Aseptic Non Touch Technique (ANTT) Policy
Neonatal Intensive Care Unit

Amendments			
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1. INTRODUCTION

Aseptic non-touch technique (ANTT) has been adopted by NHS organisations to help with the reduction of Healthcare associated infections (HCAI's) (Rowley & Clare 2011). This standardised approach has been shown to significantly improve the aseptic technique of healthcare workers, by providing a framework to raise clinical standards while utilising a consistent and reliable approach to best practice (Rowley 2001).
When normal defences of the body are breached the patient is vulnerable to invasion by micro-organisms. ANTT is the method used to reduce the risk of microbial contamination to a vulnerable site. Aseptic non touch technique is the process used to access peripheral intravenous cannulas and the process of drawing of medications and fluids for peripheral lines. Poor standards of aseptic technique are a fundamental cause of healthcare acquired infections (Department of Health 2003). The main focus of ANTT is to minimise the introduction of micro-organisms during preparation, administration and delivery of IV therapy. This is through ensuring that only uncontaminated equipment or sterile fluids come into contact with susceptible or sterile body sites during clinical procedures. Examples include; administration of intravenous medications via peripheral cannula, removing sutures/ stitches and dressings covering sterile sites.
The Health and Social Care Act (DoH 2010) stipulates that:

- ANTT should be carried out in a manner that maintains and promotes the principles of asepsis
- All clinical staff undertaking procedures involving asepsis should be provided with education, training and assessment. Staff will be annually assessed on ANTT including the 7 step technique for hand hygiene.

2. PURPOSE

The purpose of this guideline is to provide guidance in order to establish ANTT as the safe and effective procedure for peripheral lines and longline management. It encompasses the necessary infection prevention and control measures needed to prevent pathogenic microorganisms on hands, surfaces and equipment from being introduced to susceptible sites during clinical practice (RCN 2010).

SCOPE

The contents of this study applies to all staff employed within St Peters Hospital neonatal intensive care unit who are required to undertake aseptic non touch technique procedures as part of their role.

DEFINITIONS

2.1 *Asepsis*- The complete absence of bacteria, fungi, viruses or other micro-organisms that cause disease.

2.2 *Aseptic non touch tech*ni*que***-** ANTT is the method used to maintain asepsis, protecting the patient from healthcare associated infections and staff from contamination from patients' blood and body fluids. Aseptic non touch techniques main principle is that key sites must not come into contact with any item that is not sterile.

2.3 *Hand hygiene***-** A general term that applies to hand washing, antiseptic hand wash and antiseptic hand rub

2.4 *Key Parts***-** Any part of a piece of equipment used during aseptic technique that will increase the risk of infection if contaminated by infectious material.

3. DUTIES/RESPONSIBILITIES

3.1 *The key principles of ANTT are:*

- **A**lways clean hands effectively
- **N**ever contaminate 'key parts'
- **T**ouch non 'key parts' with confidence.
- **T**ake appropriate infection prevention precautions(use of standard precautions)

3.2 *Hand Hygiene*

Healthcare workers' hands are the most common vehicle for the transmission of healthcare-associated pathogens from patient to patient and within the healthcare environment. Hand hygiene is the leading measure for preventing the spread of microorganisms and reducing HCAIs (Allegranz,B and Pittet,D 2009).
Effective hand decontamination is essential to ANTT and should take place prior to and after all invasive techniques and after removal of gloves. The 7 step technique to hand washing should be carried out to achieve decontamination of hands (WHO 2009). Please see Appendix 1.

3.3 *Personal Protective Equipment*

Personal protective equipment, such as gloves and aprons, provide a barrier between micro-organisms on hands, clothing and the susceptible site Gloves must be worn for

- Invasive procedures
- Contact with sterile sites
- Non-intact skin
- Mucous membranes
- Activities where a risk of exposure to blood, body fluids, excretions and contaminated instruments can occur (Pratt et al 2007)

Non sterile gloves can be used for IV medication, wound care, venepuncture or cannulation where it is possible to undertake the procedure without touching key parts.
Sterile gloves must be worn for urinary catheterisation or central venous catheter insertion.

3.4 *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 parts either directly or indirectly is perhaps the single most important component of achieving asepsis.
In IV therapy for example, key parts are usually those which come into direct contact with the liquid infusion e.g. needles, syringe tips, exposed lumens and cannula hubs. In wound care, consider all of the dressing pack equipment as key parts.

3.5 *Aseptic Field*

A clean working environment and an aseptic field are essential precautions for all clinical procedures.
This can be achieved effectively by a non-touch technique method and a basic aseptic field such as a well cleaned tray or dressing trolley.

- Equipment used during ANTT such as plastic trays or dressing trolleys must be thoroughly cleaned before and after use.
- Immediately prior to use, clean the equipment with a detergent wipe.
- After use, clean from the inside to outside with a detergent wipe or soap and water and dry thoroughly.

