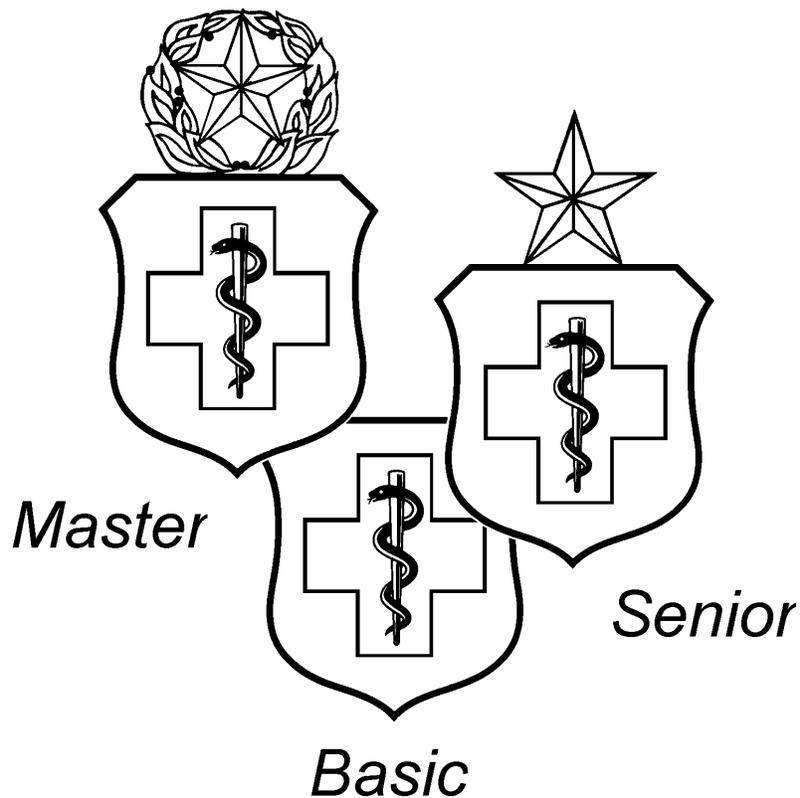


## SURGICAL SERVICE SPECIALTY

### *Preoperative Preparation of the Patient*



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**QTP 4N1X1-03**  
**SURGICAL SERVICE SPECIALTY**  
*Volume 03: Preoperative Preparation of the Patient*

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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 TECHNIQUES FOR REMOVAL OF BODY HAIR**

*Dry shave Using Surgical Clippers*

<b>SUBJECT AREA:</b>	Remove body hair from incision site in accordance with surgeon's orders
<b>TASK(s):</b>	Dry Shave Using Surgical Clippers
<b>CFETP/STS REFERENCE(s):</b>	10. Circulating Duties 10.7. Perform hair removal
<b>TRAINING REFERENCE(s):</b>	CDC 4N151A, Surgical Service Journeyman, Part I, Volume 4, Patient Positioning, Draping, and Surgical Routines, Unit 3 Surgical Technology for the Surgical Technologist; A Positive Care Approach Standards, Recommended Practices and Guidelines
<b>EQUIPMENT REQUIRED:</b>	Electric clipper, bed protector pads (chux), gloves, wide surgical tape
<b>OBJECTIVE:</b>	The trainee will, without error, properly remove body hair from incision site using electric hair clippers
<b>REMARKS/NOTES:</b>	Since this task involves direct hands-on patient care, ensure the trainee understands the process, knows inherent risk factors, and is closely supervised during the evaluation. If the patient is conscious, explain the procedure and purpose of the evaluation, and ensure you obtain the patient's permission before performing the procedure/evaluation. Male personnel should prep male patients; female personnel should prep female patients. <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.

**EVALUATION INSTRUCTIONS:**

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 *without assistance*.
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, *Special Task Certification and Recurring Training*, or using an approved substitute record.

