CVAD

Aseptic non-touch technique (ANTT) Literature
I have more faith in ANTT than any other intervention.

Around 80 per cent of healthcare professionals do not clean medical equipment properly, according to the UK’s lead on aseptic non-touch technique (ANTT).

Healthcare-acquired infections (HAIs) are a serious concern, costing the NHS 1 billion pounds a year and causing 5000 deaths annually despite increased funding. A contributing factor is the variety of aseptic techniques in use in different hospitals and even within a single hospital. These cause problems for healthcare workers as well as increasing the risk of HAI. This article examines a number of traditional approaches to aseptic technique, highlighting their differences and the implications for infection control. It concludes that improvement in aseptic technique could be achieved by implementation of a single unified approach to aseptic technique that can be standardized and audited annually, such as the aseptic non-touch technique (ANTT), which has been recommended for adoption throughout the UK. It ends with suggestions for measures that could be introduced and strengthened to improve aseptic technique, and ultimately reduce the rate of HAI. [References: 30]

It is essential that nurses recognise the consequences of patients acquiring a healthcare-associated infection (HCAI). This article outlines how handwashing continues to be the most important factor in reducing HCAI, but that the use of an aseptic technique will further cut the risk of infection. Because most aseptic techniques do not require a surgical aseptic technique, emphasis is placed on the use of an aseptic non-touch technique, which is required for many procedures in hospital and the community. [References: 16]

A lack of understanding of aseptic practice can lead to confusion and poor performance of the technique. This article explains the principles of surgical aseptic technique and aseptic non-touch technique in relation to intravenous therapy, and outlines the nurse’s role and responsibilities when carrying out the procedure.

A randomised, prospective study was conducted to evaluate the impact on central venous catheter (CVC) infection when fluids and lines connected to a CVC were changed using a 'sterile' compared to an 'aseptic, non-touch' technique. The study sought to determine whether there were any differences in CVC tip colonisation (CTC) or CVC-related bacteraemia (CRB) as a result of the technique used for fluid and line changes. In the sterile technique (control) group, fluids and tubing were changed using full sterile technique. In the aseptic, non-touch (experimental) group, fluids and tubing attached to the CVC were changed using only a small sterile drape and a 2-minute clinical hand wash. When the CVC was removed, the tip was sampled and cultured using the semi-quantitative method. Blood cultures were also collected. In all, 111 samples from 79 patients were included in the trial: 61 in the sterile technique group and 50 in the non-touch, aseptic technique group. Results showed a CTC rate of 31 per cent in the control group and 14 per cent in the experimental group, while the CRB rate was 8.2 per cent and 6 per cent respectively. The most common organisms cultured were Staphylococcus aureus and S. epidermis respectively. This study indicates that it is safe to change fluids and lines attached to CVCs using the aseptic, non-touch technique, which has resulted in significant financial savings through less use of equipment and less nursing time required to perform fluid and line changes.


Aseptic technique is a critical last line of defence between patients and clinical staff. Aseptic Non Touch Technique (ANTT) recognises this and is based on the premise that reducing the variables in aseptic practice across large clinical workforces by standardising aseptic technique will improve quality of practice and subsequently infection rates. The scale of adoption of ANTT in the National Health Service (NHS) continues to grow, with uptake currently estimated at between 150DL250 NHS hospitals using ANTT as a standard aseptic technique. To better understand how effectively the implementation process was working in different trusts a convenience sample of acute trusts (n=7) was reviewed. The trusts used the recommended ANTT implementation framework and applicable audit tools. Feedback was requested regarding the implementation process as well as healthcare associated infection (HCAI) trends mapped before and after ANTT implementation. All seven trusts had found the ANTT implementation process an effective tool for standardising aseptic practice across large clinical workforces. Data reviewed from five of the trusts suggests the process impacted positively on HCAI trends. Limitations include appreciating ANTT implementation alongside other infection control interventions. More controlled studies appear to be warranted, especially now that ANTT is the most common standard aseptic technique in NHS hospitals.

Despite increased NHS funding, health care-associated infection (HCAI) remains a major problem. Polarising the issue is the media's favourite 'superbug'--methicillin-resistant Staphylococcus aureus (MRSA). Incidence of MRSA in the UK continues to rise at a higher rate than in other European countries. The National Audit Office estimates the cost of hospital-acquired infection to be 1 bn Pound a year, and it causes 5,000-15,000 deaths annually (NAO, 2000).