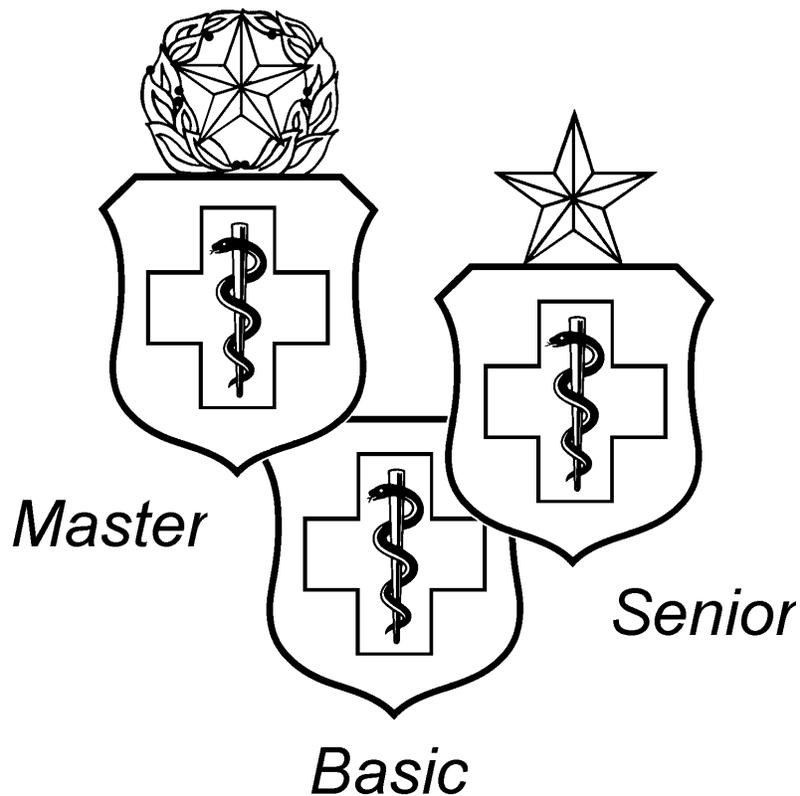


## SURGICAL SERVICE SPECIALTY

### *Infection Control*



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**QTP 4N1X1-01**  
**SURGICAL SERVICE SPECIALTY**

*Volume 01: Infection Control*

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## *INTRODUCTION*

1. This qualification training package (QTP) was developed to make available a training aid which will assist Surgical Service Technicians to develop technical skills essential to performing specialized tasks. The tasks are broken down into teachable elements, which help the trainer guide the trainee into becoming proficient with the tasks. The QTP will also aid the task certifier when evaluating trainees for task certification.
  
2. As a trainer, go through each module (lesson) and identify which QTP tasks are appropriate for the trainee's duty position (items identified in the CFETP as core tasks are mandatory), then determine the order in which you want the trainee to learn about each subject area. Direct the trainee to review the training references to better understand the objective of each module. Go through the steps in the task performance with the trainee and allow for enough time to learn each step; some objectives may take more time than others. Remember, the objective of the QTP is to ensure the trainee can perform each task thoroughly. When the trainee receives enough training and is ready to be evaluated on an objective, follow the evaluation instructions. Use the performance checklist as you evaluate each objective. If the trainee successfully accomplishes the objective, document appropriately in the individual's training record. If the trainee does not accomplish the objective, review the areas needing more training until the objective is met. Conduct a feedback with the trainee on each module. After the trainer has ensured and documented that the trainee is qualified to perform the task, the trainee should be evaluated by a certifier.
  
3. The goal of the developers of this QTP is to publish a useful document for trainers and trainees that will meet Air Force needs under the concepts outlined in the Career Field Education and Training Plan (CFETP). We value your expertise in meeting this goal. If you find discrepancies in this QTP, or have suggestions for its improvement, or if you have suggestions for other areas that may benefit from a QTP, please let us know about them by contacting the below individual:

