

# ASEPTIC NON-TOUCH TECHNIQUE – OLCHC 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)*<sup>1</sup>.

ANTT is achieved by: ✓ensuring the **asepsis of key-parts<sup>2</sup> and key-sites<sup>3</sup>** (i.e. free from pathogenic micro-organisms), ✓hand hygiene, ✓Non-Touch Technique (THE-ASAP 2015)

THE-ASAP (2015) recognise that different levels 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. OLCHC have defined 3 levels of ANTT and the framework below should be used to guide practitioners in relation conducting a risk assessment to determine the appropriate level of ANTT to use. However, all levels use the general principles of ANTT.

Level	Indications	Method & Equipment	Additional Information
<b>1</b>	Procedure involves the practitioner directly touching key-sites e.g. surgery, insertion of CVAD, insertion of a chest drain	Decontaminate hands as per Surgical Hand Hygiene <sup>4</sup> <b>Equipment:</b> Sterile gloves, Sterile 'field' using sterile drapes, Sterile equipment & solutions, Sterile gown, Mask, Hat	See also <i>Skin Asepsis prior to peripheral and central line insertion by clinical staff in OLCHC</i> (OLCHC 2012)  Waste Disposal – see Box 1
<b>2</b>	Procedure involves: <b>a) open / complex wound <u>or</u></b> <b>b) 'break in a line', e.g.</b> opening CVAD hub, CVAD dressing change, changing a Needle Free device, inserting a urinary catheter, opening the connections points of e.g urinary catheter, chest drain <b><u>or</u></b> <b>c) during the preparation / administration of TPN</b> as it poses a high risk of bacterial contamination <b><u>or</u></b> <b>d) taking blood cultures from a CVAD</b> (remove needle-free device before taking sample)	Decontaminate hands as per Antiseptic Hand Hygiene <sup>4</sup> <b>Equipment:</b> Sterile gloves Sterile 'field' – trolley <b>or</b> prepared dressing pack <b>or</b> large plastic tray which has been washed with detergent & warm water, dried and disinfected with Chlorhexidine Gluconate 0.5% in 70% alcohol.  Sterile drape to cover trolley or tray Sterile equipment & solutions Disinfection wipes – to disinfect devices, hubs etc. Use sufficient numbers for procedure	Antiseptic hand hygiene using antiseptic hand-washing <b>or</b> alcohol hand rub  Clean necks of medication/H <sub>2</sub> O/NaCl vials with disinfection wipe prior to opening  Ensure key-parts, e.g. open end of infusion sets or syringes etc are protected from contamination – e.g. place 'red bung' on end of syringes  Waste disposal – see Box 1
<b>3</b>	Procedure involves: <b>a) a closed system, e.g.</b> Administering medication via a Needle Free Device Taking bloods through a Needle Free device Emptying a urinary drainage bag <b><u>or</u></b> <b>b) creating a break in the skin, e.g.</b> IV cannulation / phlebotomy, IM/SC Injection	Decontaminate hands as per Antiseptic Hand Hygiene <sup>4</sup> <b>Equipment:</b> Gloves – see Box 2 Sterile equipment & solutions Prepared plastic tray which has been washed with detergent & warm water, dried and disinfected with Chlorhexidine Gluconate 0.5% in 70% alcohol <b>or</b> A clean unused disposable tray – discard after each use Disinfection wipes – to disinfect devices, hubs etc. Use sufficient numbers for procedure	Hand hygiene as for Level 2 *Note: Gloves <b>must</b> be worn if any risk of <b>a)</b> contaminating key-parts/sites or <b>b)</b> contaminating one's hands by body fluids. See <b>Box 2</b> to assess need for sterile or non-sterile gloves in Level 3 ANTT.  See also <i>Skin Asepsis prior to peripheral and central line insertion by clinical staff in OLCHC</i> (OLCHC 2016)  Waste disposal – see Box 1

Box 1 – Appropriate Disposal of Waste	Box 2 - Sterile Vs Non-Sterile Risk Assessment		
<b>Sharps:</b> into a 'sharps' container <b>Contaminated equipment, dressings etc:</b> Healthcare Risk Waste (i.e. Clinical Waste) <b>Packaging, uncontaminated equipment:</b> Healthcare Non-Risk Waste (i.e. Household Waste)	'Am I absolutely certain I can do this procedure without touching key parts or key sites directly?'  <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; text-align: center; border: none;">No – Sterile gloves must be used</td> <td style="width: 50%; text-align: center; border: none;">Yes – Non-sterile gloves may be used</td> </tr> </table>	No – Sterile gloves must be used	Yes – Non-sterile gloves may be used
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<sup>1</sup>The 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](http://www.antt.org).

<sup>2</sup>**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.

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

<sup>4</sup>OLCHC (2013) *Guidelines on Hand Hygiene*, OLCHC, Dublin.