3.6 *Preparation of the environment*

Prior to undertaking the intervention staff MUST:

- Ensure the environment is clean and tidy
- Limit the number of people who will be entering the area
- Prepare baby for ease of access
- Clean any equipment which will be used with red clinell wipes
- Ensure fans are turned off

4 DISSEMINATION AND IMPLEMENTATION

Step by Step guide to Aseptic Non Touch Technique

1. Wash hands as per hand hygiene practice using the 7 step technique and dry thoroughly with paper towels - please see Appendix 1
2. Apply antibacterial hand gel, allow to dry
3. Collect all equipment required- dilutents, medications etc. Write all labels required.
4. Collect blue plastic tray prior to use. Wipe tray with red clinell wipes internally and externally. Wipe trolley with clinell wipe. Allow to dry naturally for at least 30 seconds.

5. Put on a plastic apron

6. Apply hand gel if hands are visibly clean or wash hands and dry thoroughly with paper towel if hands are not clean

7. Put on a pair of non-sterile gloves straight from the box

8. Open equipment and place in the packets on the blue plastic tray being careful not to touch any ends of equipment.

9. Connect all needles to syringes and draw up and prepare medication/fluids. Ensure all key parts remain uncontaminated. If you are using a medication which does not have a lid on (insulin) please wipe with a 2% chlorhexidine wipe.

10. When all equipment/medication has been prepared, remove all needles from syringes and place syringes back into syringe packets.

11. Take blue tray to the baby, locate the peripheral cannula.

12. If your gloves have become unclean between preparation and going to the patient, remove gloves, perform hand washing and put on new gloves.

13. If the access port does not have a curos on, disinfect with a 2% chlorhexidine alcohol wipe for 30 seconds, allow to dry naturally. Use sand timers provided in each nursery to ensure adequate drying time is allowed, as this enhances the sterilisation process.

14. Insert syringe tips into the cannula port and administer medication as prescribed being careful not to touch the end of the cannula port or the end of the syringe

15. Once administered place a new curos back on to the port.

16. Dispose of all equipment as per waste policy

17. Wipe the tray with a red clinell wipe

18. Remove gloves and wash hands

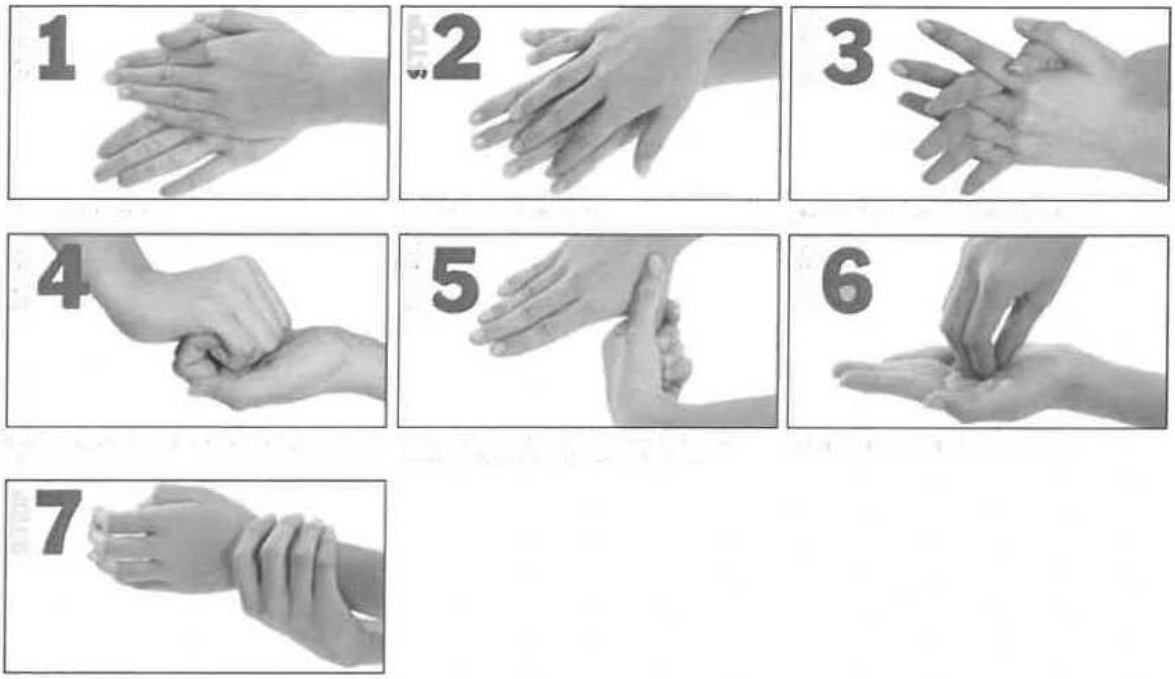
Appendix 1

Hand Hygiene

HAND DECONTAMINATION

Standard technique based on that of Ayliffe et al (1978)

Wet hands under warm running water, apply soap, then follow this procedure



Rinse the hands under running water, and **dry thoroughly**

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