Emergency-ANTT

Patient care doesn’t need to be compromised in emergency situations

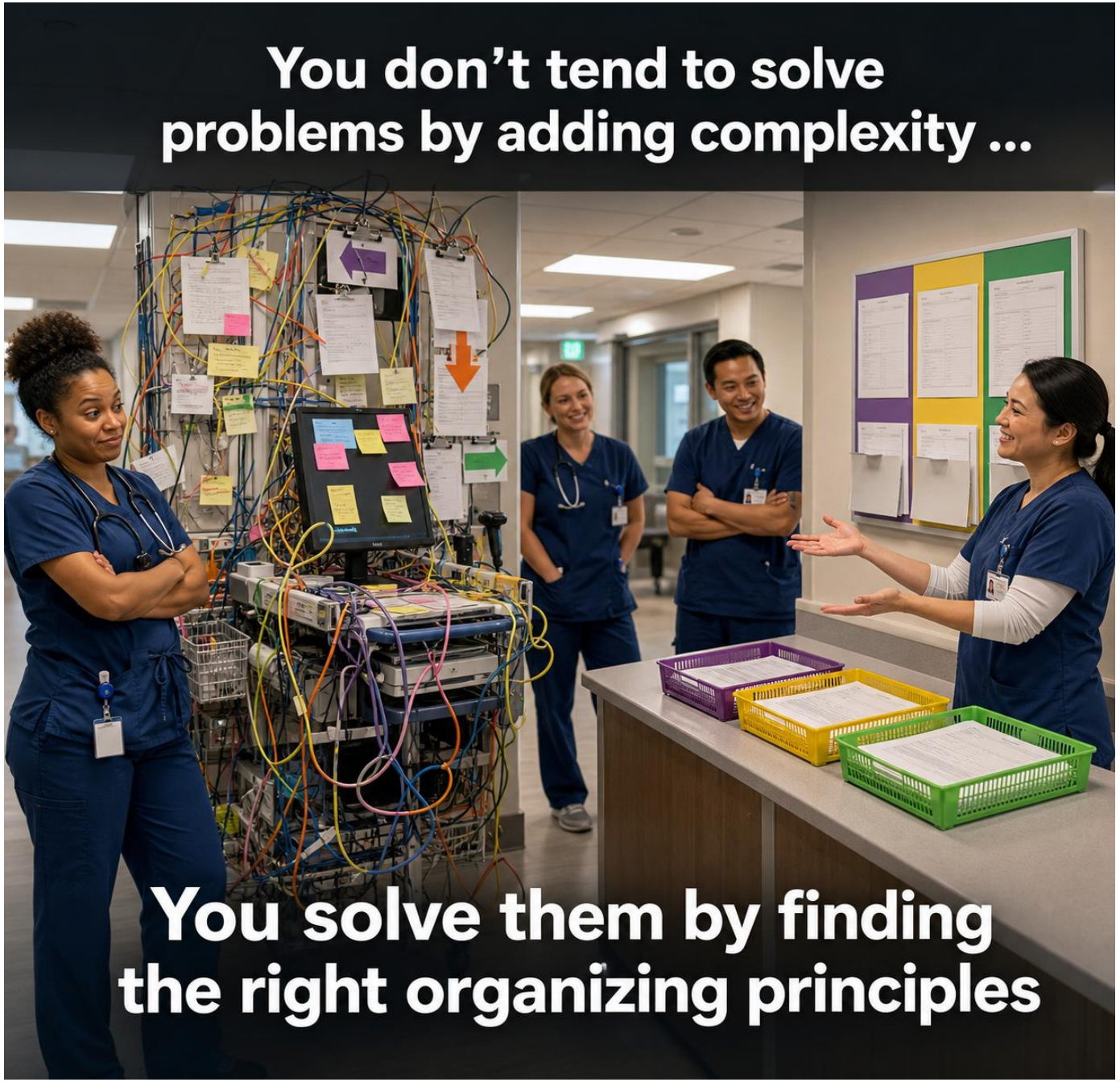
Simon Clare
ANTT Conference 2026

The patient is deteriorating

Urgent vascular access
Constrained working space
Competing clinical priorities



What must remain aseptic?



