Asepsis Program Skills
Surgical Suite Traffic Zones/Attire/ Gowning/ Gloving/ Removing
Gown/Gloves Skill Set I

You are preparing to enter the Surgical Suite. Planning and controlling movement of patients, personnel, and material within the suite is basic to putting into practice the principles of asepsis. The safety of patients, staff and other persons entering the surgical suite, as well as efficient use of time and effort are also important considerations. Please view:

Traffic Zone/Surgical Attire: (Verbalize the following):

Traffic Areas: Locate area on the map and verbally identify appropriate attire for each area:
- Unrestricted: street clothes/covered surgical attire
- Semi-restricted: clean surgical attire and PPE (shoe covers/hair covering/beard cover)
- Restricted: semi-restricted attire PLUS the surgical mask.

Verbalize scrub attire policy criteria that you should be in compliance with:
- All surgical attire “scrubs” are “Hospital laundered”
- Surgical attire is changed daily and upon soiled
- Covered surgical attire outside OR area (grey cover gown or lab coat)
- Surgical attire is not worn outside facility
- Personal clothes not visible beneath scrub suit
- Eye protection required when scrubbed in
- All hair is covered (including beard)
- Personal reusable hair covering must be covered with disposable bouffant cap
- No jewelry when scrubbed in
- New surgical mask for each case

Know the difference between the applications of alcohol foam and Surgical Hand Scrub with Antiseptic solution)

2. Demonstrate: Surgical Hand Scrub (Two techniques)

- Before entering “Restricted area” for surgical hand scrub:
- Remove all jewelry
- Put on surgical mask/eye protection
- Fingernail criteria: short/clean and natural
- No nail polish- acrylic or gel polish; no artificial nails or embellishments
- Surgical Scrub begins with “Pre-wash” to remove lotion, dirt, etc.
- First scrub of the day is the 5 minute surgical scrub with brush.
**Standard 5-minute scrub (GRMC Policy): to the drying of hands/arms**

- Open scrub brush package and positioning for access to nail pick
- Turn on water and adjust water to comfortable temperature flow to prevent spraying of scrub attire
- Wet hands and forearms. Hand should always be higher than elbows
- Lather hands and forearms to 2 inches above the wrist using antimicrobial soap to loosen debris and gross contamination (pre-wash)
- Throughout the 5 min scrub process ensure that all skin surfaces are exposed to friction & antimicrobial agent

1. Using the nail cleaner, clean subungual areas of hand under running water.
2. Touching only the sponge, remove it from the packaging, moisten it with water, and apply an organization-approved antimicrobial agent.
3. Beginning with the fingertips of the first hand, scrub the nails vigorously, keeping the hands higher than the elbows.
4. Scrub all four sides of each finger, hand, and arm (2 inches above the elbow). Wash all four sides effectively using a sponge or soft brush. Repeat the process on the opposite side.
5. The total scrub time should be 5 minutes.
6. After the second hand and forearm are scrubbed, discard the scrub brush or sponge and rinse each hand and arm under the water, making sure that the hands and arms are held upright.
7. Use the knee to turn off the water if the scrub sink is not automatic.
8. Stand over the sink for a few seconds to allow excess water to drip into the sink.
9. Enter operating room keeping elbows above the waist, and take a corner of a folded sterile towel, making sure it is kept away from the body.
10. Open the sterile towel, using half for one hand and forearm and the other half for the other hand and forearm.
11. Keep elbows above the waist, bend slightly forward at the waist, and pat the hand, working down the arm to the elbow.
12. Switch to the second hand using the other half of the towel and repeat with other hand and arm.

**Demonstrate Surgical Hand Scrub with Antiseptic solution (Avagard)**

(NOT approved for use in the CHOG OR by that OR committee)

**Apply to clean dry hands**

<table>
<thead>
<tr>
<th>Pump 1</th>
<th>Pump 2</th>
<th>Pump 3</th>
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<tbody>
<tr>
<td>Dispense one pump (2 ml) into the palm of one hand. Dip fingertips of the opposite hand into the hand prep and work under fingernails. Spread remaining hand prep over the hand and up to just above the elbow.</td>
<td>Dispense one pump (2 ml) and repeat procedure with opposite hand to just above the elbow.</td>
<td>Dispense final pump (2 ml?) of hand prep into either hand and reapply to all aspects of both hands up to the wrists.</td>
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*ALLOW TO DRY. DO NOT USE TOWELS!
4. OR Suite Entry & Sterile Gowning: Entry into Operating Room:

1. Hold hands up, arms in front of body with elbows flexed & away from body, body slightly bent forward at waist (keeping scrub suit/clothes dry)
2. Enter closed door by backing into room
3. Perform the hand drying process (steps 10, 11, 12) described in 5 min surgical scrub

