

In-service — Recommended Practices for Central Sterile

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Objectives:

At the end of the article, staff will be able to:

1. Define what recommended practices are,
2. List at least two organizations that have been involved in writing recommended practices,
3. Show how recommended practices are used to write policy and procedure.

Recommended practices are written by selected members of the Association for Perioperative Nurses, members from the Centers for Disease Control and Prevention, the Association for Professionals in Infection Control and Epidemiology, the American Society of Healthcare Central Service Professionals, the International Association of Healthcare Central Service Material Management, the American College of Surgeons and the American Society of Anesthesiologists. Each recommended practice is reviewed and revised as appropriate at regular periodic intervals.

These recommended practices are based on principles of microbiology, scientific literature, research and the opinions of experts and are periodically updated to reflect research data and advanced technology. They represent official positions on questions of aseptic and technical practices used by both the OR and Central Sterile. 1

These practices represent the optimal level of practice. In other words, these practices are our guidelines in doing the right things at the right time for the right results for our patients. Originally there were several different organizations writing recommended practices, all of which were different variations on the same theme. In fact, AORN was the first organization to actually have a book published on recommended practices in early 1975. However, there started to be major discrepancies between the different groups, owing in part, to the different sources each group used. So, the Association for periOperative Nurses (AORN), the Association for the Advancement of Medical Instrumentation (AAMI), the American Society for Hos-

pital Central Service Professionals (ASHCSP), and the International Association of Healthcare Central Service and Materials Management (IAHCSMM) all starting talking to each other and decided to collaborate in order to get the right answers to their questions about how to do their job right.

For instance, in the Central Sterile arena, we follow both AORN and AAMI standards. The reason we do this is because AORN practices deal more with the clinical aspect of our jobs while the AAMI recommended practices deal more with the use, maintenance, evaluation and processing of medical devices. One of the reasons this is so important is because not all instruments are processed in the same area. For instance, the cleaning of endoscopes can and often is done in two separate areas. They could be cleaned and sterilized in the OR, the GI lab or in Central Sterile. There has to be practices in place so that no matter where the instruments are cleaned and sterilized, the same process applies. That the same decontamination process is used whether it is decontaminated in the OR or Central Sterile.

Now this doesn't mean that only these groups are involved in the process of writing recommended practices. By no means are they the only groups involved. For instance, the recommended practice on personal protective equipment (PPE) not only involved the groups listed above but the Centers for Disease Control (CDC) and the Occupational Safety and Health Administration (OSHA) were brought in to help set the goals for the practice. The Infection Control group also played a large part in the writing process as they were able, along with the CDC, to bring to the rest very specific scientific knowledge about germs, bacteria and virus' in order to be able to protect both the patient and the staff member handling the instrumentation at the end of the case.

Currently there are over sixteen (16) recommended practices that deal with Central Sterile in the AORN Standards, Recommended Practices and Guidelines. These documents represent what is considered to be the best practices for Central Sterile departments to follow in order to; optimize Infection Control efficacy, cost control and patient and personnel safety. It is thru the development of these sixteen practices that managers have been able to write policies and procedures that each department uses to

govern how their department will work in coordination with the individual facility. These guidelines are also useful when speaking with administrative personnel that do not understand the relationship between cost control and clinical awareness. For instance, because scrub clothes are so expensive and the replacement ratio is so high, certain hospital administrations have demanded that scrub clothes be individually bought and laundered at home. Because of the recommended practices from both AORN and AAMI, there is documentation that shows that home laundry water temperatures do not reach a temperature high enough to kill certain forms of bacteria and virus' so exposure to scrubs taken home and laundered could potentially create a favorable environment for the growth of germs both to the patient and to the family members of staff. If your administration still has problems getting around the concept of home laundry being a no-no, you can always use the OSHA guidelines to show that exposure to bloodborne pathogens creates a significant risk to the patient, who by having less than optimal health, do not have the normal bodily defenses necessary to prevent Surgical Site Infections, for instance. This, again shows how the different agencies have worked together in order to present to the healthcare community a recommended practice that is useful for all users.

