

SURGICAL SITE INFECTION POLICY BUNDLE: PREPARATION OF THE STERILE FIELD

Department / Service:	SCSD
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Approved by:	Anaesthetics, Critical Care, Theatres & Sterile Services Directorate Governance Meeting
Date of approval:	17 th January 2024
Review Date	17 th January 2027
This is the most current document and should be used until a revised version is in place :	
Target Organisation(s)	Worcestershire Acute Hospitals NHS Trust
Target Departments	Theatres
Target staff categories	All clinical staff involved in surgical care of patients

Policy Overview:

This policy sets out the expected best practise the preparation of sterile instrument trolleys for surgical intervention, this is a skilled and precise procedure that requires adherence to a strict aseptic technique throughout. Staff will prepare and maintain a sterile field at all times to minimise the risk of cross infection to the patient.

Key amendments to this Document:

Date	Amendment	By:
June 2019	New document approved	Directorate Governance Meeting
Oct 2020	Reapproved on Governance meeting	Directorate Governance Meeting
July 2023	Reviewed with no changes	AF/RB
28 th Nov 2023	Document extended for 3 months whilst under review	Dr James Hutchinson
17.1.24	Review approved	TACCSS governance

Contents page:

1. Introduction
2. Scope of this document
3. Definitions
4. Responsibility and Duties
5. Policy detail
6. Implementation, dissemination and training
7. Monitoring and compliance
8. Policy review
9. References
10. Background
 - 10.1 Equality requirements
 - 10.2 Financial Risk Assessment
 - 10.3 Consultation Process
 - 10.4 Approval Process

Appendices

Supporting Documents

Supporting Document 1 Equality Impact Assessment
Supporting Document 2 Financial Risk Assessment

1. Introduction

This policy aims to be used in conjunction with the other surgical site infection bundle policies to minimise the numbers of post-operative infections that may be accountable to the surgical phase of a patients care. This particular section will focus on the best practise for preparing a surgical trolley and the creation of an appropriate sterile field

2. Scope of this document

This document will cover all patients undergoing any procedure within WAHNT theatres that will require the creation and maintenance of a sterile field. It is acknowledged that under certain clinical emergencies this process maybe missed/ modified if there is a deemed threat to life.

3. Definitions

WAHNT – Worcestershire Acute Hospitals NHS Trust

Sterile Field - A sterile field is an area kept free of microorganisms to protect the health and safety of a patient during a medical procedure, usually a surgery.

4. Responsibility and Duties

4.1. Role of the senior operating surgeon/clinician

The senior operating surgeon or clinician and scrubbed practitioner are responsible for the monitoring of the sterile field.

4.2. Role of the Divisional Managers & Divisional Directors of Nursing

Divisional Managers & Divisional Directors of Nursing maintain overall responsibility for compliance with this policy within their areas. This includes ensuring that Senior Managers have agreed and instigated a structure that ensures all staff have been informed, educated and trained appropriately for completion of the agreed task.

4.3. Role of the Theatre/Departmental Managers

Theatre or Departmental Managers assume responsibility for the implementation of this policy on a daily basis. To ensure the health, safety and risk management standards are met and maintained. Ensuring regular audits are carried out to monitor compliance with this policy

4.4. Role of Individual Staff

The Trust expects all staff, including temporary members, to adhere to the principles of this policy at all times. This includes informing either the scrub practitioner or the surgeon of any possible breaches of the sterile field.

5. Policy Detail

Perioperative staff with infected lesions of the skin or bacterial infections of the upper respiratory system should not participate in any aseptic technique.

Staff must be aware of differences between sterile items and non-sterile items and share responsibility for monitoring aseptic practice.

The environment and all working surfaces must be cleaned according to WAHT Decontamination Policy and the Cleaning Policy.

All practitioners, staff and clinicians working, or who come to work in the operating theatre environment are expected to act as role models, demonstrating positive behaviours that actively promote best practice for infection prevention and control procedures in the operating theatre environment.

A 'zero' tolerance for breaches to practice for infection prevention and control procedures in the operating theatre environment must be fostered.

All staff involved in the preparation of trolleys for surgical intervention will have received training appropriate to their level of participation and have been assessed as competent.

Staff will ensure that sufficient trolleys, mayo stands and bowl stands are available for the planned surgical procedure and that they are in a good state of repair and have been cleaned thoroughly prior to use.

