



Crumlin | Temple Street | Tallaght | Connolly

ASEPTIC NON-TOUCH TECHNIQUE

Area of use:	All of organisation <input checked="" type="checkbox"/>	CHI at Connolly <input type="checkbox"/>	CHI at Crumlin <input type="checkbox"/>
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Nursing Practice Guideline on Aseptic Non-Touch Technique (ANTT™) Quick Reference Guide

Aseptic Non-Touch Technique (ANTT™) refers to the technique and precautions used during clinical procedures to protect the patient from infection by preventing the transfer of micro-organisms to the patient from the healthcare worker, equipment or the environment *The Association for Safe Aseptic Practice (THE-ASAP) (2015)*¹

Asepsis is defined as 'Free from pathogenic organisms', whereas **Sterile** is 'free from (all) microorganisms' (*THE-ASAP 2015*)¹

ANTT™ is achieved by (*THE-ASAP 2015*)¹:

- ✓ Always performing effective hand hygiene
- ✓ Never contaminating key parts² and key sites³
- ✓ Touching non-key parts with confidence
- ✓ Taking appropriate infection control precautions, e.g. gloves, waste disposal

Different levels of ANTT™ are necessary depending on **a)** the complexity of the procedure and **b)** the challenges of maintaining asepsis of key-parts and key-sites during the procedure. THE-ASAP have defined 2 levels of ANTT (Standard and Surgical). The framework below guides practitioners in relation to determining the appropriate level of ANTT to use.

ANTT Level	Indications	Method & Equipment	Additional Information
<p>SURGICAL ANTT:</p> <p>used if procedure:</p> <ul style="list-style-type: none"> ● Is technically complex ● Will take longer than 20 minutes ● Equipment has a large number of key parts ● Sterile field needs to be managed critically, i.e. only sterile equipment can be in contact with it 	<p>Surgical ANTT is used if procedure involves:</p> <p>a) complex wound</p> <p>b) 'break in a line', e.g. CVAD dressing change, blood cultures via a CVAD, changing a Needle - Free device, inserting a urinary catheter</p> <p>c) CVAD insertion e.g. PICC/Midline/CVC</p> <p>d) during the preparation / administration of Parenteral Nutrition as it poses a high risk of bacterial contamination</p>	<p>Decontaminate hands and apply PPE as per local guidance</p> <p>Equipment:</p> <ul style="list-style-type: none"> ● Sterile gloves ± sterile gown, patient drape (PICC/Midline insertion) ● Sterile 'field' – tray/trolley or prepared dressing pack ● Sterile drape to cover trolley or tray ● Sterile equipment & solutions ● Disinfection wipes – to disinfect devices, hubs etc. ● Use sufficient numbers for procedure 	<ul style="list-style-type: none"> ● Even when wearing sterile gloves, key parts and key sites are not touched unless necessary ● Clean necks of medication/H₂O/NaCl vials with disinfection wipe prior to opening and allow to dry ● Ensure key parts, e.g. open end of infusion sets/syringes etc are not contaminated – e.g. place 'bung' on end of syringes ● Key sites, e.g. IV or drain site should be cleaned with appropriate disinfection wipe/fluid and allow to dry before applying dressing. ● Waste disposal – see Box 1
<p>STANDARD ANTT:</p> <p>may be used for a procedure that:</p> <ul style="list-style-type: none"> ● Is technically simple ● Is short in duration, i.e. lasting less than approximately 20 minutes ● Involves small key sites and equipment with a small number of key parts 	<p>These procedures include for example:</p> <p>a) a closed system, e.g. Administering medication OR taking bloods via a Needle - Free Device Emptying a urinary drainage bag</p> <p>or</p> <p>b) creating a break in the skin, e.g. IV cannulation / phlebotomy, IM/SC Injection</p> <p>or</p> <p>c) a simple wound dressing</p>	<p>Decontaminate hands and apply PPE as per local guidance</p> <p>Equipment:</p> <ul style="list-style-type: none"> ● Gloves – see Box 2 ● Sterile equipment & solutions ● Prepared plastic tray washed with detergent & warm water, dried and disinfected with Chlorhexidine 2% in 70% alcohol or ● A clean unused disposable tray – disinfect as above ● Disinfection wipes – disinfect devices, hubs etc. Use sufficient numbers for procedure 	<p>*Note: Gloves must be worn if any risk of a) contaminating key parts/sites or b) contaminating one's hands by body fluids. See Box 2 to assess need for sterile or non-sterile gloves in Standard ANTT.</p> <p>See also local guidance in relation to skin asepsis prior to invasive procedures.</p> <p>Waste disposal – see Box 1</p>
Box 1 – Appropriate Disposal of Waste		Box 2 - Sterile vs Non-Sterile Gloves and use of Sterile Field is based on Risk Assessment pre procedure	
<p>Sharps: into a 'sharps' container</p> <p>Contaminated equipment, dressings etc: Healthcare Risk Waste (i.e. Clinical Waste)</p> <p>Packaging, uncontaminated equipment: Healthcare Non-Risk Waste (i.e. Household Waste)</p>		<p>'Am I absolutely certain I can do this procedure without touching key parts or key sites directly?'</p> <div style="display: flex; justify-content: space-around;"> <div style="background-color: #f8d7da; padding: 5px; border: 1px solid #f5c6cb;">No – Sterile gloves must be used</div> <div style="background-color: #d4edda; padding: 5px; border: 1px solid #c3e6cb;">Yes – Non-sterile gloves may be used</div> </div>	

¹The Association for Safe Aseptic Practice (2015) The ANTT Clinical Practice Framework for all invasive Clinical Procedures from Surgery to Community Care. THE-ASAP. Available at: www.antt.org.

²**Key-part:** the critical parts of equipment that come into contact with key-sites, infusion fluid, or any other key-parts connected to the patient. If contaminated during a procedure, key-parts provide a direct route for the transmission of pathogens onto or into the patient. Examples include – tip of syringe, intravenous ports, distal end of intravenous giving set, open end of drain. Key-Parts are a potential route for transmitting pathogens to a patient, and consequently pose an infection risk.

³ **Key-site:** Any point through which micro-organisms may enter the body, e.g. open wounds, intravenous insertion sites, puncture sites, drain sites