



## **AST Recommended Standards of Practice for Sterility of the Underside of the Mayo Stand**

### **Introduction**

The following recommended standards of practice were researched and authored by the AST Education and Professional Standards Committee and have been approved by the AST Board of Directors. They are effective April 13, 2008.

AST developed the Recommended Standards of practice to support health care facilities in the reinforcement of best practices as related to addressing the sterility of the underside of the sterile draped underside of the Mayo stand. The purpose of the Recommended Standards is to provide an outline that health care workers (HCWs) in the perioperative setting can use to develop and implement policies that address the sterility of the sterile draped underside of the Mayo stand. The Recommended Standards is presented with the understanding that it is the responsibility of the health care facility to develop, approve, and establish policies and procedures for determining the sterility of the underside of a sterile, draped Mayo stand according to established health care facility protocols.

### **Rationale**

The following are Recommended Standards of practice related to the sterility of the underside of a sterile draped Mayo stand. Controversy has always existed concerning the underside of a sterile draped Mayo stand. There has been concern if it can't be seen and monitored by the sterile surgical team members and, more specifically, the Certified Surgical Technologist (CST) in the first scrub role, then it should not be considered a sterile area. This is comparable to the sterile gown when the principle of aseptic technique states that only the area that can be seen in the front, basically nipple line down to the level of the sterile field, is considered sterile.<sup>3,4</sup> However, the sterile gown represents a different situation because the back of the gown is not coming into contact (or rather, shouldn't be coming into contact) with other sterile items on the sterile field. There are other principles of aseptic technique that address this unique situation, including sterile surgical team members passing each other front-to-front or back-to-back.<sup>3,4</sup> On-the-other-hand, the Mayo stand drape is a sterile cylindrical drape that is closed at one end and encircles the upper portion of the Mayo stand.<sup>3</sup> Therefore, the whole Mayo stand, when draped, is part of the sterile field.

### **Standard of Practice I**

**A principle of aseptic technique states only sterile items should be placed within, or moved within, a sterile field or in other words, sterile-to-sterile.**

1. A sterile field is established for every surgical procedure that includes the sterile draped back table, Mayo stand (occasionally the Mayo stand is not utilized during a procedure, and the CST works off the back table), and sterile drapes that have been placed on the patient.

2. The upper portion of the Mayo stand is enclosed by a sterile cylindrical drape allowing it to be positioned over the patient after the sterile drapes have been placed.<sup>5</sup>
  - A. The underside of the sterile draped Mayo stand is considered sterile since the aseptic principle is only sterile items should touch or extend over sterile surfaces.<sup>5</sup>
  - B. Sterile items, such as suction tubing and electrocautery cord that are positioned underneath the Mayo stand are considered sterile (the ends of the tubing and cord having been passed off the foot of the O.R. table to the circulator in an aseptic manner prior to the placement of the Mayo stand).

### Competency Statements

Competency Statements	Measurable Criteria
<p>1. CSTs and Certified First Assistants (CFAs) have the knowledge and proper skills to implement the principles of aseptic technique.</p> <p>2. The CST and CFA have the knowledge and proper skills to establish, monitor and maintain the sterile field to reduce the risk of SSI to the patient.</p>	<p>1. Educational standards as established by the <i>Core Curriculum for Surgical Assisting</i> and <i>Core Curriculum for Surgical Technology</i>.<sup>1,2</sup></p> <p>2. The subjects of aseptic technique and preparing and establishing the sterile field is included in the didactic studies of the surgical technology and surgical assistant student.</p> <p>3. Students demonstrate knowledge of the principles of aseptic technique and preparation of the sterile field in the lab/mock O.R. setting and during clinical rotation.</p> <p>4. As practitioners, CSTs and CFAs implement the principles of aseptic technique when preparing and establishing the sterile field.</p> <p>5. CSTs and CFAs complete continuing education to remain current in their knowledge of updates concerning aseptic techniques and prevention of SSIs including annual review of the policies of the health care facility.</p>

### References

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 KB, Price B, Ross T. (2008). Asepsis and sterile technique. In: Frey KB, Ross T, eds. *Surgical Technology for the Surgical Technologist: A Positive Care Approach*. 3<sup>rd</sup> ed. Clifton Park, NY: Delmar Cengage Learning; 2008:139-184.
4. Gruendemann BJ, Mangum SS. *Infection Prevention in Surgical Settings*. Philadelphia, PA: WB Saunders; 2001.
5. Roark J. Guidelines for maintaining the sterile field. *Infection Control Today*. 2003. <http://www.infectioncontrolday.com/articles/381topics.htm>  
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