Staff will collect together all items expected to be required for each procedure in advance of surgery. Any items not available must be detailed to the surgeon in charge of the case prior to start of anaesthesia, to allow the surgeon to make an informed decision regarding whether to continue.

All items to be used must be inspected for sterility and damage.

Equipment and medical devices safeguards

All pre-sterilised articles must be checked for evidence of sterilisation, damage, the integrity of packaging, and an expiry date, prior to use. Any packs found to be in an unsatisfactory condition must be discarded.

Items used within a sterile field must be sterile. Any items that fall into an area of questionable cleanliness must be considered non-sterile.

Sterile drapes must be handled as little as possible. The drapes must be applied from the surgical site to the periphery, avoiding reaching over non sterile areas. Once placed, drapes must not be repositioned to avoid contamination of the sterile field.

Trolleys must be prepared immediately prior to each individual surgical intervention in accordance with the planned operative procedure and individual patient needs.

Trolleys must only be laid up in an area that affords sufficient space to open packs and maintain a sterile field. There should be minimal movement of personnel within this area during preparation of the trolley.

When the procedure is required to be performed under ultra-clean ventilation, the packs must only be opened once under the ultraclean canopy, and must remain within that airflow once opened

All doors within the operating theatre must remain closed wherever possible to maintain correct airflow changes.

A minimum of two personnel are required to prepare sterile trolleys. It is essential that one member is scrubbed, gowned and gloved, and strictly follows the principles of the aseptic technique.

Scrubbed personnel

Staff participating in an aseptic technique should present themselves as recommended in the surgical hand antisepsis, gowning and gloving SSI bundle policy

Scrubbed personnel should remain close to the sterile field and not leave the immediate area. If personnel leave the sterile field and exit the operating theatre they must re-scrub before returning to the sterile field. Leaving the sterile field increases the risk for potential contamination.

Personnel participating within sterile procedures should stay within the sterile boundaries, and a wide margin of safety should be given between scrubbed and non-scrubbed persons.

When changing positions or moving between sterile areas, scrubbed personnel should turn back to back or face to face to avoid contamination.

Scrubbed personnel should keep their arms and hands within the sterile field at all times. Contamination may occur if hands are moved below the level of the sterile field.

Scrubbed personnel should only be seated when the operative procedure is to be performed at that level.

Circulating personnel should not walk between the two sterile fields and should be keep an adequate distance from the sterile field to minimise the risk of decontaminating the sterile field

Dressings must be removed carefully from the wound to prevent scattering of micro-organisms into the air. It is recommended that this is carried out by an assistant wearing gloves rather than a scrubbed member of the surgical team. Used and soiled dressings should be discarded immediately and in accordance with the WAHNT Waste Management Policy.

To reduce the risk of airborne cross infection, talking, movement, opening and closing doors, exposure of wounds, disturbance of clothing and linen, and number of personnel in the theatre must be kept to a minimum. Special consideration must be taken to maintain the integrity of the sterile field at all times.

The sterile field should be constantly monitored and maintained, as sterility cannot be assured without direct observation of the sterile field. Any break in sterility must be reported and acted on to ensure patient safety.

Laying up of instruments in a theatre with an ultra-clean ventilation system should be done entirely under the canopy.

Trolley

Scrubbed personnel must move draped sterile trolleys by placing hands on the horizontal surfaces only.

To maintain asepsis it is essential that all staff are aware of the correct method for opening different sterile packages to avoid the contamination of contents.

Circulating persons must open wrapped sterile supplies by opening the wrapper furthest away from them first. The nearest wrapper must be opened last. Outer wrappers must be secured when presenting sterile items, to avoid contamination.

Sterile items must be presented to the scrubbed person or placed securely on a specific area of the sterile field identified and managed by the scrubbed person. Items must not be tossed on to the sterile field as they may roll off or cause other items to be displaced.

Sharps and heavy items must be presented to the scrubbed person to avoid penetration of the sterile field.

When dispensing solutions, the solution vessel must be placed near the trolley edge or held by the scrubbed person. The solution must be poured slowly to avoid splashing which could cause strike-through and compromise the sterile field.

There will be no open systems used in at any point during the intra operative period.

Sterile fields should be prepared as close as possible to the time of use.

Multi-dispensing antiseptic containers e.g. betadine/povidone must not be refilled and must be discarded at the end of the day.