5. Gowning - Donning a Sterile Gown

1. Open the sterile gown package on a clean, dry, flat surface. Open the outer glove package and set it aside. This is done by the scrub person (before performing surgical antisepsis) or the circulating nurse, preferably on a small table separate from the sterile field containing the sterile instruments and supplies.
2. Don a cap, mask, eye protection, and shoe covers.
4. Pick up the gown (folded inside out) from the sterile package, grasping the inside surface at the collar.
5. Lift the folded gown directly upward, and step back from the table.
6. Locate the gown neckband; with both hands, grasp the inside front of the gown just below the neckband.
7. Keeping the gown at arm’s length from the body, allow it to unfold with its inside facing the body. Do not touch the outside of the gown or allow it to touch the floor.
8. With hands at shoulder level, slip both arms into the armholes simultaneously.
9. Do not let the hands move through the cuff opening.
10. Have the circulating nurse pull the gown over the shoulders by reaching inside the arm seams, leaving the sleeves covering the hands.
11. Have the circulating nurse tie the gown at the neck and waist. If the gown is a wrap-around style, do not touch the sterile front flap until gloved.
Tying the gown (occurs after gloving)

1. The surgical team member begins the process of tying in the wrap-around gown by grasping the shorter left tie with the left hand and the longer right tie with the tag in the right hand.
2. The surgical team member hands the right tie with the tag to the circulating nurse.
3. The circulating nurse grasps the right tie, only by the tag, and brings the longer right tie completely around the back to left side of the surgical team member.
4. The surgical team member grasps and frees the tie from the tag presented by the circulating nurse without touching the tag. The circulating nurse retains the tag and discards in trash.
5. The surgical team member ties the left and right ties together at the waist, tucking in the bow of the knot to prevent contamination.
6. If either tie is dropped below the waist or contaminated, the circulating nurse takes both ties in hand and secures the knot behind the surgical team member's back.

- State areas of gown which are considered sterile:
  Gown front, from 2” below the neck line to sterile field level, Sleeves 2” above elbow to cuff & gloved hands. The glove cuffs should cover the gown cuff at all times.
6. Three Gloving Techniques: Closed, Opened Unassisted and Open Assisted.

Closed Glove Technique:

1. Open the inner sterile glove package while the hands are still covered by the sleeves.

2. Inspect the gloves for compromised integrity.
3. Grasp the folded cuff of the dominant-hand glove with the nondominant hand.
4. Extend the dominant forearm forward with palm up, and place the palm of the glove against the palm of the dominant hand; the gloved fingers point toward the elbow.
5. Hold the glove cuff through the gown with the dominant hand on which it is placed, grasp the back of the glove cuff with the nondominant hand and turn the glove cuff over the end of the dominant hand and gown cuff.

6. Grasp the top of the glove and underlying gown sleeve with the covered nondominant hand. Carefully extend the fingers into the glove, ensuring that the glove cuff covers the gown cuff.
7. Glove the nondominant hand in the same manner.
8. Ensure that the fingers are fully extended into both gloves.
Open Glove Unassisted Technique

1. Remove the outer glove package wrapper by carefully separating and peeling apart the sides. **Keep hands above waist level (anything below waist level is considered not sterile).**
2. Grasp the inner package, and lay it on a clean, dry, flat surface at waist level. Open the package, keeping gloves on the inside surface of the wrapper.
3. Identify right and left gloves. Don glove for dominant hand first.
4. With thumb and first two fingers of nondominant hand, grasp glove for dominant hand by touching only the glove's inside folded surface. **Holding the glove so that the fingers hang straight down helps keep the glove fingers open.**
5. Carefully pull glove over dominant hand, leaving it cuffed, and ensure that the cuff does not roll up the wrist. Ensure that thumb and fingers are in proper spaces. **Do not attempt to reposition the fingers of the glove if it is not correctly placed; adjust the fit after both gloves are on.**
6. With gloved dominant hand, slip fingers underneath the second glove's cuff. **Do not allow fingers and thumb of gloved dominant hand to touch any part of exposed nondominant hand. Keep thumb of dominant hand abducted.**
7. Carefully pull second glove over nondominant hand, taking care not to allow the gloved dominant hand to contact the exposed nondominant hand.
8. After donning the second glove, interlock hands together and keep hands above waist level. Touch only sterile areas of gloves. **Once gloves are in place, do not touch anything except sterile supplies. If any nonsterile object is touched, gloves must be discarded and replaced.** (Illustrations):
Open Glove Assisted Technique: (one or both hands)