**PRINCIPLES AND TECHNIQUES FOR REMOVAL OF BODY HAIR**

**PERFORMANCE CHECKLIST**

<b>Dry Shave Using Surgical Clippers</b>	<b>SAT</b>	<b>UNSAT</b>
<i>Preparatory Phase</i>		
1. Check physician’s orders in patient’s chart or other locally approved document for specific physician preferences		
2. Arrange for private, well lit area to perform hair removal		
3. Double-check supplies; ensure extra supplies available as needed		
4. Explain the procedure to the patient (if conscious)		
5. Wash hands and don gloves		
<i>Performance Phase</i>		
1. Expose only the area to be shaved		
2. Place protective pads or towels under and around site to contain clipped hair as it is removed		
3. Inspect the skin. Some conditions to look for include:		
a. Irritation: do not clip unless surgeon specifically orders to do so		
b. Open lacerations or sores: do not clip unless surgeon specifically orders to do so		
c. Moles, skin tags, nevi: exercise caution around to prevent removing or cutting		
4. Open and attach disposable head to handle (if applicable)		
5. Following manufacturer instructions for use, start clippers and remove hair from site. Most common guidelines are:		
a. Hold the disposable head flat against the patient’s skin		
b. Clip in the direction against the direction hair is growing		
c. Lift clippers and use towel or similar item to clean loose hair from head as it becomes blocked		
6. After site is clipped to satisfaction, use tape to “blot” remaining clipped hairs from site, remove drapes, then blot again if necessary		
7. Inspect skin. Report any irritation or abnormality immediately		
8. Remove gloves and wash hands		
<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.

## PERFORMING CLEANSING SKIN PREPS

### *Skin Prep-Abdominal or Broad Anatomic Areas*

<b>SUBJECT AREA:</b>	Preoperative preparation of the Patient
<b>TASK(s):</b>	Perform antimicrobial skin preps
<b>CFETP/STS REFERENCE(s):</b>	10.8. Select appropriate antiseptic agent 10.8.1. Patient considerations 10.8.2. Surgical site consideration 10.9.1. Abdominal
<b>TRAINING REFERENCE(s):</b>	CDC 4N151A, Surgical Service Journeyman, Part I, Volume 4, Patient Positioning, Draping, and Surgical Routines, Unit 3 Surgical Technology for the Surgical Technologist; A Positive Care Approach Standards, Recommended Practices and Guidelines
<b>EQUIPMENT REQUIRED:</b>	Locally prepared/commercially purchased sterile prep set Sterile gloves, Sterile water, Kick-bucket with liner, Prep stand or table, Bed protector pads If not part of prep set, or if prep set not available: antiseptic “scrub” detergent antiseptic “paint” solution sponges for washing/scrubbing skin forceps/applicators/sponges for “painting” skin cotton-tipped applicators for deep areas (umbilicus) sterile containers for solution/scrub sterile towels for blotting detergent from skin Have available: sterile scrub brush for scabs/dead tissue
<b>OBJECTIVE:</b>	The trainee will, without error, aseptically prepare the skin of a patient’s abdominal or broad anatomical area for surgery using an antiseptic agent
<b>REMARKS/NOTES:</b>	The procedure outlined in this QTP assumes the operative site is clean as for routinely scheduled elective surgical procedures. If the site is dirty, as in dirt/gravel from trauma cases, ensure the trainee removes gross soil by performing a preliminary wash IAW local policy before the skin prep. Since this task involves hands-on patient care, ensure the trainee understands the process, knows inherent risk factors, and is closely supervised during the evaluation. If the patient is conscious, explain the procedure and purpose of the evaluation, and ensure you obtain the patient’s permission before performing the procedure/evaluation. Male personnel should prep male patients; female personnel should prep female patients. <b>The evaluator will STOP the procedure immediately and correct the trainee if performance compromises safety.</b> Ensure the trainee dons all personal protective equipment (PPE) required by current standards or 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 *without assistance*.
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, *Special Task Certification and Recurring Training*, or using an approved substitute record.

## Performing Cleansing Skin Preps

### PERFORMANCE CHECKLIST

SKIN PREP-ABDOMINAL OR BROAD ANATOMIC AREAS	SAT	UNSAT
<i>Non-Sterile, Preliminary Phase</i>		
1. Check patient chart for operative site, allergies, special notes		
2. Ask anesthesia provider for permission to begin prep		
3. Turn on and adjust overhead lights to illuminate site		
4. Explain procedure to patient (if awake)		
5. Expose site		
a. Turn-down cover sheet, top edge of cover 2-3 inches below prep site		
b. Suspend "screen" sheet at top; bottom edge of sheet 2-3inches above prep site		
c. Tuck bed protector pads under each side of patient, extending above and below the full length of prep area		
6. Move prep stand close to patient's side		
7. Move lined kick-bucket within arm's reach of prep site		
8. Double-check patient's chart for operative site, allergies, notes		
<i>Sterile, Antiseptic Prep Phase</i>		
1. Wash hands, then don sterile gloves		
2. Prepare prep set:		
a. Pour solutions into proper containers. NOTE: If solution bottles are not sterile, this is done before donning gloves		
b. Prepare applicators for "paint"		
3. Pre-prep umbilicus, or "pool" solution (follow local policy)		
4. Begin timed wash or scrub (local policy, commonly 5-minutes)		
a. Wet sponges or applicators with detergent; squeeze out excess		
b. Start at incision site, use circular scrubbing motion and work out from center in a spiral pattern		
c. Discard sponge/applicator when outer perimeter reached; DO NOT RETRACE		
d. Repeat process with fresh sponges/applicators for prescribed time		
5. Dry the prep site:		
a. Open and "cuff" absorbent towel		
b. Aseptically cover prep site, cuff side of towel opposite where standing		
c. Blot entire area		
d. Grasp towel by cuff and raise up and towards self; discard properly		
6. Begin antiseptic "paint"		
a. Wet sponge sticks or applicators with solution		
b. Start at incision site, use circular motion and work out from center in a spiral pattern		
c. Discard sponge/applicator when outer perimeter reached; DO NOT RETRACE		
d. Repeat process with fresh sponge stick/applicator a second time, ensure full		

