

ELFT BCHS Podiatry

Core Skills - ANTT for Woundcare

The aim of this document is to ensure capability in the area of:

ANTT (Aseptic No Touch Technique) in Wound Care for Podiatry

This competency will be assessed annually.

Staff Member Name:
Supervisor completing Observations:
Date:
Comments following observation:

GENERAL	
1. Uniform – White tunic, Navy trousers (washable at 60 deg celcius) – and appearance to be in line with ELFT Dress Code Policy https://www.elft.nhs.uk/sites/default/files/2022-03/Dress%20Code%20Policy.pdf	
2. Hand Hygiene to be performed at all key points.	
3. Maintain 'clean' and 'dirty' surfaces.	
4. All surfaces and equipment cleaned before patient enters room	
5. Couch roll to protect the foot rests with apron / waterproof layer underneath if concerns regarding exudate or bleeding.	
6. Wound care pack and other equipment in date and to hand	
7. Gloves to be removed if leaving room, going into stock cupboards, using computer, using phone, or any other task away from direct patient treatment.	

WOUND CARE	
1. Patient brought into room.	
2. Gloves and apron to be worn to remove patient shoes and socks if assistance required. To be removed before placing feet on foot rests. Both shoes and socks must always be removed.	
3. Remove dirty gloves and apron.	
4. Sterile pack opened and prepared with minimal touch (soak gauze with saline, organise sterile field).	
5. Refuse bag attached to side of trolley or couch. All soiled items to be put in refuse bag immediately after use.	
6. Scalpel and other equipment prepared.	
7. Apron from sterile pack donned. Non sterile gloves donned.	
8. Sterile paper from pack can be used under foot to provide a more sterile working field if required.	
9. Dressings removed and put in refuse bag.	
10. Wounds cleaned with sterile gauze and saline.	
11. Both feet cleaned with blue clinelle wipes (only intact areas, not wounds). Both feet checked.	

12. Change non sterile gloves.	
13. Collect Debris from debridement (Foot tray with liner from sterile pack to be placed under foot OR apron tucked under foot OR Paper towel and apron under plinth)	
14. Wounds debrided as necessary. Scalpel to be changed between each wound area.	
15. Wounds cleaned with sterile gauze and saline (or prontosan wound soak as appropriate). Change gauze after single wipe.	
16. Take swab if necessary.	
17. Wound measured using sterile wound measurement strip from dressing pack.	
18. Apply gauze or kaltostat to wound to stem bleeding if necessary. Dispose of gauze / kaltostat once bleeding stemmed.	
19. Dispose of scalpel and any other instruments.	
20. Gloves removed.	
21. Take photo of wound.	
22. Prepare SCF padding if using.	
23. Prepare all dressings – remove from packages and put on sterile surface. Cut mepore tape and tubigauze. Sterile scissors opened and put on sterile surface.	
24. Apply SCF padding using gloves if necessary, remove after applying padding.	
25. Hands cleaned.	
26. Sterile gloves put on using appropriate technique.	
27. Primary dressing to be handled with fully sterile gloves only.	
28. Apply dressings.	
29. All waste including sterile field to be put in the refuse bag.	
30. Remove Gloves using correct doffing technique.	
31. Remove Apron using correct doffing technique.	
32. Hand Hygiene	
33. Clean all equipment.	