Emergency-ANTT®

Aseptic Non Touch Technique

A pragmatic approach to ANTT® that focuses specifically on:

What ANTT approach is possible in the moment

Emergency-ANTT®

“The reflexive application of the ANTT Clinical Practice Framework in time-critical and potentially compromised environments, intuitively prioritizing Key-Part and Key-Site Protection while enabling urgent clinical intervention.”

Adaptive Capability applied when time is critical

Emergency-ANTT: same aim of asepsis, reprioritised process

Standard-ANTT. A linear process



Emergency-ANTT. A flexible process



Prioritising the critical clinical situation, without abandoning asepsis

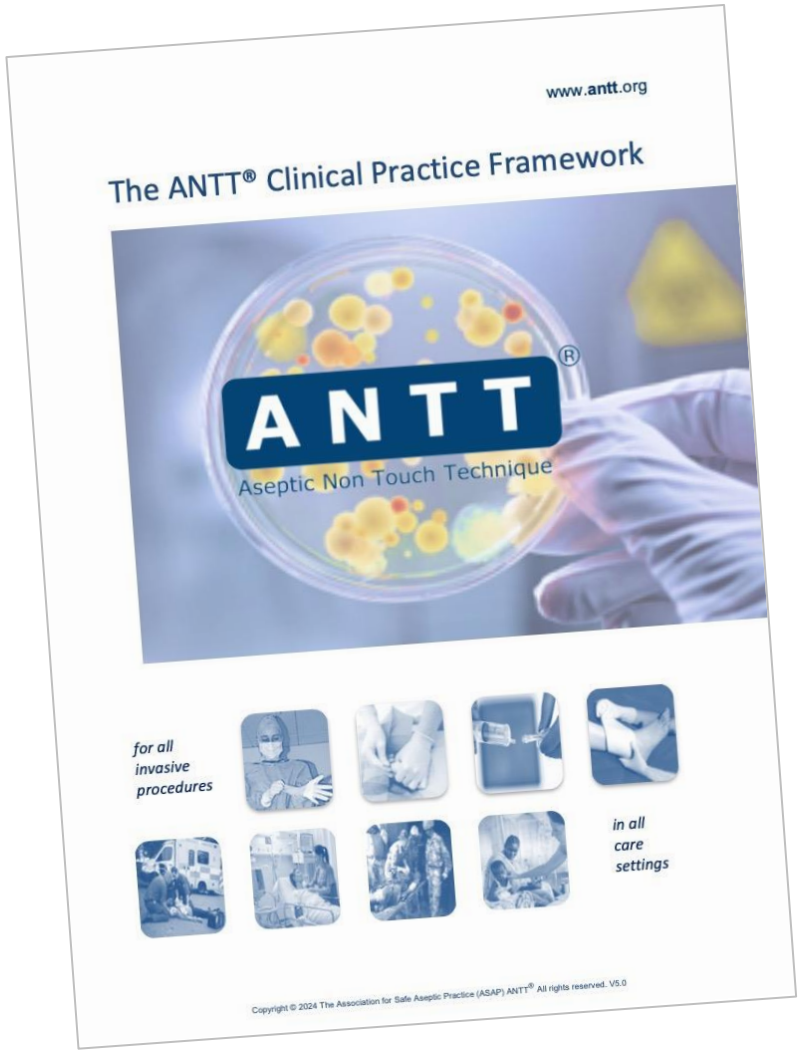
Emergency-ANTT is possible because of theory of practice described here as - Adaptive Capability

“Adaptive capability describes the capacity of healthcare workers to apply the same core principles of asepsis safely and effectively despite changing clinical circumstances, while maintaining the essential requirement for Key-Part and Key-Site Protection.”

Clare & Rowley, 2026

The ANTT Clinical Practice Framework provides the principles and the two clinical methodologies, Standard-ANTT and Surgical-ANTT.

