CLINICAL POLICY

Handling, Storage and Transport of Sterilized Items: Sterile Processing

A. EFFECTIVE DATE :

April 6, 2020

B. PURPOSE :

To outline the steps associated with handling, storing and transporting of items after they have been sterilized. Throughout the life cycle of a sterilized instrument or set, numerous obstacles can arise that may create an opportunity for sterile packages to become contaminated during handling, transport, and storage.

C. POLICY :

1. Traffic in the area of the autoclave should be minimized as much as possible.
2. Items will be moved into and out of the steam sterilizer chamber with extreme care to minimize risk of burns.
3. Items will be touched or handled only after they have completed the cooling process and the BI results are read, which may vary from load to load but is generally at least 60 minutes.
4. Sterile items should be protected from excessive handling during movement and transport to minimize potential for sterile package contamination or compromise.
5. Items should be transported to the storage location as soon as possible after cooling or on a regular schedule.
6. Sterile Processing staff will inspect the integrity of each item before it is placed into storage or released for use; the person responsible for opening each package at the point of use assumes final responsibility for inspecting the integrity of the item.
7. Wrapped trays should be lifted when being moved on shelving, and should not be dragged across the shelving.
8. Sterile items transported outside the immediate perioperative areas must be in a closed cart or containment bin.
9. All storage shelving must be kept free of dust and other contaminants, and will be cleaned on an established schedule.
10. Sterility is event-related and department packaged items are considered sterile until the package has been opened or has been compromised, including but not limited to a breach (tear or hole), package material degradation, or contact with liquid, unless MIFUs require an expiration date.
11. Sterile items reprocessed in either the XXX or XXXX sterile processing areas may be used at the alternate site's operating rooms (ORs) without being reprocessed unless sterility of the item has been compromised. All other sterile items must be reprocessed prior to use in ORs.

IST is not responsible for the policy created or adopted by the organization.

D. SCOPE :

Sterile Processing areas, Inpatient Units, Ambulatory Units, ORs/Procedural Areas, Dental Clinics and Ambulatory Medical Practices in XXXXX and XXXXXX.

E. DEFINITIONS :

None

F. MATERIAL(S) NEEDED :

1. Autoclaves
2. Closed delivery carts
3. Containment bins
4. Sterilizer carts

G. PROCEDURE :

None

H. ATTACHMENTS :

None

I. REFERENCES :

1. ANSI/AAMI ST79: 2017. A comprehensive guide to steam sterilization and sterility assurance in health care facilities.
2. Handling and Storage of Sterile Packages. Communique' (International Association of Healthcare Central Service Material Management (IAHCSMM)). (November / December 2016).
3. Off-Site Instrument Transport. Communique' (International Association of Healthcare Central Service Material Management (IAHCSMM)). (November / December 2017).
4. High-Level Disinfection (HLD) and Sterilization BoosterPak. The Joint Commission. Accessed on 3/1/2018 at https://www.jointcommission.org/assets/1/6/TJC_HLD_BoosterPak.pdf

J. SEARCH WORDS :

cart, contamination, package, process, shelving, sterile, storage, transport, wrap

K. ENFORCEMENT:

Violations of this policy or associated procedures may result in appropriate disciplinary measures in accordance with University By-Laws, General Rules of Conduct for All University Employees, applicable collective bargaining agreements, the University, other applicable University Policies, or as outlined in any procedures document related to this policy.

L. STAKEHOLDER APPROVALS :

On File

M. COMMITTEE APPROVALS :

None

IST is not responsible for the policy created or adopted by the organization.

N. FINAL APPROVAL :

1. XXXXXXXXX, MD (Signed) 06/01/2020
   XXXXXXXXX, MD, MBA
   Health Chief Executive Officer

2. XXXXXXX, RN, BSN, MBA (Signed) 06/01/2020
   XXXXXXX, RN,
   Clinical Policy Committee Co-Chair

3. XXXXXXX,, MD (Signed) 06/01/2020
   XXXXXXX, MD
   Clinical Policy Committee Co-Chair

4. XXXXXXX, MS, RN (Signed) 05/29/2020
   XXXXXXX, MS, RN
   VP Quality and Patient Service & Chief Nursing Officer

O. REVISION HISTORY :

Replaces Sterile Processing XXX Protocol: Sterilization: Packaging, Sterilization, and Storage of Surgical Instrumentation

Approved: July 2018
Revised: April 6, 2020