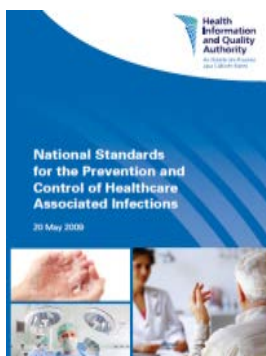


HCAI/AMR Newsletter – December 2015

In this issue, Mary McKenna, Infection Prevention and Control Nurse Lead for the HSE HCAI and AMR Clinical Programme, explains Aseptic Non Touch Technique (ANTT), when it is needed in general practice and how to perform it.

- Infection transmission during invasive procedures or using invasive devices in the GP setting.
- What is Aseptic Non touch Technique (ANTT), which procedures does it routinely apply to in the practice and when should it be performed?
- Tips to practically apply ANTT in the general practice setting.



HIQA Standard 8 for the prevention and control of HCAI states “Invasive medical device related infections are prevented or reduced”.

Practical tips in meeting the standards with the application of Aseptic Non Touch Technique

Healthcare-associated infections (HCAIs) can occur in otherwise healthy individuals, especially during invasive procedures or if invasive medical devices are used. A Healthcare Associated Infection (HCAI) is an infection acquired in a healthcare facility or as result of a health care intervention. For example, indwelling urinary catheters are the most common cause of urinary tract infections, and avoidable bloodstream infections are largely attributed to invasive devices.

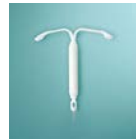
An invasive medical device is best described as any device which either whole or in parts penetrates inside the body either through a body orifice or through the surface of the body.

HCAIs are caused by a wide range of microorganisms, e.g. staph aureus, hepatitis B, c. difficile, e. coli). These are often carried by the patients themselves (on their skin, in their blood or bowel) and have taken advantage of a route into the body provided by an invasive device or procedure.

Healthcare-associated infections can exacerbate existing or underlying conditions, delay recovery and adversely affect quality of life. They are a major patient safety problem.

What is Aseptic Non-Touch Technique (ANTT)?

ANTT is a set of practices that are recommended when performing any procedures that involve contact beyond the body's natural defenses e.g. beyond intact skin or mucous membranes. The susceptible site should not come in contact with anything that is not sterile.



What is the aim of ANTT?

To prevent organisms present on hands, surfaces or equipment from being introduced to a susceptible site such as a surgical wound or a catheter insertion site, or in contact with mucous membranes (e.g. the eyes).

A number of practical measures should occur to ensure key parts of the equipment (e.g. the tip of needle/forceps) remain sterile during procedures, and key sites (e.g. wound/insertion site) do not become contaminated.

Examples of procedures where ANTT is recommended

- Care of wounds, including suturing of skin incisions and lacerations.
- Insertion of urinary catheters and intrauterine devices.
- Vaginal examination-using instruments (e.g. smear taking, high vaginal swabbing)
- Punch biopsies, excisions of lesions.
- Venepuncture and venesection.

For longer invasive procedures which require more complex surgery, **surgical asepsis** is required which is more applicable in the hospital setting and is not included in this newsletter.

Tips to practically apply ANTT in the general practice setting

3 essential elements in ANTT:

1. Correct application of hand hygiene using an alcohol hand rub on physically clean hands or hand washing using the 5 moments for hand hygiene as recommended by the WHO.
2. Correct preparation of the work area with an aseptic field using a clean to dirty workflow. An aseptic field is achieved by cleaning and disinfecting the tray/work surface or using a sterile drape which comes in procedure packs.
3. Correct handling of equipment and supplies to prevent contamination.

Core basic principles that need to be followed


- Hand hygiene.
- Equipment preparation – in a clean designated area.
- Appropriate PPE including gloves.

- Protect key site from contamination (i.e. wound).
- Protect key parts from contamination (i.e. instrument used directly on patient).
- Dispose of all single use equipment or decontaminate all equipment following use.

Hand hygiene

Alcohol rub AHR is the preferred method for HH if your hands are physically clean .

Bare to the elbow, no rings, no nail varnish, cuts covered. It is equally important to carry out HH both before and after removing gloves as your hands can become contaminated through gloves.

