

VALLEYCARE
**OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS
ANGIOGRAPHY SUITE/CARDIOLOGY DIVISION
POLICY & PROCEDURE
PACEMAKER/AICD IMPLANTATION**

**NUMBER: 1905
VERSION: 1**

SUBJECT/TITLE: PRINCIPLES OF ASEPSIS

POLICY: Basic principles of asepsis and aseptic technique shall be strictly adhered to in creating and maintaining a sterile field for every surgical procedure.

PURPOSE: To provide a safe environment for the surgical patient by controlling sources of contamination that may cause postoperative wound infections

DEPARTMENTS: All

DEFINITIONS:

PROCEDURE:

Implementation

- 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 hospital facilities 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 sterilization process.
 1. A sterile-appearing package found in a nonsterile work area or with nonsterile 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. A sterile article left unguarded on the sterile field.
 - C. Prior to opening sterile packages, it is the responsibility of the circulating nurse to:
 1. Check the integrity of the package.

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2. Check the expiration date.
 3. Check the appearance of sterilizer indicating tape.
- D. It is the responsibility of the scrub person to check the process indicator within the sterile package to determine whether the item has been exposed to sterilization.
- 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 field. Gloved hands are protected while draping by making a cuff with the drape. Persons in sterile attire do not lean or reach over unsterile (undraped) surfaces.
- III. Persons in Nonsterile Attire Touch Only Nonsterile Articles.
- A. Persons in nonsterile 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 nonsterile person opens the package a safe distance away from the sterile field, protects unsterile hand with outer wrapper of package, and extends protected hand only to the edge of the sterile field or the sterile person.
- 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.
- V. The Gown is Considered Sterile from the Level of the Umbilicus to the Axillary Level in Front. Sleeves are Considered Sterile to Two Inches above the Elbow.
- 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 umbilical 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

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wrappers. Boundaries between sterile and unsterile areas must be carefully evaluated.

1. A one-inch safety margin is considered standard on package wrappers.
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, 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 nonsterile person or nonsterile area when passing same.
 5. Sterile persons ask nonsterile persons to step aside, rather than crowding, when passing same.
 6. Sterile persons remain close to the sterile back table while preparations to begin the surgery are made by nonsterile persons.

VIII. Nonsterile Persons Maintain a Safe Distance from Sterile Areas.

- A. To ensure that nonsterile persons do not contaminate sterile areas, they maintain a safety margin when passing sterile areas and sterile persons. Nonsterile persons face sterile areas and sterile persons 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.
- 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

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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:	
AORN 2008 Standards and Recommended Practices	
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