Subject: Sterile Field Management	
REVISION DATE: May 2013, June 2006, February 2003 REPLACES: Sterile Field Procedures	WRITTEN: Mar 1997 SUPERSEDES DATE: June 2012

Purpose: The goal of this guideline is: to provide a guide to establishing and maintaining a sterile field, establish responsibility for providing and monitoring the sterile field, and provide a safe environment for patients and health care workers. This applies to all medical and nursing personnel.

Summary of Changes: References/content updated to reflect most current standards of practice.

1. References:

1.1. Lippincott, Williams, and Wilkins (2012). Sterile field management, OR. Retrieved from http://procedures.lww.com/lnp/view.do?pId=951686&s=p&fromSearch=true&searchQuery=sterile.

2. Responsibilities:

2.1**.** All members of the surgical staff (Physician, First Assistant, Certified Scrub Technician, Circulating Nurse) are responsible for monitoring the sterile field and surgical process to ensure sterility is maintained and initiating corrective action if contamination occurs.

3. General

3.1 All nursing personnel working in the Operating Room will become knowledgeable in sterile technique.

3.2. Every surgical team member is responsible for monitoring the sterile field and for taking corrective action if contamination occurs.

3.3. The blood and body fluids of all humans is considered contaminated and infective. The principles of aseptic technique are for the protection of patient and health care workers alike, and any break in the sterile barrier is a danger to both patient and health care workers.

3.4. Sterile tables and fields will be prepared as close as possible to the scheduled time of use. A sterile field will not be open for more than 1 hour before the patient enters the room for surgery.

3.5. Sterile fields should not be covered as removal of cover brings the unsterile edges over the sterile field (Lippincott, 2012).

4. Standards of Practice/Guidelines for Care:

4.1. Surgical team members must perform hand washing consistent with operating room protocols and wear sterile attire including a gown, gloves, a cap, a mask, protective eyewear, and shoe covers.

4.1.1. Self gowning and gloving must be done either from a surface other than the back table or from a corner of the back table, to avoid water drop contamination from wet hands and arms.

4.1.2. Upon proper scrubbing and donning of attire, these areas on staff members are considered part of the sterile field.

4.2. The boundaries of the sterile field are maintained as follows:

4.2.1. The scrubbed, gowned, and gloved person is sterile only from chest to the level of the operating room table and on the sleeves from 2 inches above the elbow to the fingertips.

4.2.1.1. The sleeve cuffs must be covered with gloves.

4.2.1.2. The hands and arms of a scrubbed person are always held above the waist to assure sterility.

4.2.1.3. The back of a scrubbed person is not considered sterile as it cannot be observed and protected from contamination.

4.2.2. The top surface of the draped table.

4.2.2.1. The outside edges of a sterile drape and surfaces of the drape that fall below the operating room table are not considered sterile or part of the sterile field (Lippincott, 2012)

4.2.3. The only part of the patient's body that is considered part of the sterile field is the incision site after it has been appropriately prepared with an antimicrobial agent (Lippincott, 2012).

4.3. Unsterile persons must not reach over a sterile field.

4.4. Unsterile persons approaching or moving around the sterile field must always face the sterile field and keep a minimum 12 inch distance to prevent accidental contamination.

4.5. Scrubbed persons changing positions around the sterile field will move face to face or back to back.

4.6. Sterile items may either be placed directly on the sterile field or handed to the scrub nurse, opened but still within the sterile wrapping, depending on the weight of the item and packaging involved.

4.6.1. A sterile article is unwrapped by first folding back the wrapping edge farthest away, then the side edges, and last the edge closest to the body is folded down.

4.6.2.The person opening a sterile item is responsible for checking package integrity, expiration date, and the chemical indicator of processing.

4.6.3. Solutions must be poured only into containers held by the scrubbed person or those positioned at the edge of the sterile table in a manner that prevents splashing.

4.6.3.1. The sterility of bottle contents cannot be assured if the cap is replaced. Therefore, when sterile liquids are poured the entire contents of the bottle will be poured or the remainder discarded.

4.6.3.2. All fluids and/or medications placed on the sterile field must be properly labeled. Solutions poured into a basin must first be poured and then the basin labeled with sterile marker/stickers.

4.7. Any break in sterile technique that cannot be corrected must be documented along with changes to the wound classification.