Another recommended practice deals with sterilization. Not only does AAMI have a recommended practice for the set up of a Central Sterile department, there are also recommended practices that help us write policies that govern how we decontaminate our instruments as well as what type of packaging material we use during sterilization. Groups such as FDA, AAMI and AORN as well as OSHA govern thru recommended practices what types of personal protective equipment (PPE) we use for what type of procedure we are doing. Association for the Advancement of Medical Instrumentation (AAMI), the Association for periOperative Nurses (AORN), the Center for Disease Control and the Association for Professionals in Infection Control and Epidemiology have all gotten together to produce recommended practices for sterilization. These practices include setting up a Central Sterile department inclusive of air flow, both positive and negative and traffic flow patterns in order to prevent staff from cross-contaminating clean areas by

coming in contact with contaminated equipment and instruments to name just a couple. These same practices are also used in the OR in order to prevent cross-contamination during surgical procedures.

Even our lighting is linked to recommended practices. OSHA wants staff to have good working conditions so they have a set standard that regulates the amount of task lighting each job function should have. For example, when working in decontamination, the lighting should be good enough to be able to see debris in box links or jaws of instrumentation but not so bright that there is a glare on the metal instrument so you end up with a headache at the end of the day.

As you can see, there are many uses for recommended practices. As a technician, it gives you the guidelines to keep yourself safe from infection. As a manager, it gives you a reference in order to be able to write policies and procedures that can and should be in compliance with all governmental regulations.

Bibliography:

AORN Standards, Recommended Practices, and Guidelines, 2006 Edition

AAMI Standards and Recommended Practices, Volume 1.1 2001 Edition

Sterilization Technology for the Health Care Facility, 2nd Edition, Pub. 1997

POST TEST–Recommended Practices for Central Sterile

1. Recommended Practices represent the official positions of aseptic and technical practices used by both the operating room and central sterile.

True	False
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2. Recommended practices are written by the involvement of members of the following group: (choose the wrong answer)
 - a. AORN, AAMI, CDC, APIC, ASHCSP
 - b. AORN, AAMI, CDC, IAHCSP, ASA
 - c. AAMI, CDC, ASHCSP, APIC, ACS,
 - d. NAACP, AAMI, CDC, ASHCSP, UNC
3. CDC was the first organization to have a book published on recommended practices in 1975.

True	False
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- 4. Central Sterile only follows the recommended practices from AAMI.
True False
- 5. One reason the CDC is involved in writing recommended practices is the scientific knowledge about germs, bacteria and virus' they bring to the table in order to help write policies that protect both patient and staff.
True False
- 6. Recommended practices represent what is considered to be the "best practices" for Central Sterile departments to follow in order to : (choose the right answer)
 - a. optimize Infection Control efficacy, cost control, patient and staff safety
 - b. cost mismanagement, optimized Infection Control efficacy, patient safety
 - c. replace Infection Control practices, cost control, patient and staff safety
- 7. The sixteen recommended practices are used to assist managers in writing policies and procedures that will be used to assist the Central Sterile department to work in coordination with the individual facility.
True False
- 8. AAMI has recommended practices that deal with how a Central Sterile department is set up.
True False
- 9. The OR uses the same practices that Central Sterile uses to prevent cross-contamination during surgical procedures.
True False
- 10. The reason Central Sterile follows both AORN and AAMI recommended practices is that AAMI deals more with the clinical aspect of our jobs while AORN deals more with the technical, i.e., the use, maintenance, and evaluation of our equipment.
True False

EVALUATION--Please evaluate this in-service by selecting a rating between 0 and 4.

0=Not Applicable, 1=Poor, 4=Excellent

Author's Knowledge of the Subject **0 1 2 3 4**

Author's Presentation, Organization, Content **0 1 2 3 4**

Author's Methodology, Interesting/Creativity **0 1 2 3 4**

Program Met Objectives **0 1 2 3 4**

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