

ASEPTIC NON TOUCH TECHNIQUE PROTOCOL

To be used for all central line fluids and drugs

Rationale

- ❖ Aseptic Non Touch Technique (ANTT) is the terminology used to describe a procedure that prevents the contamination of wounds or other susceptible sites. ANTT applies equally to procedures undertaken in operating theatres, on wards and units and other treatment areas. ANTT must be used when introducing an invasive device or when carrying out any other activity that breaches the body's natural defence system

- ❖ An ANTT must be used: (Wilson, 2006)
 - 1) When dealing with acute wounds healing by primary intention (before surface skin has sealed)
 - 2) During cannulation e.g. peripheral, central
 - 3) When inserting urinary catheters
 - 4) When suturing
 - 5) During medically invasive procedures
 - 6) When preparing IV drugs etc

Practice

All central line intravenous drugs and fluids are to be prepared using a dressing pack on a silver trolley. You will need a second person to assist from start to finish.

- Collect equipment, drugs dressing pack and trolley
- **Work out any calculations before washing hands.**
- Remember to use a filter needle when drawing up drugs from a glass ampoule unless the line has a filter below where you are accessing to give your drug. These are one way needles, so you need to change to an ordinary needle, if transferring via a needle to another solution.
- When using lots of equipment, ensure you have a paper rubbish bag attached to the trolley to keep your working area tidy.
- Wash hands as per handwashing guidelines.

- Open your dressing pack and put on the sterile gloves in the pack, if you are allergic to Latex use non latex sterile gloves and create a sterile area.
- Use the second person to open the packets, take the contents from them and place on the sterile area, do not drop onto trolley.
- Using the principles of aseptic non touch technique avoid touching the keyparts, prepare your syringes etc.
- Although the potential for harmful contamination of key parts and sites by air is low in comparison to contamination by direct contact (Eickhoff 1994), the decision has been made on this unit, to cover all syringes with a bung to prevent accidental contamination of the key parts. This will help to promote continuity of care delivery.
- Remember that on new vials of antibiotics, they are only covered with a dust cover, so should be wiped with a steret and left to dry for 30 seconds before use.
- When ready the 2nd person should open the ampoules and hold them to allow the sterile person to draw up the contents without handling the vial. Remember that TPN is not sterile so the second person should handle the bag whilst you insert the giving set and run the fluids through, do not put the TPN bag into the sterile area
- Once you have prepared the fluids, go to the baby, the second person should move the trolley avoiding touching the sterile area.
- Vials or ampoules that have been used, should be taken to the baby whilst the drug is being administered. This is in case of a reaction by the baby from that drug.
- Once at the cotside the second person should hand you a large alcowipe. They will then pass you the connection. Take the connection into the alcowipe and then clean. Remember to wait 30 seconds after you have cleaned before disconnecting and changing your fluids.
- A new alcowipe should be used for each port accessed.
- Administer the drug or connect the infusion, being careful not to touch any key parts.
- If changing IV fluids ensure you clamp at the baby, and attach the new fluids to the baby **before** the second person puts the infusions into the pumps.

REMEMBER BE WELL PREPARED BEFORE STARTING AND TAKE YOUR TIME, TO AVOID ACCIDENTALLY TOUCHING ANY KEY PARTS.

References

Eickoff T.C. 1994. Airborne nosocomial infection. *A Contemporary Perspective Infection Control and Hospital Epidemiology* 15 (10):663-672.

Wilson, J. 2006. *Infection Control in Clinical Practice*. 3rd ed. London: Bailliere Tindall