Adaptive Capability describes the capacity to apply them while maintaining Key-Part and Key-Site Protection as circumstances change; this is can now accurately be termed Emergency-ANTT.



Surgical-ANTT®
Aseptic Non Touch Technique

Standard-ANTT®
Aseptic Non Touch Technique

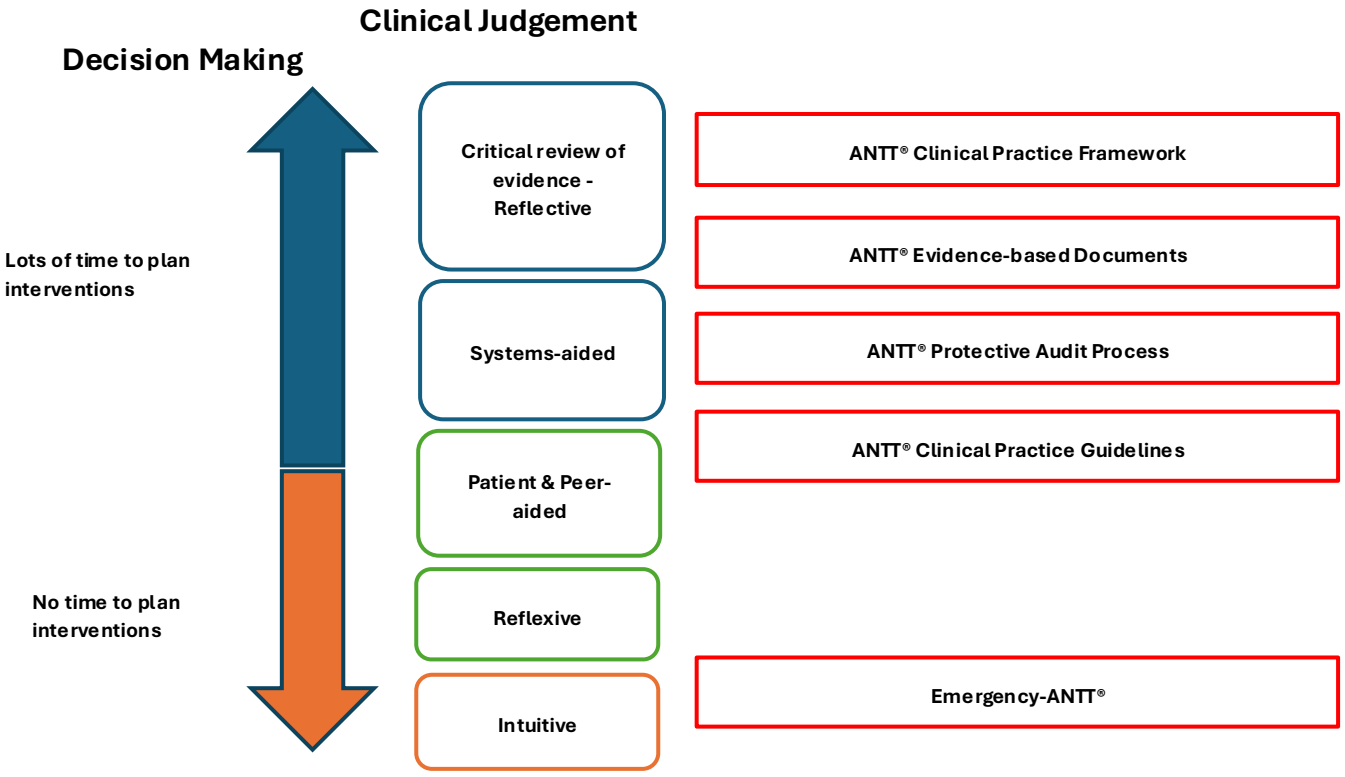
Emergency-ANTT®
Aseptic Non Touch Technique

Adaptive Capability can apply to various factors; for example:

- The procedure environment
- A lack of medical supplies
- Time critical situations
- Imminent harm

Adaptive Capability is not an afterthought or coincidence - It is a core element of the ANTT Approach, inherent adaptability to address complex changing environments and clinical situations