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## PRINCIPLES AND APPLICATION OF SURGICAL ASEPSIS

### *Perform Handwashing*

<b>SUBJECT AREA:</b>	Infection Control
<b>TASK(s):</b>	Perform Handwashing
<b>CFETP/STS REFERENCE(s):</b>	4. Infection Control 4.4. Perform Handwashing
<b>TRAINING REFERENCE(s):</b>	CDC 4N151A, Surgical Service Journeyman, Part I, Volume 2, Infection Control, Unit 5 Surgical Technology for the Surgical Technologist; A Positive Care Approach Standards, Recommended Practices and Guidelines
<b>EQUIPMENT REQUIRED:</b>	Sink with running water, preferably one with hands-free controls Locally approved handwashing soap or antiseptic Paper towels or single-use cloth towel
<b>OBJECTIVE:</b>	The trainee will, without error, identify specific actions that require handwashing, then wash hands using proper handwashing technique
<b>REMARKS/NOTES:</b>	Since this task involves one of the most important tasks routinely used to control infections, it is imperative the trainee understands when to wash hands and how to properly wash them for minimal risk of cross-contamination. The trainee must be closely supervised during the evaluation. <b>The evaluator will STOP the procedure immediately and correct the trainee if performance may compromise safety.</b> Ensure the trainee dons all personal protective equipment (PPE) required by current standards/precautions.
<b>EVALUATION INSTRUCTIONS:</b>	
	1. This QTP should be evaluated during actual performance of the tasks.
	2. After the trainee has received instructions, allow sufficient practice on each part of the task. The trainee must satisfactorily perform all parts of the task <i>without assistance</i> .
	3. Use the appropriate checklist when evaluating the task to ensure all steps of the task are accomplished.
	4. Document competency upon satisfactory completion of the evaluation. Initial evaluation should be documented in the Specialty Training Standard (STS). All recurring evaluation should be documented using AF Form 1098, <i>Special Task Certification and Recurring Training</i> , or using an approved substitute record.

**PRINCIPLES AND APPLICATION OF SURGICAL ASEPSIS**

**PERFORMANCE CHECKLIST**

<b>Perform Handwashing</b>	<b>SAT</b>	<b>UNSAT</b>
<i>Preparatory Phase</i>		
1. Ensure trainee knows and can identify specific incidents or actions that require handwashing be performed:		
a. Before starting and after finishing duty		
b. Before and after meals or breaks		
c. After visits to the bathroom		
d. Before handling clean items		
e. After every contact with patient or patient contact item		
f. Before and after contact with wounds or high-risk patients		
g. Before and after every invasive procedure		
h. After handling closed invasive/drainage systems		
i. Before donning and after removing gloves		
<i>Performance Phase</i>		
1. Remove all jewelry		
2. Expose forearms; if long-sleeved garment, remove it or roll sleeves		
3. Turn on and adjust water		
a. If must use hands to adjust water, protect controls using paper towel or similar barrier		
b. Adjust to comfortable temperature (if possible) and steady flow		
4. Wet hands thoroughly		
5. Using cleansing agent, lather to just above wrists (NOTE: Lather arms if also contaminated)		
6. Keep hands <i>lower</i> than arms		
7. Rub hands together using small circular motions		
a. Clean all areas, including hard to reach areas between fingers.		
b. Re-lather hands as necessary to ensure plenty of suds.		
d. Scrub hands vigorously for at least 10 seconds		
8. If first wash of day or grossly soiled, clean fingernails by scraping under running water with nail file or disposable nail cleaner		
9. After cleaning fingernails, rinse lathered areas thoroughly		
10. Avoid touching soap dish and sink surfaces		
11. Dry hands thoroughly using paper or single-use cloth towels.		
12. Turn off water (if must use hands, protect with paper towel)		
<b>FINAL RESULTS/NOTES:</b>		

**FEEDBACK:** Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc.

## PRINCIPLES AND APPLICATION OF SURGICAL ASEPSIS

### *Apply Principles and Rules of Surgical Asepsis*

<b>SUBJECT AREA:</b>	Infection Control
<b>TASK(s):</b>	Demonstrate knowledge and understanding of the principles and rules of sterile technique
<b>CFETP/STS REFERENCE(s):</b>	10. Circulating Duties 10.2.1. Rectangular wrapped 10.2.2. Diagonally wrapped 10.2.3. Rigid containers 10.2.4. Peel packs 11.4.1. Back Table 11.4.2. Basin Stands 11.4.3. Mayo stands 11.8. Drape Specialty Equipment 11.9. Gown/glove surgical team members 11.10. Assist surgeon with draping patient 11.11. Maintain sterile field
<b>TRAINING REFERENCE(s):</b>	CDC 4N151A, Surgical Service Journeyman, Part I, Volume 2, Infection Control, Unit 5 Surgical Technology for the Surgical Technologist; A Positive Care Approach Standards, Recommended Practices and Guidelines
<b>EQUIPMENT REQUIRED:</b>	Drapes, gowns, gloves, furniture, supplies, equipment, instruments, sets, and other items routinely comprising a sterile procedure set-up.
<b>OBJECTIVE:</b>	The trainee will demonstrate comprehension and application of the principles and rules of surgical asepsis
<b>REMARKS/NOTES:</b>	Since these tasks involve techniques that are critical to prevention and control of infection in surgical patients, ensure the trainee understands the processes, knows inherent risk factors, and is closely supervised during the evaluation. <b>The evaluator will STOP the evaluation immediately and correct the trainee if performance may compromise sterility or safety.</b> Ensure the trainee dons all personal protective equipment (PPE) required by current standards/precautions.
<b>EVALUATION INSTRUCTIONS:</b>	<ol style="list-style-type: none"><li>1. This QTP should be evaluated during actual performance of a surgical procedure.</li><li>2. After the trainee has received instructions and sufficient practice on each principle or rule of asepsis, evaluate performance on the rules/principles throughout the procedure. The trainee must satisfactorily perform in all areas <i>without assistance</i>. However, a trainee who identifies and seeks guidance for handling a <i>unique or unusual circumstance</i> that is beyond his/her expertise should not be penalized.</li><li>3. Use the appropriate checklist when evaluating performance to ensure all areas are evaluated.</li></ol>

4. Document competency upon satisfactory completion of the evaluation. Initial evaluation should be documented in the Specialty Training Standard (STS). All recurring evaluation should be documented using AF Form 1098, *Special Task Certification and Recurring Training*, or using an approved substitute record.