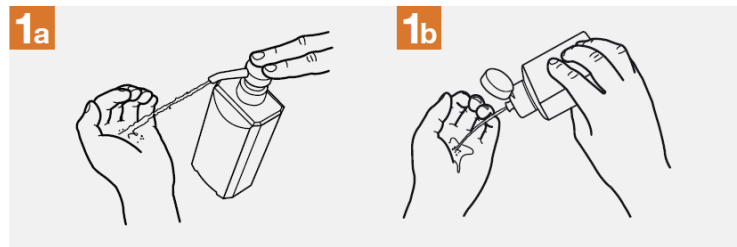
Moments for Hand Hygiene	
4 Moments for Hand Hygiene 1. Before Touching A Patient 2. Before Clean/Aseptic Procedure 3. After Contact with Body Fluids 4. After Touching A Patient	
<p>In outpatient settings Moment five after touching the patients surrounds or applies where the patient is placed for a certain amount of time in a dedicated space with dedicated equipment e.g. when carrying out wound care/minor procedure . In this case the surfaces and items in the patients surrounds v become contaminated.</p>	

<http://www.hse.ie/handhygiene> – YouTube video demonstrating the 5 moments HH for General practice with Dr Nuala O Connor and Nurse Sheila Donlon.

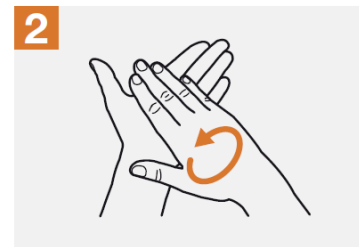
How to Handrub?

RUB HANDS FOR HAND HYGIENE! WASH HANDS WHEN VISIBLY SOILED

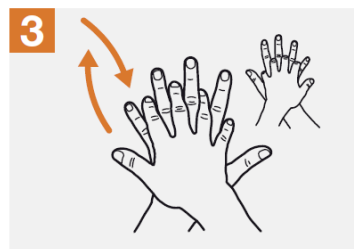
 **Duration of the entire procedure: 20-30 seconds**



Apply a palmful of the product in a cupped hand, covering all surfaces;



Rub hands palm to palm;



Right palm over left dorsum with interlaced fingers and vice versa;



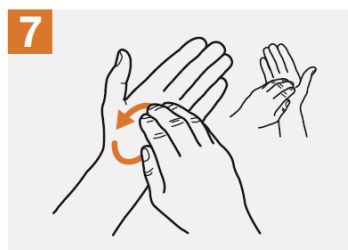
Palm to palm with fingers interlaced;



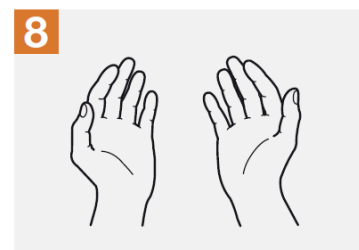
Backs of fingers to opposing palms with fingers interlocked;



Rotational rubbing of left thumb clasped in right palm and vice versa;



Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



Once dry, your hands are safe.

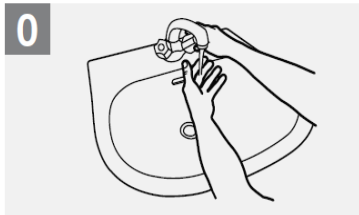
Tip: Print, laminate and display these posters near every clinical hand wash sink for HIQA compliance.

How to Handwash?

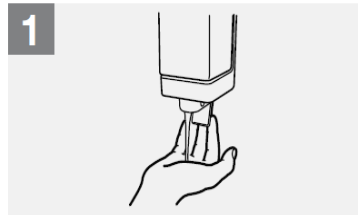
WASH HANDS WHEN VISIBLY SOILED! OTHERWISE, USE HANDRUB



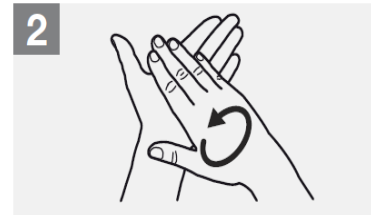
Duration of the entire procedure: 40-60 seconds



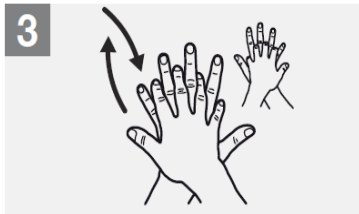
Wet hands with water;



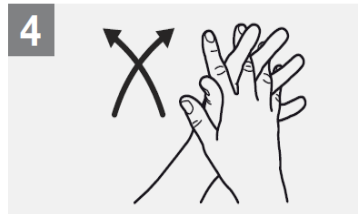
Apply enough soap to cover all hand surfaces;