1. The scrub person picks up the right glove by the cuff, with the glove fingers oriented downward and the thumb oriented toward the surgical team member.
2. The scrub person holds the glove open and protects personal sterility by everting the cuff and creating a wide path for the surgical team member's right hand to enter the glove.
3. The surgical team member holds fingers close together and inserts the right hand into the glove without touching any part of the scrub person's sterile gloves.
4. The scrub person pulls the right glove up and over the knitted cuff of the surgical team member's sleeve. **The knitted cuff is not impervious and is considered contaminated once the hand passes through it.**
5. The scrub person picks up the left glove by the cuff, with the glove fingers oriented downward and the thumb oriented toward the surgical team member.
6. The scrub person holds the glove open and protects personal sterility by everting the cuff and creating a wide path for the left hand to enter the glove.
7. The surgical team member holds fingers close together and inserts the left hand into the glove without touching any part of the scrub person's sterile gloves.
8. The scrub person pulls the left glove up and over the knitted cuff of the surgical team member's sleeve. **The knitted cuff is not impervious and is considered contaminated once the hand passes through it.**
9. The surgical team member adjusts the fingers of both gloves, as necessary, for comfort

7. Contaminated Glove Change: Open Glove Unassisted Technique:

Once hands have passed through cuffs, they are contaminated. When a glove must be changed without assistance during a surgical procedure, this open glove technique is used. To change a glove during a procedure (as a scrubbed person):

1. Step away for the sterile field
2. Extend the contaminated glove away from the sterile field so the circulator, using clean gloves on their hands, can remove it
3. Lift the new sterile glove under cuff with uncontaminated sterile gloved hand
4. Insert hand into the glove and pull on, leaving cuff turned down to avoid inward rolling of the cuff
5. Rotate arm and pull cuff of glove up and over sleeve cuff, letting gloved fingers only touch outside of the other glove
8. Removal of gown:
- Untie gown at waist per self; circulator unties back closure
- Grasp near shoulders of gown & pull off inside out, leaving gloves on with cuff everted
- Pull gown off completely away from body (roll into ball) & disposes in proper container
9. Removing contaminated gloves (glove to glove and skin to skin technique):
   • Pinch gloved material of one hand and pull glove off
   • Slide ungloved finger under the cuff of gloved hand-pull glove off
   • Discard gloves in trash receptacle.
   • Wash hand and arms or use alcohol foam
Asepsis Technical Skills Checklist
Skin Prep/Draping/Opening Sterile Supplies/Movement within the Sterile Field Skill Set II

Demonstrate the following:

1. **Prep the skin for an abdominal surgery using the two-step method**

   Verbalize: Preferred hair removal is clipping and should be done just prior to procedure outside the OR. Prep area: *Include an area in the surgical site preparation that is beyond the planned incision site.*

   **Three products**: Always familiarize yourself with the manufacture’s recommendations for application before use.

   **Chloraprep and sterile gloves.**
   - Paint antiseptic solution in linear motion on the incision site and then cover the surgical site beyond the incision. Completely wet the treatment area with antiseptic.
   - Allow to air dry before draping

   **Duraprep and sterile gloves:**
   - Open Duraprep applicator and sterile gloves. Don sterile gloves before picking up the Duraprep applicator.
   - Apply the preparation solution in concentric circles, starting at the incision line and continuing to the periphery.

   **Betadine Skin Prep Kit:**
   1. Open sterile package without contamination.
2. Remove and don sterile glove on another flat surface – do not open sterile glove package within the prep kit sterile field
3. Place absorbent, sterile towels on each side of the patient to absorb excess solution and to prevent pooling under the patient.
4. Open and pour the betadine scrub for the sponges/solution into the sponge stick sections.
5. If the umbilicus is part of the preparation, prepare the umbilicus first, using cotton-tipped applicators soaked with preparation solution (betadine scrub).
6. Prepare the incision site plus a generous area surrounding the incision site.
7. Apply the preparation solution in concentric circles, starting at the incision line and continuing to the periphery.

8. If a highly contaminated area is part of the procedure, prepare the area with the lower bacterial count first, followed by the area of higher contamination.
9. Discard the sponge once the boundary or periphery of the skin preparation is reached.
10. Apply subsequent applications with a fresh sponge or applicator. **Do not bring a sponge back over a clean area.**
11. If lather (soapy bubbles) is present, blot the area dry with a sterile towel. (included in the prep tray usually blue in color)
12. Apply the antimicrobial solution with sponge stick using concentric circles.
13. Remove absorbent towels.
14. Allow the solution to air dry for the length of time indicated by the manufacturer's instructions.