Adaptive Capability as an Inherent Property of the ANTT Clinical Practice Framework



An inherent property of the framework

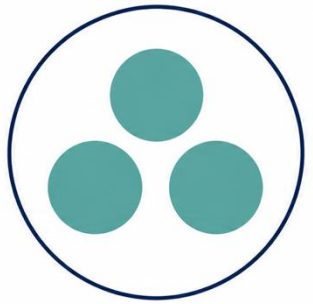


Hospital care **Community care** **Humanitarian care**

Adaptive Capability, inherent in ANTT, is adaptable to every environment

Two clinical methodologies





Standard-ANTT®

Individual Key-Part Protection
Micro Critical Aseptic Fields and NTT
General Aseptic Field

Surgical-ANTT®

Collective Key-Part Protection
Critical Aseptic Field management

Adaptive Capability operates within both methodologies

Clinical judgement under time compression



Reflective

Evidence and planning

Systems- and peer-aided

Guidelines and discussion

Intuitive

Recognition and rapid judgement

As time compresses, clinicians increasingly draw on learned ANTT principles

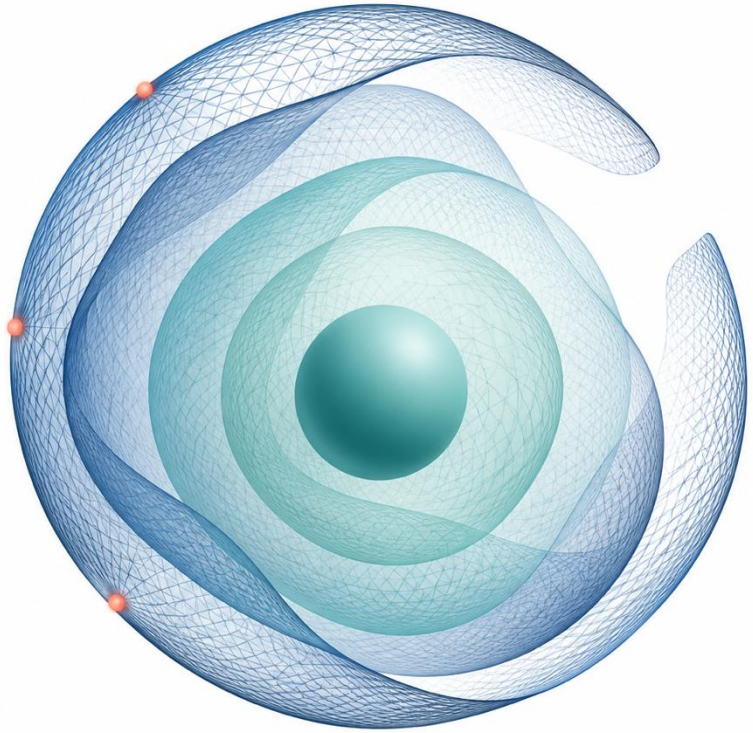
ANTT as overlapping safety nets

Hand Hygiene

Decontamination & Disinfection

Non-touch Technique

Aseptic Field Management

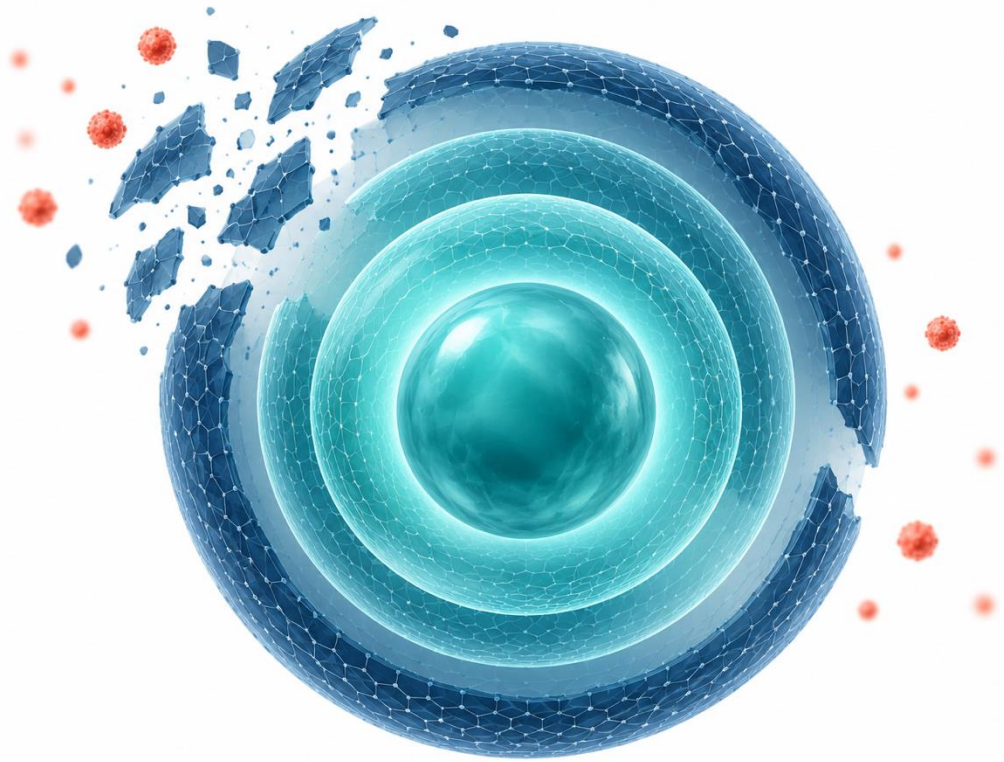


Different protective functions support

Key-Part and Key-Site Protection

When a protective mechanism is compromised

- Recognition of the threat
- Prioritisation of protection