Rub hands palm to palm;



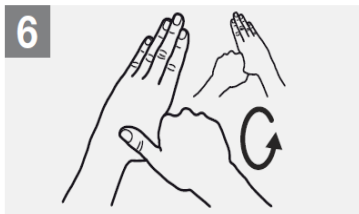
Right palm over left dorsum with interlaced fingers and vice versa;



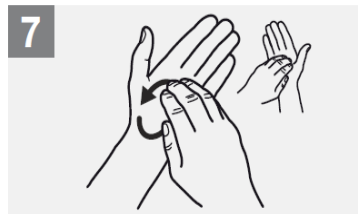
Palm to palm with fingers interlaced;



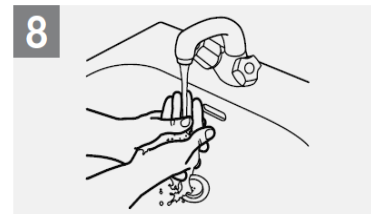
Backs of fingers to opposing palms with fingers interlocked;



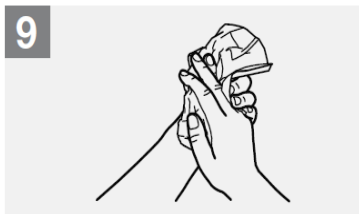
Rotational rubbing of left thumb clasped in right palm and vice versa;



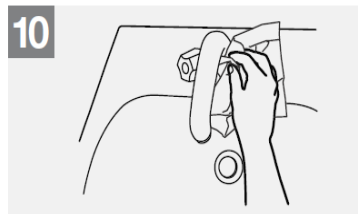
Rotational rubbing, backwards and forwards with clasped fingers of right hand in left palm and vice versa;



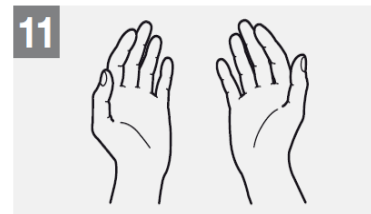
Rinse hands with water;



Dry hands thoroughly with a single use towel;




Use towel to turn off faucet;



Your hands are now safe.

Equipment

Equipment used during ANTT procedures:

- Must be sterile.
- Must never be contaminated before use.
- Should be opened from the packaging directly onto a clean surface such as a washable tray / trolley surface.
- Items that inadvertently touch something non-sterile before use are considered to be contaminated and must be discarded.
- Sterile equipment may be disposable and single use with the symbol displayed .
- Only when in full compliance with the Code of Practice for Reusable Invasive Medical Devices can reusable instruments be an option.

When are sterile gloves required?

If there is a risk that hands may come in direct contact with the key part or the key site during the procedure sterile gloves are required. These should be applied directly after performing hand hygiene and immediately before performing the procedure. Remember, if the gloved hands become contaminated during the procedure they should be removed, hand hygiene performed and another pair of gloves applied.

How to create a sterile field in the general practice setting

A clinically clean surface (e.g. a stainless steel trolley or counter top situated close to the patient) should be used for equipment preparation and a sterile field created by placing the sterile equipment on the sterile drape supplied with the dressing pack.



After hand hygiene is carried out, key equipment required for the procedure is opened from its packaging directly onto the sterile field, to ensure the key parts used for the procedure remain sterile.

It is important that the outer packaging of the equipment is dry and intact and the expiry date is clearly recorded on the outside and is in date.

Waste

Segregate waste appropriately. All waste contaminated with blood or other body fluids is discarded into an approved healthcare risk waste bag/container and sharps are discarded into a sharps box. Seek advice from your healthcare risk waste contractor about the disposal of single use items and the appropriate container required.



Suggested reading

- Guidelines for Hand hygiene in Irish Healthcare Settings
<https://www.hpsc.ie/A-Z/Gastroenteric/Handwashing/Publications/File,15060,en.pdf>
- Guidelines on the facilities required for minor procedures and minimal access interventions
Journal of Hospital Infection 2012 Feb; 80(2):103-9. doi: 10.1016/j.jhin.2011.11.010. Epub 2011 Dec 20.
- Further information on ANTT
http://www.antt.org/ANTT_Site/home.html
- Full Infection Prevention and Control Guidelines for General Practice in Ireland
<http://www.hpsc.ie/A-Z/MicrobiologyAntimicrobialResistance/InfectionControlandHAI/Guidelines/File,14612,en.pdf>

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