<b>SKIN PREP-ABDOMINAL OR BROAD ANATOMIC AREAS</b>	<b>SAT</b>	<b>UNSAT</b>
coverage of prep site		
7. Check for pooled solution under patient; blot dry		
8. Visually inspect for skin reaction; immediately report positive findings		
<i>Non-Sterile, Final Phase</i>		
1. Remove bed protective pads, recheck for pooled solution; cover or replace wet linen		
2. Disassemble prep set and discard all disposable items into same kick-bucket liner used to discard prep sponges		
3. Collect non-counted sponges and other trash from other kick-bucket liners in room; discard with prep supplies		
4. Discard gloves into same kick-bucket liner; remove liner from bucket, seal, and keep in the room (reline kick-bucket)		
5. Wash hands		
6. Document prep per local policy (usually on AF 1864)		
<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.

## Performing Cleansing Skin Preps

### *Skin Prep-Extremities*

<b>SUBJECT AREA:</b>	Preoperative preparation of the Patient
<b>TASK(s):</b>	Perform antimicrobial skin preps
<b>CFETP/STS REFERENCE(s):</b>	10.8. Select appropriate antiseptic agent 10.8.1. Patient considerations 10.8.2. Surgical site consideration 10.9.2. Extremities
<b>TRAINING REFERENCE(s):</b>	CDC 4N151A, Surgical Service Journeyman, Part I, Volume 4, Patient Positioning, Draping, and Surgical Routines, Unit 3 Surgical Technology for the Surgical Technologist; A Positive Care Approach Standards, Recommended Practices and Guidelines
<b>EQUIPMENT REQUIRED:</b>	Locally prepared/commercially purchased sterile prep set Sterile gloves, Sterile water, Kick-bucket with liner, Prep stand or table, Bed protector pads If not part of prep set, or if prep set not available: antiseptic “scrub” detergent antiseptic “paint” solution sponges for washing/scrubbing skin forceps/applicators/sponges for “painting” skin sterile containers for solution/scrub sterile towels for blotting detergent from skin Have available: sterile nail cleaner, sterile scrub brush for nails/scabs/dead tissue
<b>OBJECTIVE:</b>	The trainee will, without error, aseptically prepare the skin of a patient’s extremity for surgery using antiseptic agent
<b>REMARKS/NOTES:</b>	The procedure outlined in this QTP assumes the operative site is clean as for routinely scheduled elective surgical procedures. If the site is dirty, as in dirt/gravel from trauma cases, ensure the trainee removes gross soil by performing a preliminary wash IAW local policy before the skin prep. Since this task involves hands-on patient care, ensure the trainee understands the process, knows inherent risk factors, and is closely supervised during the evaluation. If the patient is conscious, explain the procedure and purpose of the evaluation, and ensure you obtain the patient’s permission before performing the procedure/evaluation. Male personnel should prep male patients; female personnel should prep female patients. <b>The evaluator will STOP the procedure immediately and correct the trainee if performance compromises safety.</b> Ensure the trainee dons all personal protective equipment (PPE) required by current standards or precautions.
<b>EVALUATION INSTRUCTIONS:</b>	
	1. This QTP should be evaluated during actual performance of the tasks.

2. After the trainee has received instruction, allow sufficient practice on each part of the task. The trainee must satisfactorily perform all parts of the task *without assistance*.
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, *Special Task Certification and Recurring Training*, or using an approved substitute record.