- Preservation of remaining protective mechanisms



Key-Part and Key-Site Protection remains the organising principle

The protective function of each action



Hand hygiene

Reduces transmission via hands



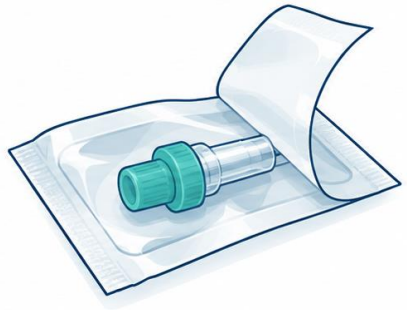
Non-touch technique

Prevents touch contamination



Disinfection

Reduces microbial contamination



Micro Critical Aseptic Fields

Protect individual Key-Parts

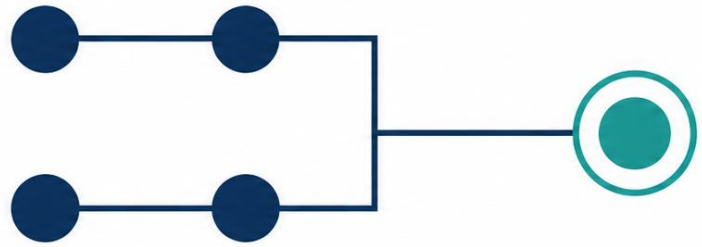
Understanding function makes prioritisation possible

Non-linear practice



Sequential organisation

Actions in a familiar order



Concurrent organisation

Actions respond to changing priorities

Clinical priorities can change sequence while essential protections remain

The central ANTT requirement

‘Aseptic Key-Parts must only contact other aseptic Key-Parts or Key-Sites'

Non-touch technique supports this requirement across clinical settings

Micro Critical Aseptic Fields

Individual Key-Part Protection

Sterile caps and covers
Inside of recently opened
sterile packaging



A protective resource inherent within the equipment already at hand

Clinical methodology and adaptive application

ANTT risk assessment

Which clinical methodology does the procedure require?

