:</b></p> <p><b>Title:</b></p>
<b>ANTT® education</b>	<p>ANTT® education should include as a minimum, the following authorised ANTT educational resources:</p> <ul style="list-style-type: none"> <li>• An ANTT® intranet page of a local secure intranet site providing a hub for downloadable ANTT® resources</li> <li>• ANTT® foundation or Competency Assessment eLearning course and/or ANTT® self-running PowerPoint™</li> <li>• ANTT® Clinical Procedure Guideline PowerPoint™ and the guidelines are displayed in relevant areas as above</li> <li>• ANTT® training video collection</li> </ul>	<p><b>Compliant</b> <input type="checkbox"/></p> <p><b>Assessor Initials:</b> <input style="width: 50px; height: 30px;" type="text"/></p>	<p><b>Appendix:</b></p> <p><b>Notes:</b></p>
<b>ANTT® Competency Assessment</b>	<p>&gt;90% of the relevant clinical workforce have undertaken ANTT® Competency Assessment using the ANTT® Competency Assessment Tool (CAT)</p> <p>(See the ANTT® Competency Assessment Framework for level of assessor required)</p>	<p><b>Compliant</b> <input type="checkbox"/></p> <p><b>Assessor Initials:</b> <input style="width: 50px; height: 30px;" type="text"/></p>	<p><b>Appendix:</b></p> <p><b>Notes:</b></p>

<p><b>ANTT® Audit</b></p>	<ul style="list-style-type: none"> <li>Standards of ANTT® are audited at least annually by organisation wide 'snapshot' audit -using the ANTT® audit tool. A minimum of 100 audits are recommended</li> <li>ANTT® audit is integrated into existing monthly hand hygiene audit</li> </ul>	<p><b>Compliant</b> <input type="checkbox"/></p> <p><b>Assessor Initials:</b> <input type="text"/></p>	<p><b>Appendix:</b></p> <p><b>Notes:</b></p>
<p><b>Designated organisational ANTT® Lead</b></p>	<p>An ANTT® Lead is designated for the organisation</p> <p>Duties and responsibilities are outlined in the ANTT® Leads Job Description</p> <p>Responsibility for ANTT® Implementation and maintenance are outlined in the Job Description of the organisations' 'DIPC' (Director of Infection &amp; Control)</p>	<p><b>Compliant</b> <input type="checkbox"/></p> <p><b>Assessor Initials:</b> <input type="text"/></p>	<p><b>Appendix:</b></p> <p><b>Notes:</b></p>
<p><b>Level of ANTT® trainer competency</b></p>	<p>The organisation has 1 staff member trained to Level-3 ANTT® Competency. Large organisations with &gt;400 beds should have at least three such staff</p>	<p><b>Compliant</b> <input type="checkbox"/></p> <p><b>Assessor Initials:</b> <input type="text"/></p>	<p><b>Appendix:</b></p> <p><b>Name(s):</b></p> <p>I _____</p> <p>II _____</p> <p>III _____</p> <p><i>List others in associated appendix</i></p>
<p><b>Periodic ANTT® competency updates</b></p>	<p>The requirement for required/not required ANTT® refresher competency training and assessment is based upon, and demonstrable by, annual ANTT® audit findings.</p> <p>Staff are updated/refreshed in ANTT® Competency at a minimum of 3 yearly</p>	<p><b>Compliant</b> <input type="checkbox"/></p> <p><b>Assessor Initials:</b> <input type="text"/></p>	<p><b>Appendix:</b></p> <p><b>Notes:</b></p>
<p><b>Compliance documentation submitted to The-ASAP</b></p>	<p><b>In order to receive Gold Accreditation from The-ASAP the organisation must comply with the submission checklist and the accreditation criteria. All required documentation should be given to The-ASAP assessor at the time of the site visit, or returned to The-ASAP along with any additional evidence of compliance requested by the site visit assessor. Continued certification requires resubmission every three years.</b></p> <p><b>NB: Successful accreditation is not a guarantee of subsequent accreditation – each submission is evaluated upon its own merits and the standard of evidence. The-ASAP reserves the right to reject accreditation if a submission does not meet the requirements for accreditation, at the discretion of the Clinical Director &amp; The-ASAP Board.</b></p>		

## Notes / Additional Information:

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### Assessor Site Visit (Optional)

- The-ASAP should be contacted a minimum of one-months before an assessors' visit to the organisation.
- The-ASAP and the organisation will agree an assessment schedule and a site visit will be arranged within three-months after a request is made.
- Assessors are assigned at random and The-ASAP cannot send a specific assessor to a site visit.
- The site visit by an assessor will vary in time depending upon the size of the organisation and the level of documentation that must be assessed; however, this usually amounts to a single day.
- The organisation should endeavour to have all requested documents and relevant information readily available for the assessor – if required information is not available to the assessor this may affect your accreditation application.

### Supporting documentation evidencing compliance

Acceptable evidence examples:

- Microsoft™ Excel™ / Word™ (or Microsoft™ compatible) spreadsheets / documents containing dated compliance statistics (this may be anonymised) – NB: 'totals' or 'percentages' alone are not sufficient or robust enough evidence for accreditation
- Photographic evidence of documentation compliance (e.g. laminated ANTT® Clinical practice Guidelines up in clinical practice areas)
- Electronic or paper copy of the front sheet (with version information) of relevant policy and procedure documents, together with the relevant internal section detailing use of ANTT®

### Audit and Surveillance Data

- Audit data may be anonymised, but must offer a complete record of pre-ANTT® and post implementation. Subsequent accreditation should present suitable surveillance or *snapshot* audit data from a representative sample of the organisation. Wherever possible, standard ANTT® data collection and analysis tools should be used. Data should be presented in a verifiable, editable format, e.g. Microsoft™ Excel™ spreadsheet or similar.
- *NB: The-ASAP requests audit data for the purposes of data pooling and meta-analysis. All data are managed securely in accordance with all EU and UK data protection legislative and administrative requirements.*

## Self-assessment Checklist – Gold Level - Sign-off

*Authorised Signatory on behalf of the organisation:*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

Position: \_\_\_\_\_ Email: \_\_\_\_\_

Date: \_\_\_\_\_ Phone: \_\_\_\_\_

First Application  Re-Certification

### The-ASAP ONLY – Do Not Complete

for ASAP:	Signature:	Date:
Designation		

#### Outcome:

Award Gold Certification  Not Compliant at this time

Required Evidence for Resubmission: \_\_\_\_\_