**PRINCIPLES AND APPLICATION OF SURGICAL ASEPSIS**

**PERFORMANCE CHECKLIST**

<b>Apply Principles and Rules of Surgical Asepsis</b>	<b>SAT</b>	<b>UNSAT</b>
<i><b>Sterile fields should be established and defined by sterile drapes</b></i>		
1. Drapes must serve as a barrier		
2. Sterile drapes should not only be placed on the patient, but also on all furniture/equipment used or included in the sterile field		
3. Handle sterile drapes as little as possible		
4. Protect hands when placing sterile drapes		
5. Keep drapes compactly folded until ready to use		
6. Hold drapes higher than area being draped until ready to place them		
7. Once placed, drapes are considered sterile at table level only		
8. When draping patient, start draping at operative site		
9. Once a drape is placed in position, it should not be moved		
<i><b>A sterile field should be constantly monitored and maintained</b></i>		
1. Prepare or establish sterile fields as close as possible to time of use		
2. Covering sterile fields is not recommended		
3. Unguarded or unwatched sterile fields are considered contaminated		
4. Every surgical team member should be constantly alert for events that may result in contamination		
5. When contamination occurs, corrective action is taken as soon as possible.		
6. When sterile barrier is perforated, integrity is compromised; it is considered contaminated		
7. Only non-perforating devices used to attach apparatus to drapes		
8. All objects that enter or pass over sterile field should be sterile or enclosed in sterile drape		
9. Inspect all packaging and check sterile integrity of all items before opening or delivering to sterile field.		
10. Talking should be kept minimal in presence of sterile fields.		
<i><b>All items used within or contacting a sterile field should be sterile</b></i>		
1. Some factors to check include:		
a. The type of packaging		
b. The integrity of the packaging		
c. The method(s) of sterilization		
d. Acceptability of all sterilization indicators		
e. How the item was stored		
2. Check <i>every</i> package before opening it		
3. When in doubt, toss it out		
<i><b>Methods for transferring items to a sterile field should maintain sterile integrity</b></i>		
1. When opening wrapped items, open flap farthest away from you first, and open the flap closest to you last		
2. Edges of a wrapper are considered contaminated		
3. Place opened sterile items securely on the field		

<b>Apply Principles and Rules of Surgical Asepsis</b>	<b>SAT</b>	<b>UNSAT</b>
4. Pass sharp/heavy objects to scrub tech, or open on a separate field		
5. When transferring sterile solutions:		
a. Solution receptacle on sterile field should be placed as close as possible to edge of field, or be held by scrub while pouring		
b. The solution should be poured slowly to avoid splashing		
c. Bottle's entire contents should be poured, or discard remainder		
<b><i>Sterile team members (scrubbed) should wear sterile gowns and gloves</i></b>		
1. Gown and gloves must serve as barriers to microorganisms		
2. Before donning gown/gloves, member should perform surgical scrub		
3. When gowning and gloving self, do so from a sterile field separate from the sterile field used during the procedure		
4. Areas of the surgical gown considered sterile are:		
a. Front of gown sterile from chest to level of sterile field		
b. Sleeves sterile from about 2 inches above elbows to cuffs (cuffs are unsterile after gloves are donned)		
5. Nonsterile areas of gown include neckline, shoulders, under-arms, back, and areas below table level		
6. After donning gloves inspect before considering them as sterile		
<b><i>Movement within or around a sterile field should maintain the integrity of the field</i></b>		
1. As circulator or other nonsterile team member:		
a. Always face the sterile field when approaching it		
b. Do NOT walk between two sterile fields		
c. Maintain a safe distance between self and sterile field		
d. Do NOT reach over a sterile field		
2. As the "scrub" or other sterile team member		
a. Scrubbed personnel should remain close to the sterile field		
b. Scrubbed personnel should not leave the operating room		
c. When scrubbed personnel must move/change positions, should move face-to-face or back-to back, keeping safe distance between		
d. Sterile team members should keep hands/arms within sterile areas		
e. Sterile team members do not reach below level of sterile field		
f. Sterile team members should avoid changing levels (stepping up/down on stools)		
<b>FINAL RESULTS/NOTES:</b>		

**FEEDBACK:** Using this checklist as a source of information, discuss the trainee's performance indicating strengths, weaknesses, suggested improvements, etc.