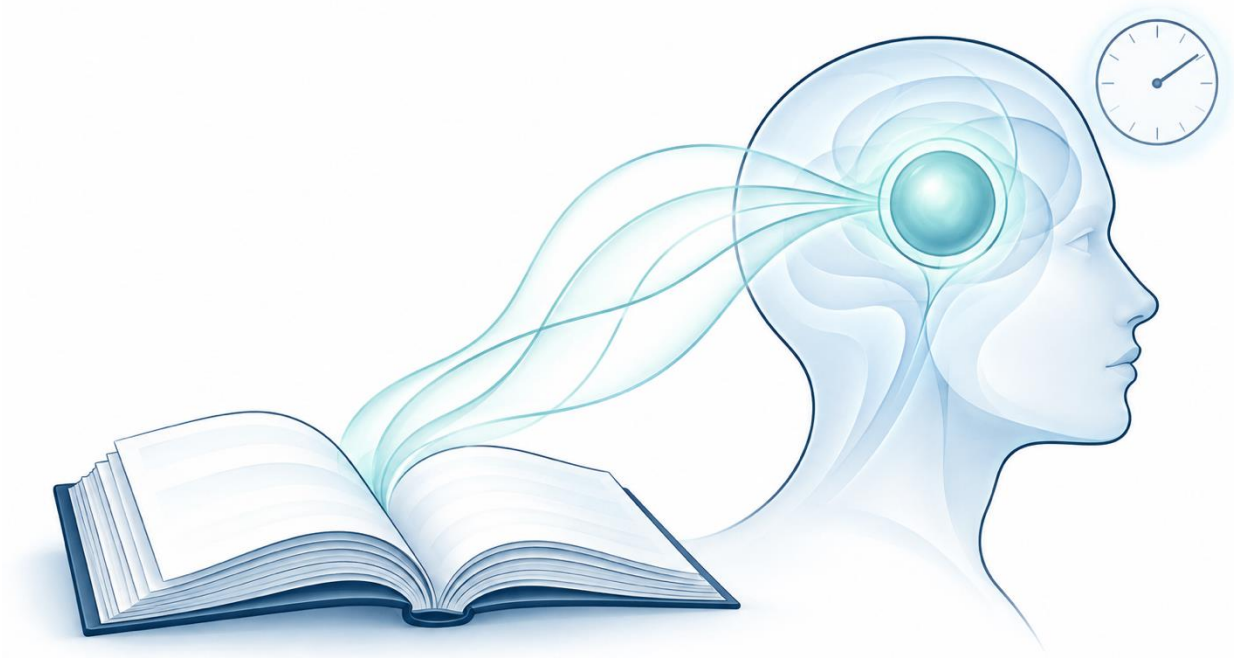
Adaptive Capability

How can that methodology maintain Key-Part and Key-Site Protection as circumstances change?

Urgency and procedural complexity are different dimensions

Standardisation supports Adaptive Capability

- Shared ANTT terminology
- Understood protective principles
- Learned clinical application



A consistent framework supports judgement in changing conditions

Preparedness supports rapid application

- Accessible equipment
- Packaging that supports NTT
- Effective disinfection processes



Preparation makes aseptic protection easier to maintain under pressure

Emergency-ANTT Example:
Adaptive Capability in urgent cannulation

Context: time and space are constrained

Priority: Key-Part and Key-Site Protection

Application: NTT, Micro Critical Aseptic Fields, and skin disinfection



The application responds to the context. The aseptic requirement remains.

One standard of aseptic practice

The framework adapts.
The standard does not.

Key-Part and Key-Site Protection

The Theory … **What**

Emergency-ANTT… represents an evolution in the application of ANTT.

By aligning ANTT principles… with theories of clinical judgement and human factors, it provides a practical framework for maintaining patient safety in urgent and compromised environments.

The Application … **How**

Aseptic technique is not optional; but it is adaptable. The enduring success of the ANTT Clinical Practice Framework across diverse clinical environments suggests that standardisation and adaptability are not opposing concepts, but complementary characteristics of safe aseptic practice.

The Rationale … **Why**

Emergency-ANTT reinforces the fundamental objective of aseptic practice: to protect patients from preventable exposure to harmful microorganisms under all conditions.

Sources for the framework and terminology

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