

Adopted BOD April 2008



## **Guideline Statement for Placement of Sterile Bag in the Sterile Field**

### **Introduction**

The principles of aseptic technique guide the actions used by the STSR and surgical assistant to ensure quality surgical patient care and the prevention of surgical site infections. These are the parameters that establish the standards for surgical patient care. Based upon these principles, the STSR and surgical assistant perform their respective roles related to patient care concepts to include creation and maintenance of the sterile field.

AST developed the following Guideline Statement to provide support to health care facilities in the reinforcement of protocols related to the principles of aseptic technique and specifically, the placement of the sterile suture bag in the sterile field. The purpose of this Guideline Statement is to provide an outline that health care providers in the perioperative setting can use to develop and implement policies and procedures for the placement of the sterile suture bag. The protocol example is presented with the understanding that it is the responsibility of the health care facility to develop, approve, and establish policies and procedures for placement of the suture bag according to established hospital protocols, state and federal medical laws. Health care facilities should develop policies and procedures related to the duties of each person on the surgical team regarding placement of the suture bag in the sterile field. This includes integrating these policies and procedures with the facility's established protocols for creation of the sterile field.

### **AST Guideline Statement**

The suture bag is a part of the sterile field. The STSR and surgical assistant should maintain the sterility of the bag upon creation of the sterile field and intraoperatively in order to uphold the principles of aseptic technique.

### **Example Protocol for the Placement of the Suture Bag**

Applicable Principles of Aseptic Technique<sup>3,4:</sup>

1. Only sterile items and sterilely attired individuals may contact sterile areas.
2. Only sterile members of the surgical team may touch sterile surfaces and items.
3. The top of a sterile draped table is considered the only portion that is sterile. The edges and sides of the drape that extend below the tabletop are considered contaminated.

- Any item that extends or falls below the sterilely draped table edge is considered nonsterile.

Recommendation: The suture bag should be placed on the side of the sterilely draped Mayo stand opposite the operative site. This minimizes the risk of items, such as empty suture packets and suture ties that are placed in the bag, from entering the surgical wound site. According to the above listed principles of aseptic technique the suture bag should not be hung from the back table.

### Competency Statements

Competency Statements	Measurable Criteria
<ol style="list-style-type: none"> <li>CSTs and CFAs are knowledgeable of the principles of aseptic technique.</li> <li>CSTs and CFAs monitor the perioperative environment and implement the principles of aseptic technique.</li> </ol>	<ol style="list-style-type: none"> <li>The educational standards as established by the <i>Core Curriculum for Surgical Technology</i> and <i>Core Curriculum for Surgical Assisting</i>.<sup>1,2</sup></li> <li>The subject area of principles of aseptic technique and examples of applying the principles is included in the didactic studies as a student.</li> <li>Surgical technology and surgical assisting students practice the application of the principles of aseptic technique in the mock O.R. setting including exhibiting the knowledge through skill check-off exams.</li> <li>Surgical technology and surgical assisting students apply the principles of aseptic technique during clinical rotation and are evaluated by instructors and preceptors.</li> <li>CSTs and CFAs apply the principles of aseptic technique in the perioperative setting as practitioners.</li> <li>CSTs and CFAs complete continuing education to remain current in their knowledge of</li> </ol>

1. *Core Curriculum for Surgical Assisting*. 2<sup>nd</sup> ed. Littleton, CO: Association of Surgical Technologists; 2006.
2. *Core Curriculum for Surgical Technology*. 5<sup>th</sup> ed. Littleton, CO: Association of Surgical Technologists; 2002.
3. Frey K, Price B, Ross T. Asepsis and sterile technique. In: Frey K, Ross T, eds, *Surgical Technology for the Surgical Technologist: A Positive Care Approach*. 3<sup>rd</sup> ed. Clifton Park, NY: Delmar Cengage; 2008.
4. Phillips N. *Berry & Kohn's Operating Room Technique*. 11<sup>th</sup> ed. St Louis, MO: Mosby; 2007.