Preparation of sterile trolleys in advance is not recommended, even with the use of sterile sheets to cover them. The trolleys are subject to contamination over time and removal of sheets without contamination cannot be guaranteed. In addition, unless trolleys are continuously monitored, there is a potential for sterility to be compromised.

Sterile equipment must be presented to the scrub person from the edge of the sterile field and received in such a way as to prevent glove contamination on the unsterile wraps.

It is recommended that wherever possible items are handed directly to the scrub person. Where this is not possible, items may be delivered directly to the sterile field, but it is recommended that a separate area is identified for this purpose, away from the work area to minimise the risk of contamination.

Items must only be delivered to the sterile field at the request of the scrub person. Although anticipation of needs by the circulating person is appreciated, they must not open additional items prior to a request being made, to ensure best possible use of resources.

Once prepared the trolley must be attended at all times.

Standard basic layout of trolleys should be followed in order to facilitate continuity of patient care and safety in the event of a sudden change of scrub personnel during the operative procedure.

Trolleys must be placed correctly around and above the patient depending on the planned operative procedure.

Care must be taken to ensure there is no undue pressure on any part of the patient's body or limbs.

All instruments must be returned to the trolley or mayo stand in order to prevent accidental injury to the patient or members of the surgical team.

Any breach of aseptic technique must be acknowledged and acted on immediately.

Contaminated equipment must be removed from the sterile field. Re-gloving, gowning and draping should be carried out as required.

6. Implementation and Dissemination

6.1 This policy will be implemented and disseminated through the theatre communication routes to include staff meetings and the 08.00AM huddle. The policies will be located and stored on the electronic document library and there will be links to them from the theatre intranet homepage.

6.2 All theatre staff involved in the surgical phase will have an initial set of competencies that will include the correct method for the maintenance of a sterile field

7. Monitoring and compliance

Regular infection control audits should be occurring to closely monitor post-operative infection rates.

Theatres should also conduct their own audit to monitor compliance with this policy and ensure strict adherence where appropriate.

8. Policy Review

This Policy will be reviewed every two years.

Revisions can be made ahead of the review date when the procedural document requires updating. Where the revisions are significant and the overall policy is changed, the author must ensure the revised document is taken through the standard consultation, approval and dissemination processes.

9. References

References:

Code:

AfPP Principles of Safe Practice in the Perioperative Environment (2015)	
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10. Background

10.1 Consultation

Key individuals involved in developing the document

Name	Designation
Susan Smith	
Mathew Trotman	
Andy Fryer	
Sally Ann Pickard	
Tracey Cooper	Deputy Director of Infection Prevention & Control

10.2 Approval process

This document has been circulated to the following individuals for comment/approval.

Name	Designation
Julian Berlet	Divisional Medical Director – Specialised Clinical Services
Tracy Pearson	Divisional Director of Operations – SCSD
Amanda Moore	Divisional Director of Nursing – SCSD
Paul Rajjayabun	Divisional Medical Director – Surgery

10.3 Equality requirements

Equality assessment Supporting Document 1

10.4 Financial risk assessment

Financial risk assessment Supporting Document 2

Supporting Document 1 - Equality Impact Assessment Tool

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

		Yes/No	Comments
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:		
	• Race	No	
	• Ethnic origins (including gypsies and travellers)	No	
	• Nationality	No	
	• Gender	No	
	• Culture	No	
	• Religion or belief	No	
	• Sexual orientation including lesbian, gay and bisexual people	No	
	• Age	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4.	Is the impact of the policy/guidance likely to be negative?	No	
5.	If so can the impact be avoided?	No	
6.	What alternatives are there to achieving the policy/guidance without the impact?	No	
7.	Can we reduce the impact by taking different action?	No	

Supporting Document 2 – Financial Impact Assessment

To be completed by the key document author and attached to key document when submitted to the appropriate committee for consideration and approval.

	Title of document:	Yes/No
1.	Does the implementation of this document require any additional Capital resources	No
2.	Does the implementation of this document require additional revenue	No
3.	Does the implementation of this document require additional manpower	No
4.	Does the implementation of this document release any manpower costs through a change in practice	No
5.	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programmes or allocated training times for staff	No
	Other comments:	

If the response to any of the above is yes, please complete a business case and which is signed by your Finance Manager and Directorate Manager for consideration by the Accountable Director before progressing to the relevant committee for approval