



ASEPTIC NON-TOUCH TECHNIQUE (ANTT)

ANTT refers to the infection control methods and precautions necessary during invasive clinical procedures to prevent the transfer of microorganisms from health professionals, procedure equipment or the immediate environment, to the patient.

Principles of ANTT PROCEDURE are:

- A**lways decontaminate hands
- N**ever contaminate key parts of sterile materials/equipment or key site
- T**ouch non-key parts with confidence
- T**ake appropriate infective precautions e.g. PPE, waste disposal



Asepsis is an accurate and achievable quality standard relating to “the absence of pathogenic microorganisms”.

Key Considerations for Wound Cleansing

The objective of wound cleansing is to remove loosely adherent debris and necrotic tissue from the wound surface to reduce the bioburden on the wound.

Points to consider:

- Does the wound really need cleaning?
- What is the safest method that causes no ill effects?
- What is acceptable to the patient?

Traumatic Wounds: Cleansing bacteria, soil and other debris from traumatic wounds, as well as surgical debridement cannot be overemphasised. Aseptic non- touch technique is not crucial here as tap water in a shower is often used in this situation.

Irrigation is the preferred method for wound cleansing, to minimise trauma and optimise healing of tissue. The solutions used for irrigation are:

Normal saline: safe for use on all wound types.

Potable tap water: in contaminated skin lacerations, chronic wounds. The following needs to be considered:

1. the quality of the water
2. the nature of the wound, and
3. the patients’ general condition.

Sterile water: if normal saline is contra-indicated.

Antiseptics: are not generally used for wound cleansing, please seek medical advice.

WOUND PRODUCT SELECTION

The classic local signs of infection in acute wounds include:

Pain, Erythema (redness), Oedema, Purulent discharge, Increased heat.

For Chronic wounds it has been suggested that other signs should be added:

- Delayed healing
 - Increased exudate
 - Friable and exuberant tissue
 - New areas of slough
 - Undermining
 - Malodour and wound breakdown
- (Cutting & Harding 1994)

WOUND PRODUCT CATEGORIES

Alginates

They absorb exudate as they change from a fibrous structure to a gel. Suitable for bleeding wounds.

Impregnated gauze

Made from open weave gauze or rayon material impregnated with a non medicated hydroactive substance. For minor wounds.

Hydrogels

Made from insoluble polymers and have a high water content. Helps to loosen devitalised tissue

Hydrofibre

Made from hydrocolloid fibres that gel in the presence of exudate hence can absorb moderate to high levels of exudate

Foam

Help to maintain a moist environment at wound surface and are non adherent.

Low Adherent

Very little absorbent capacity best on wound with little exudate

Non Adherent

Silicone or Paraffin viscose dressing which is non adherent. For dry, lightly exuding wounds

Films

A semi permeable polyurethane film with adhesive. Mostly suitable as a secondary dressing

Hydrocolloid

Made from cellulose, gelatins & pectins with a backing of film or foam. Can enhance autolytic debridement

Protease Modulator

A range of modern dressings which interact with the wound and modulate enzymatic activity. Some products have high absorbency properties.

Antimicrobials

Antimicrobials are impregnated into a variety of dressing types. Indiscriminate use of antimicrobials should be discouraged because of concerns over bacterial resistance and toxicity.

Commonly used antimicrobials in wound care are:

- Iodine
 - Silver
 - Polyhexamethylene biguanide (PHMB)
 - Honey
 - Dialkylcarbamoyl Chloride (DACC)
- (Dealey 2005, Cowen 2011)

ALWAYS READ THE MANUFACTURER'S INSTRUCTIONS FOR USE

| TISSUE TYPE | DRESSING TYPE | |
|------------------------|--|--|
| | None to low exudate | Moderate to High exudate |
| Necrotic | Hydrogel Hydrocolloid | Alginate Hydrofibre |
| Infected | Iodine Silver Honey | Silver DACC PHMB Protease Modulator |
| Sloughy | Hydrogel Cadexamer Iodine Silver Honey | Alginate Hydrofibre Protease Modulator |
| Granulating | Low/Non Adherent Hydrocolloid Film | Low/Non Adherent Foam Hydrofibre Alginate |
| Epithelialising | Low/Non Adherent Hydrocolloid Film | Low/Non Adherent Foam Hydrofibre |
| Cavity | Hydrogel Impregnated hydrofibre | Alginate rope Hydrofibre rope DACC rope |

Use an outer absorbent dressing as required. Compression Bandaging should be considered for Venous Leg Ulceration

References: Cowan T. (ed) (2011) *Wound Care handbook 2011-2012* (4th edn) Mark Allen Healthcare, Cutting KF, Harding KG (1994) Criteria for identifying wound infection. *Journal of Wound Care* 3:198 -201 and Dealey C (2005) *The Care of Wound*, 3rd Edition, Blackwell Publishing.