SUBJECT/TITLE:

STERILE TECHNIQUE

Applicability: Consulting Contractors having successfully completed competencies.

Scope: This policy applies to all consultants who have been instructed utilizing sterile technique in procedures.

Purpose/Principle(s): All Consultants will be familiar with this policy to ensure that sterile technique is applied at all times during sterile procedures.

Procedural Guideline(s): Sterile technique is practiced when applying sterile procedures to prevent the entrance of microorganisms into the site and thus preventing infections. This is implemented through the creation and maintenance of a sterile field. The center of the sterile field is the site of the insertion site. Inanimate items in the sterile field include sterile items and equipment that have been sterilized by appropriate sterilization methods.

There are specific principles that the team members should understand to practice sterile technique. Unless these principles are followed, the safety of the patient is compromised and the potential for post-procedure infection is increased.

Preparing the insertion site:

The goal of skin preparation (prepping) is to reduce the number of organisms available to migrate to the insertion site. The pre-skin preparation is vital. Skin preparation is done immediately before the insertion is made. The task of prepping is the responsibility of the Consultant performing the procedure. The skin is prepared by mechanically scrubbing or cleansing with antimicrobial agents identified as being non-allergic to the patient. The area is then scrubbed in a circular motion. The principle of scrubbing from the clean area (insertion site) to the dirty area (periphery) is observed at all times. A liberal area is cleansed to allow for added protections and unexpected occurrences during the procedure. After preparation of the patient’s skin, the arm is draped and only the insertion site is exposed.
Principles of Sterile Technique

- All material that enters the sterile field must be sterile.
- Sterilization is the only means by which an item can be considered sterile; if it comes in contact with an unsterile item, it becomes contaminated.
- Contaminated items should be removed immediately from the sterile field, and the sterile field will be considered unsterile.
- Consultants must wear only sterile gowns: once dressed for the procedure, they should recognize that all parts of the gown are considered unsterile except the front from chest to table level and the sleeves to 2 inches above the elbow.
- A wide margin of safety must be maintained between the sterile and unsterile fields.
- Any items extending beneath the level of the table are considered contaminated.
- The edges of a sterile package (2 inches from the edges) are contaminated once the package has been opened.
- When opening sterile items to place on the sterile field if a peel pack, both flaps should be peeled open and the items dropped from the package to the sterile field. If the item is wrapped the wrap should be opened away from the person opening the wrap and tucked into hand opening item. The side flaps should then be opened one at a time and tucked into hand holding item, forming a pocket over the hand holding the item. The item may then be placed on the sterile field removing the wrap when placing the item on the sterile field.
- Bacteria travels on airborne particles and will enter the sterile field with excessive air movements and currents.
- Bacteria harbors on the patients and consultants skin and respiratory tracts.
- If in doubt regarding the sterility of an item, consider it unsterile. If a sterile field is contaminated the entire sterile field must be broken down and resumed with new sterile items.
- Everything below the waist is considered unsterile.
- Do not place hands below the waist.
- Do not touch anything not sterile with your sterile gloves or equipment.
- Do not turn your back on your sterile field. Others in the room should always be facing the sterile field if passing.
- Do not leave your sterile field.
**COMPETENCY CHECKLIST FOR STERILE TECHNIQUE**

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<tr>
<th>STEPS</th>
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<tbody>
<tr>
<td>• Have appropriate equipment/ supplies available prior to procedure attempted.</td>
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<tr>
<td>• Cleanse table, wash hands, inspect kits and supplies and check expiration dates.</td>
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<tr>
<td>• Don PPE and wash hands</td>
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<tr>
<td>• Open sterile tray per policy.</td>
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<tr>
<td>• Don sterile gown and gloves per policy.</td>
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<tr>
<td>• Set up sterile field per policy without contaminating equipment including probe.</td>
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<td>• Prep the site using sterile technique per policy.</td>
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<td>• Place PICC/Midline using sterile technique, anesthetic, break-away or peel-away sheath and guide-wire technique, without contamination.</td>
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<tr>
<td>• Perform site care per policy.</td>
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<td>• Discard instruments and supplies using standard precautions, CDC and OSHA guidelines. Confirm sharps count.</td>
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<tr>
<td>• Cleanse probe and ultrasound per policy.</td>
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**Preceptor:**

**Date**

**Orientee:**

*Preceptor signature above indicates that the orientee has successfully completed all aspects of the competency independently.*
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<tr>
<th><strong>Approved by:</strong></th>
<th>John Davis, RN, BSN, CEO</th>
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| **Related Accrediting Standards:** | Intravenous Nurse Society  
California State Board of Nurses |
| **New:** | _____ |
| **Related Accrediting Standards:** | Intravenous Nurse Society  
California State Board of Nurses |
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| **Resources: (if applicable)** |  |
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