2. Draping Principles

1. Handle drapes as little as possible
2. Receive and carry drape above waist level in the folded position
3. Move slowly and carefully, not allowing the sterile gown and drapes to touch nonsterile areas
4. Protect gloved hands during draping by cuffing the drape material over the gloved hands to reduce the potential for contamination
5. Do not allow hands to drop below waist level at any time during draping.
6. After the preparation solution has dried and before the full body drape is applied, four towels will be used to identify the intended sterile surgical field on the patient
7. Place drapes precisely where they are intended to go on the surgical site. **Do not move drapes once positioned.**
8. If a hole is found in any drape after it is placed on the patient or equipment, cover the hole with another drape.
9. Carefully transfer the end of the drape serving as the anesthesia screen to the anesthesia provider to secure the sterile field. **Do not contaminate the drape that remains in the**

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sterile field or the sterile gloved hand that is transferring the drape to the anesthesia provider.

10. If contamination of the sterile drape occurs, the surgical team member who observes the break should inform the other surgical team members of the contamination, discard the contaminated drape or cover the area of contamination with another drape or if a hole in drape is seen prior to draping - replace drape with a new sterile drape or after the drape has been place - cover hole with another sterile drape.

11. Drape nonsterile equipment with the appropriate sterile drapes before bringing it to the sterile field.

Draping the patient to create a sterile surgical field with towels x4.
- Place 1\textsuperscript{st} sterile towel on patient to identify one side of the surgical field
- Place 1\textsuperscript{st} towel nearest side -do not move towel or repositions the towel - once placed
- Place 2\textsuperscript{nd} and 3\textsuperscript{rd} sterile towel at the left and right
- Place the 4\textsuperscript{th} sterile towel on the farthest side
- The incision site should be within the borders of these four towels

Draping the patient with the full body drape material
- Remove the strips of paper exposing the adhesive tape surrounding the opening of the drape
- Before placing drape, look for stick figure indicating the head of the drape and foot of the drape.
- Place drape opening directly centering the intended incision site.
- Follow the folds of the drape (sides of drape usually unfold first and then periphery toward the feet and then last periphery toward the head.
- Protect sterile gloved hands by cuffing hands under drape while unfolding drape
- Wait for anesthesia to take the drape and secure it to form a screen

3. Opening Sterile Supplies
- Inspect items immediately before opening for stains, perforations or signs of tampering.
- Check package for label stating that the item is “Sterile”.
- Check expiration date, if provided
- Discard item if outdated or package integrity is compromised Does not pass unscrubbed arm over sterile field
- Treat inner edge of heat seal packages as unsterile
- Treat 1”as safety margin for sterile boundaries

Pouring Sterile Solution
Check label, expiration date and package integrity prior to opening.
- Lift the lid straight off
- Pour slowly to avoid splashing
- If any solution remains in the container after dispensing solution onto the sterile field the remaining solution must be discarded. (considered unsterile)
- Care must be used to avoid splashing when pouring solution into a receptacle near a sterile field. Placement of the receptacle near the edge of the table permits the nurse to pour solution without reaching over any portion of the sterile field.
• When pouring solution into the receptacle held by the scrub person, the perioperative nurse maintains a safe margin of space to avoid contamination of sterile surfaces.
• See illustrations next page.

1.  2.

4. **Movement around the sterile field:**
   **Scrubbed:**
   • Scrub persons do not wander around room remains close to sterile field
   • When changing levels, all team members are either sitting or all standing.
   • Movement around the sterile field or sterile persons: back to back/unsterile to unsterile or front to front/sterile to sterile
   **Unsterile team member:**
   • Does not walk between 2 sterile team members
   • Does not walk between sterile fields
   • Stay 1 foot away from sterile field, always!
   **Everyone:**
   • Limit talking during the surgical scrub
   • Limit talking inside the OR
   • Keep door closed at all times

Developed by the Hospital Epidemiology Department at Georgia Regents Medical Center; Augusta, GA.

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I have viewed the Asepsis skills information packet.

1. Surgical Attire
2. Surgical Hand Scrub, Sterile gowning and gloving
3. Draping
5. Duraprep: https://www.youtube.com/watch?feature=player_detailpage&v=Xlpy7fgNR2I
6. Prepping the Surgical Patient using the betadine prep tray
7. Monitoring the Sterile Field

I understand that it is my responsibility to demonstrate skills competency to prevention infections.

I understand that I am personally accountable for maintain the provisions of the surgical attire policy, maintain aseptic technique during patient contact, maintain sterility during all sterile procedures and to be able to identify contamination and state the corrective measure.

I understand that failure to abide by all relevant GRU policies, procedures, rules, regulations, guidelines and standards of practice requirements will result in the termination of my Asepsis program privileges until remediation (attendance of lecture and competency check offs) is completed and re-certification of a new Asepsis badge is earned.

Printed name: 

Signature: 

ID #: 

Date: 

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