

Aseptic Non Touch Technique (ANTT)



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Introduction

ANTT is a safe and efficient evidenced-based technique. It has been shown to significantly improve the clinical behaviour of staff performing aseptic technique

The principles of ANTT are simple

- Always wash hands effectively
- Non-touch technique is used at all times to protect key parts
- Touch non-key parts with confidence
- Take appropriate infective precautions

Key parts

- A core component of ANTT is maintaining asepsis during invasive procedures
- Key parts are those parts of equipment that if contaminated by infectious material increase the risk of infection
- Not touching these key parts directly or indirectly is perhaps the single most important component of achieving sepsis in IV therapy i.e. key parts are usually those which come into direct contact with the liquid infusion such as needles, syringe tips, exposed central venous catheter lumens

ANTT Pre and Post Procedures when accessing a Central Venous Catheter

These general instructions should be observed prior to commencing any procedure. Hand hygiene should be performed and staff should don the correct personal protective equipment. Use the correct method at the appropriate time as per NHS Highland Hand Hygiene Protocol for all procedures to minimise the risk of infection/cross contamination

Pre procedure

Procedure	Rationale
Throughout this procedure perform hand hygiene when required as per NHS Highland policy. Appropriate PPE should be worn	To minimise the risk of infection/cross contamination
Clean the red tray with sporicidal wipe or if contaminated with blood → don gloves and use appropriate chlorine disinfectant as per NHH policy. Clean the inside first, then outside, ending with the bottom of the tray	To minimise the risk of infection
Assemble all equipment while red tray is drying	Procedure can be completed without interruption
Reassure and explain the procedure to the patient/relatives in terms that can be understood. Gain consent or if appropriate ensure adult with incapacity form is completed	Patient/relatives are informed, to gain consent, and in some cases the patient may be unable to consent
Ensure privacy during the procedure. Do not expose the patient unnecessarily and avoid draughts.	To avoid unnecessary embarrassment to the patient and minimise airborne contamination
Provide adequate lighting	To enable clear observation

Post procedure

Procedure	Rationale
Throughout this procedure perform hand hygiene when required as per NHS Highland policy. Appropriate PPE should be worn	To minimise the risk of infection/cross contamination
Leave patient comfortable after securing CVC with end(s) away from wounds and stomas.	To ensure patient comfort and minimise risk of catheter infection
Clean red tray with sporicidal wipe. If contaminated with blood, don gloves and use appropriate chlorine disinfectant as per NHH policy. Clean the inside first, then outside, ending with the bottom of the tray	To minimise the risk of infection
Dispose of clinical waste as per NHS Highland Waste Disposal Policy. Perform appropriate hand hygiene	To comply with the Environmental Protection Act (1990) and Control of Substances Hazardous to Health (1994)
Document the procedure in the appropriate records	Ensure accurate records are maintained

Using the ANTT method to administer IV medication or fluid via an intravascular device



Step 1	
Action	Rationale
Wash hands as per NHH policy	To break any potential transmission of infection



Step 2	
Action	Rationale
Clean tray with sporicidal wipe. If contaminated with blood don gloves and use appropriate chlorine disinfectant, as per NHH policy. Clean inside of tray first, then the outside before ending with the bottom of the tray. This is now a portable aseptic field	To establish a clean working surface and eliminate bacteria/micro-organisms



Step 3	
Action	Rationale
Whilst tray is drying, collect appropriate equipment. Drugs/fluids/additives will be checked at this time as per NHS Highland Medicines Management Policy	This will ensure the procedure is not interrupted and asepsis is not compromised



Step 4	
Action	Rationale
Put on apron, gel hands and put on non-sterile gloves	Gloves are worn to protect the wearer from drug exposure



Step 5	
Action	Rationale
Open syringe wrapper, attach needle & place on tray, protecting key parts at all times. Do not drop equipment into the tray as this increases the risk of contaminating key parts. Open alcohol wipe and place on tray. If using infusion fluid bags, open protective sleeve and place onto clean tray	Prevents contamination of key parts. Exposed key parts increase risk of contamination. A non-touch technique protects key parts/sites



Step 6	
Action	Rationale
Working over red tray, draw up drugs/fluid, label appropriately & attach a dead ender as required. Place back on tray. Clip needles into sheath and keep to one side of tray until they can be disposed of safely.	See above. Parts are protected by the dead ender. To prevent needle stick injury



Using the ANTT method to administer IV medication or fluid via an intravascular device



Step 7	
Action	Rationale
Place tray on trolley and move to patient bedside. Gain access to intravenous device, moving sheet, gown as appropriate	To avoid contamination after hands have been gelled and reapplied clean gloves



Step 8	
Action	Rationale
Immediately prior to drug administration, remove gloves, gel hands and reapply non-sterile gloves	Hands may have become contaminated whilst preparing drugs



Step 9	
Action	Rationale
Clean the needle-free hub with fully opened alcohol wipe & rub vigorously for a minimum of 15 seconds using a different part of the wipe for each area of the hub. Allow a minimum of 30 seconds to dry – remembering that it's not aseptic until dry. Whilst supporting the hub with one hand, remove the dead ender. After the syringe is attached to the hub, the hub can then be supported enabling you to discard the dead ender	Minimises the risk of contamination at the connections Drying is vital to allow disinfection to be completed



Step 10	
Action	Rationale
Administer drugs remembering to protect the key parts at all times Clean the needle-free hub after administration (as above) On completion, ensure patient is comfortable and safe	Minimises the risk of catheter infection and ensures patient comfort



Step 11	
Action	Rationale
Dispose of equipment & waste as per NESH policy. Clean tray using sporicidal wipe. If contaminated with blood, don gloves and use appropriate chlorine disinfectant as per NESH policy. Wash hands. Record procedure in relevant documentation	To comply with the Environmental Protection Act (1990) and Control of Substances Hazardous to Health (1994) To minimise cross contamination Ensure accurate records are maintained