

HIGH DESERT HEALTH SYSTEM AMBULATORY SURGICAL CENTER

SUBJECT: V-107 PRINCIPLES OF ASEPSIS	POLICY #: 1232
	VERSION: 2
APPROVED BY: ASC Approvers, Aram. Messerlian (CHIEF PHYSICIAN I ANESTHESIOLOGY), Beryl. Brooks (ADMR,COMP AMB HEALTH CARE CENTER), Leila. Adriano (NURSE MANAGER)	
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PURPOSE: To provide guidance for establishing and maintaining a sterile field.

POLICY: The Ambulatory Surgical Center staff will implement sterile techniques with preparing, performing or assisting with surgical or invasive procedures.

PROCEDURE:

- I. Every Article Used in a Sterile Surgical Procedure Must Be Sterile.
 - A. Approved methods of sterilization include:
 1. Saturated steam under pressure
 2. Liquid chemical sterilization
 3. Dry heat
 - B. Articles used on a sterile field must have been either prepackaged and sterilized by the manufacturer or sterilized in Central Services prior to use. Process indicators on the package ensure that the item has been subjected to the sterilization process. An object is either sterile or unsterile. When there is doubt concerning the sterility of an item, it is to be considered unsterile and is not to be used. Situations that should raise doubt about the sterility of an item include:
 1. A sterile-appearing package found in a non-sterile work area or with non-sterile articles
 2. Uncertainty concerning operation or exposure time of sterilizer
 3. A sterile package exposed to moisture
 4. An item wrapped in material that contains holes or tears
 5. Absence of outdate on sterile package
 6. A sterile article left unguarded on the sterile field

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- C. Prior to opening sterile packages, it is the responsibility of the circulating nurse and scrub person to inspect sterile items for:
 - 1. Proper processing.
 - 2. Packaging.
 - 3. Check the appearance of sterilized package integrity.
 - 4. If an expiration date is provided, the date is to be checked prior to opening and placing on the sterile field.
 - 5. The sterilization chemical indication in the sterile package to verify the appropriate color change for the sterilization process used.
 - D. A sterile field will be prepared as close as possible to the time of use.
 - E. It is the responsibility of the scrub person to check the internal process indicator within a sterile tray to determine whether the item has been exposed to sterilization.
 - F. Instrument tray wrappers are to be visually inspected for moisture and integrity before the contents are placed on the sterile field.
- II. Persons in Sterile Attire Touch Only Sterile Articles
- A. Persons in sterile attire preparing a sterile field or draping an unsterile surface always face the area being prepared. Persons in sterile attire do not turn their backs to a sterile field. Gloved hands are protected while draping by making a cuff with the sterile drape. Persons in sterile attire do not lean or reach over unsterile (undraped) surfaces.
- III. Persons in Non-sterile Attire Touch Only Non-sterile Articles
- A. Persons in non-sterile attire avoid reaching over or touching the sterile field when delivering sterile supplies to the sterile field. To dispense sterile contents of a package, the non-sterile person opens the package a safe distance away from the sterile field, protect unsterile hand with outer wrapper of package, and extends protected hand only to the edge of the sterile field or the sterile person. Wrapped items are opened as follows: Flap farthest away first, then the side flaps and the nearest flap will be opened last. Heavy objects will be presented on a separate flat surface.

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IV. Tables Draped with Sterile Drapes are Sterile Only at Table Level

- A. Scrub persons perform all work on the sterile surface of the table or the operative field. Materials (i.e. Sutures and laparotomy pad tapes) that hang over the edge of the sterile field are not considered sterile and are discarded. Items that fall below the level of the sterile field are not brought back onto the sterile field.
- B. Periop team members that are placing sterile drapes on the patient, furniture and equipment on the sterile field are to handle them in a manner that prevents contamination:
 - 1. Handle as little as possible
 - 2. Draping material held in a controlled manner that prevents the sterile drape from coming into contact with unsterile surfaces
 - 3. Drapes are to be placed in a manner that does not require scrubbed team members to lean across an unsterile area and prevents the front of the surgical gown from contacting an unsterile surface.
 - 4. Drapes are to be placed from the surgical site to peripheral areas
 - 5. The portion of the surgical drape that establishes the sterile field should not be moved after it has been positioned

V. The front of the Gown is considered sterile from the chest to the level of the sterile field. Sleeves are considered sterile from two inches above the elbow to the sleeve cuff.

- A. The back of the gown is not considered sterile. Areas of the gown outside the specified boundaries do not touch the sterile field or sterile articles. Articles that drop below the chest level of the gown are discarded. Hands are not placed under the arms in the axillary region.

VI. The edges of containers enclosing sterile items are not considered sterile once the container is opened.

- A. Containers enclosing sterile items include, but are not limited to, peel back packages, metal containers with lids, bottles, and linen wrappers. Boundaries between sterile and unsterile areas must be carefully evaluated.
 - 1. A one-inch safety margin is considered standard on package wrappers.

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2. On wrappers used to drape a table, the margin begins at the table edge.
3. The inner edge of the heat seal package is considered the sterile boundary on peel back packages
4. When sterile liquids are dispensed (example: 0.9% NS for irrigation), the entire contents of the bottle are poured or the remainder is discarded.

VII. Sterile Persons Keep Well Within the Sterile Area

- A. A wide margin of safety is maintained when passing sterile areas. The following rules apply for movement of sterile persons:
 1. Sterile persons face the sterile field.
 2. Sterile persons stand a safe distance from the operating table when draping the patient.
 3. Sterile persons pass each other back-to-back or face-to-face.
 4. Sterile persons turn their backs to a non-sterile person or non-sterile area when passing same.
 5. Sterile persons ask non-sterile persons to step aside, rather than crowding, when passing.
 6. Sterile person remain close to the sterile back table while preparations to begin the surgery are made by non-sterile persons.

VIII. Non-sterile Persons Maintains a Safe Distance from Sterile Areas

- A. To ensure that non-sterile persons do not contaminate sterile areas, they maintain a safety margin when passing sterile areas and sterile persons. Non-sterile persons face sterile areas and sterile person when passing them.

IX. Sterile Barriers That Have Been Permeated Are Considered Contaminated

- A. Sterile barriers such as gowns and drapes must be inspected before and during surgery to ensure their integrity. When sterile barriers are permeated, they must be replaced or reinforced.
- B. When moisture soaks through a sterile barrier from a sterile surface to an unsterile surface, the sterile surface is considered contaminated.

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C. To prevent contamination:

1. All sterile packages must be placed on a clean, dry surface.
2. When solutions are used during surgery, every effort is made to contain the solutions and to prevent moisture from penetrating sterile barriers, such as drapes, and contacting an unsterile surface.
3. When moisture soaks through a sterile barrier, the barrier is no longer sterile and is replaced or reinforced.

X. Corrective Measures Are To Be Instituted Immediately if Contamination Occurs.

If there is any doubt as to the sterility of an item or surface, it is considered contaminated.

REFERENCES:

The Manual of Operating Room Management

AORN Standards and Recommended Practices 2016

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