

CH 18
SURGICAL ASEPSIS
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OBJECTIVES: THEORY

1. State the four rules of surgical asepsis

SKILLS AND STEPS

Skills: 18.1

Skill 18.2

Skill 18.3

Skill 18.4

Step 18.1



SURGICAL ASEPSIS (STERILE TECHNIQUE)

Surgical Asepsis is another method used to prevent infection.

A= without

Asepsis=without organisms

Surgical Asepsis is practiced in the operating room, obstetric areas, and special diagnostic areas and for procedures such as administering injections, changing wound dressings, performing urinary catheterization, and administering IV therapy.

The importance of maintain sterility must become ingrained, and you must consistently maintain principles of surgical asepsis to protect patients.

By being constantly sensitive as to what is sterile, what is clean, and what becomes contaminated, you catch and rectify breaks in sterile technique before microorganisms are transferred to the patient. .

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Four rules of surgical asepsis:

- Know what is sterile
- Know what is not sterile
- Separate sterile from unsterile
- Remedy contamination immediately

Goal: keep an area free from microorganism

Insertion into the body → sterile

Accessing an existing tube → clean

Initial procedure → sterile

Routine care after healing → clean

Box 18.5 Page 266



MEDICAL ASEPSIS (CLEAN TECHNIQUE)

Medical asepsis- the practice of reducing the number of organisms present or reducing the risk for transmission of organisms.

It involves cleanliness and is accomplished by protecting items in the environment from contamination and by disinfecting items that have been contaminated.

Medical asepsis = clean tasks that do NOT enter a sterile body site

Think: clean, not sterile.

If it enters the body → sterile

If it accesses an existing opening/device → clean

What are some examples?

SURGICAL SCRUB

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- Skill 18.1.
- Its purpose is to remove as many microorganisms as possible without damaging the skin of the hands.
- Water, a nail stick, and antiseptic agent, a scrub brush or sponge pad, and friction are used to cleanse the hands and forearms mechanically.
- The scrub begins at the tips of the fingers, working up the hands, and ends 2 inches above the elbows. All rinsing is done under warm, flowing water. **EACH ARM & HAND ARE SCRUBBED FOR 2.5 MINUTES.**

SURGICAL SCRUB

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- The timing for the scrub does not include rinse time.
- Current standards regarding the time for the traditional scrub are based on the recommendations of the antiseptic agent manufacturer, and consequently the recommended time varies from one agency to another, depending on product used.
- A 2-4 minute scrub is average.
- A brushless and waterless surgical scrub technique uses an antimicrobial agent that contains chlorhexidine gluconate 1% solution and ethyl alcohol 61%.
- Waterless hand rub with an alcohol-based chlorhexidine gluconate solution can be a safe, quick and cost-effective alternative to traditional hand scrub.
- Brushless scrub is approved to the FDA and require less than time than the surgical scrub. Check the manufactures directions for correct technique.



OPENING STERILE PACKS AND PACKAGES AND SETTING UP A STERILE FIELD

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- Many sterile supplies are prepared commercially and are disposable or one-time use items.
- Packs and kits are opened by removing the outer plastic or paper covering, taking out the inner package, and aseptically unfolding the wrapper to form a sterile field.

The principles to observe when opening sterile packages are:

1. Perform hand hygiene
2. Open the sterile package away from the body
3. Touch only the outside of the wrapper
4. DO NOT reach across a sterile field; go around the sterile field if necessary to reach the other side.
5. Always face the sterile field, even when moving to the other side.
6. Allow sufficient space (at least 6 inches) between the body and the sterile field.



MEMORY TIP

- F-S-C

Farthest flap first

Sides next

Closest flap last

- What CONTAMINATES the Sterile Field

red flags:

- Turning your back or leaving the field unattended
- Letting the field drop below waist level
- Reaching across the sterile field
- Touching the inside of the package with bare hands
- Allowing the field to become wet
- Using items that fall on the 1-inch border

OPENING STERILE PACKS AND PACKAGES AND SETTING UP A STERILE FIELD

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- When sterile supplies have been brought to the patient's bedside, never return them to the unit stock shelves. The outsides of these are contaminated, and returning such supplies carries organisms from the patient's room back to the store of supplies for the unit.



STERILE GLOVING

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- Sterile gloves must be used for sterile procedures. These gloves are made of various substances, including latex and nitrile, and are less permeable than the disposable gloves.
- Skill 18.4



CORRECTING BREAKS IN ASEPSIS

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- Whenever it becomes apparent that a break in surgical asepsis has occurred, you must rectify the error.
- A scrub is begun again if the hands touch the sink, which is always considered contaminated; sterile gloves are discarded and new gloves donned when any part of a glove touches a nonsterile area or item.
- Do the right thing and point out breaks in sterile technique that occur when others seem unaware that they have contaminated themselves or the sterile field.



RESOURCE VIDEOS

- <https://www.youtube.com/watch?v=ahWk1vyH1a4>
- <https://www.youtube.com/watch?v=qDbqB80CZ-I>
- <https://www.youtube.com/watch?v=W0vr0rQ7r7Y>