

TITLE: ASEPTIC NON-TOUCH TECHNIQUE (ANTT)	POLICY NUMBER: NUR016
URAC STANDARDS: N/A	ACHC STANDARDS: N/A
TJC STANDARDS: N/A	INS STANDARDS: 16, 17, 18, 33, 34, 36, 42
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I. SCOPE

Aseptic Non-Touch Technique (ANTT) is defined by Infusion Nurse Society Infusion Therapy Standards of Practice as: A specific and comprehensively defined type of aseptic technique.

Aseptic Technique is defined as: A set of infection prevention actions aimed at protecting patients from infection during invasive clinical procedures and management of indwelling medical devices.

Aseptic Non-Touch Technique is based on an original concept of Key-Part and Key-Site Protection; achieved by integrating Standard Precautions such as hand hygiene and personal protective equipment with appropriate aseptic field management, non-touch technique, and sterilized supplies. It is designed for all invasive clinical procedures and management of invasive medical devices. In the context of infusion therapy, this includes vascular access device (VAD) placement and management and infusion administration.

Standard-ANTT: A combination of Standard Precautions and an approach of protecting Key-Parts and Key-Sites. Used for clinical procedures such as VAD flushing and locking, administration set preparation and change, and intravenous medication administration. In the event of Key-Parts or Key-Sites requiring direct touch, then sterile gloves must be used.

II. POLICY: COMPONENTS OF ANTT

- A. **Key-Site:** Any portal of entry into the patient (e.g., VAD site, injection site, open wound).
- B. **Key-Part:** The part of the procedure equipment that, if contaminated, is likely to contaminate the patient (e.g., syringe tip, male luer end/spike of administration set, injection needle, needleless connector, open lumen of central vascular access device).
- C. **General Aseptic Field:** A decontaminated and disinfected procedure tray or single-use procedure kit/barrier. Used to promote, but not ensure, asepsis.

- D. **Critical Aseptic Field:** A sterile drape/barrier. Used to ensure asepsis; all procedure equipment is placed upon the drape and managed collectively.
- E. **Micro Critical Aseptic Field:** A small protective sterile surface/housing (e.g., sterile caps, covers, and the inside of recently opened sterile equipment packaging) that protect Key-Parts individually.

III. PROCEDURE

The 'ANTT-Approach' involves a combination of methods aimed at achieving and supporting best practice aseptic technique.

A. SUPPLIES (vary according to procedure)

1. Non- sterile Gloves, if indicated
2. Sterile Gloves, if Key-Parts or Key-Sites require direct touch
3. Skin antiseptic, if inserting Vascular Access Device
4. Antiseptic cleanser to decontaminate and disinfect surfaces
5. Single-use procedure kit
6. Sterile drape/barrier
7. PPE, if indicated

B. Insertion and removal of peripherally inserted vascular or subcutaneous access device

1. Perform hand hygiene for at least 20 seconds
2. Disinfect workspace and allow to dry
3. Immediately prior to assembling equipment, hand hygiene is repeated
4. Equipment and sterile supplies are placed onto the Critical Aseptic Field using a non-touch technique.
5. Perform skin antisepsis prior to access device placement using a single-use sterile applicator or antiseptic wipe
6. Use Standard-ANTT for simple PIVC or subcutaneous access device insertion
 - a. Don a new pair of disposable, nonsterile gloves in preparation for PIVC insertion; do not touch or palpate the insertion site after skin antisepsis
 - b. If repeat palpation of the vein is required after skin antisepsis, use sterile gloves for palpation

C. Drug preparation and Administration

1. Perform hand hygiene for at least 20 seconds
2. Disinfect workspace and allow to dry
3. Immediately prior to assembling equipment, hand hygiene is repeated
4. Once equipment is assembled, protect Key-Parts (e.g., syringe tip, male luer end/spike of administration set, injection needle)
5. Adhere to Standard ANTT when disinfecting injection ports/needleless transfer devices/ needleless connectors. Vigorously scrub for 30 seconds and allow to dry for 60 seconds
6. Adhere to Standard-ANTT when accessing a needleless connector.

- a. Attach only a sterile syringe tip or sterile male luer end of the intravenous (IV) administration set to the needleless connector.

D. Dressing Changes

1. Perform hand hygiene for at least 20 seconds
2. Disinfect workspace and allow to dry
3. Immediately prior to assembling equipment, hand hygiene is repeated
4. Equipment and sterile supplies are placed onto the Critical Aseptic Field using non-touch technique.
5. Apply sterile dressings and securement devices using ANTT
6. Adhere to Standard-ANTT when accessing and changing a needleless connector.

IV. REFERENCES

Infusion Nurses Society. 9th Edition (2024). Infusion Therapy Standards of Practice. *Journal of Infusion Nursing Volume 47, Number 15*.

V. APPROVAL HISTORY

Approved By:	Title:	Date:
Kathleen Patrick	President	08/01/2023
David Benedict	President	07/06/2026