## Performing Cleansing Skin Preps

### PERFORMANCE CHECKLIST

<b>SKIN PREP-EXTREMITIES</b>	<b>SAT</b>	<b>UNSAT</b>
<i>Non-Sterile, Preliminary Phase</i>		
1. Check patient chart for operative site, allergies, special notes		
2. Ask anesthesia provider for permission to begin prep		
3. Turn on and adjust overhead lights to illuminate site		
4. Explain procedure to patient (if awake)		
5. Expose site		
a. Suspend extremity per local policy; usually a second circulator dons sterile gloves and holds during prep		
b. Place bed protector pads under the extremity; also place around tourniquet (if present) to protect from solution pooling under it NOTE: May also place a plastic adhesive drape around tourniquet		
6. Move prep stand close to patient's side		
7. Move lined kick-bucket within arm's reach of prep site		
8. Double-check patient's chart for operative site, allergies, notes		
<i>Sterile, Antiseptic Prep Phase</i>		
NOTE: If operative site is grossly soiled, don gloves and pre-wash fingernails, nail beds, and/or exceptionally soiled areas using scrub brush and nail cleaner, then dry, before beginning the antiseptic prep (follow surgeon's instructions and local policy)		
1. Wash hands, then don sterile gloves		
2. Prepare prep set:		
a. Pour solutions into proper containers. NOTE: If solution bottles are not sterile, this is done before donning gloves		
b. Prepare applicators for "paint"		
3. Begin timed wash or scrub (local policy determines time)		
a. Wet sponges or applicators with detergent; squeeze out excess		
b. Start at incision site using circular scrubbing motion, washing around complete circumference of extremity, working out to distal end of fingers or toes		
c. Discard sponge/applicator when distal end reached; DO NOT RETRACE		
d. Start again at incision site using circular scrubbing motion, washing around complete circumference of extremity, working toward proximal end of extremity; stop at tourniquet (if present)		
e. Discard sponge/applicator when proximal end reached; DO NOT RETRACE		
f. Repeat process with fresh sponges/applicators, for prescribed time		
4. Dry the prep site:		
a. Using absorbent towel, aseptically cover prep site from incision site to distal end; "cuff" towel end closest to incision site		

<b>SKIN PREP-EXTREMITIES</b>	<b>SAT</b>	<b>UNSAT</b>
b. Blot entire area		
c. Grasp towel by cuff and raise up and away from incision site; discard properly; if multiple towels are needed to blot entire extremity, they are removed by lifting away from incision site		
5. Begin antiseptic "paint"		
a. Wet sponge sticks or applicators with solution		
b. Start at incision site using circular motion, painting around complete circumference of extremity, working out to distal end of fingers or toes		
c. Discard sponge/applicator when distal end reached; <b>DO NOT RETRACE</b>		
d. Start again at incision site using circular motion, painting around complete circumference of extremity, working toward proximal end of extremity; stop at tourniquet (if present)		
e. Discard sponge/applicator when proximal end reached; <b>DO NOT RETRACE</b>		
f. Repeat process with fresh sponge stick/applicator a second time, ensure full coverage of entire extremity		
6. Visually inspect for skin reaction; immediately report positive findings		
<i><b>Non-Sterile, Final Phase</b></i>		
1. Remove bed protective pads from bed and around tourniquet, check for pooled solution; cover or replace wet linen. NOTE: If plastic adhesive drape is around tourniquet, it is usually left in place		
2. Disassemble prep set and discard all disposable items into same kick-bucket liner used to discard prep sponges		
3. Collect non-counted sponges and other trash from other kick-bucket liners in room; discard with prep supplies		
4. Discard gloves into same kick-bucket liner; remove liner from bucket, seal, and keep in the room (reline kick-bucket)		
5. Wash hands		
6. Document prep per local policy (usually on AF 1864)		
<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.

## Performing Cleansing Skin Preps

### *Skin Prep-Perineal Areas*

<b>SUBJECT AREA:</b>	Preoperative preparation of the Patient
<b>TASK(s):</b>	Perform antimicrobial skin preps
<b>CFETP/STS REFERENCE(s):</b>	10.8. Select appropriate antiseptic agent 10.8.1. Patient considerations 10.8.2. Surgical site consideration 10.9.3. Perineal/Dirty areas
<b>TRAINING REFERENCE(s):</b>	CDC 4N151A, Surgical Service Journeyman, Part I, Volume 4, Patient Positioning, Draping, and Surgical Routines, Unit 3 Surgical Technology for the Surgical Technologist; A Positive Care Approach Standards, Recommended Practices and Guidelines
<b>EQUIPMENT REQUIRED:</b>	Locally prepared/commercially purchased sterile prep set Sterile gloves, Sterile water, Kick-bucket with liner, Prep stand or table, Bed protector pads If not part of prep set, or if prep set not available: antiseptic “scrub” detergent antiseptic “paint” solution sponges for washing/scrubbing skin forceps/applicators/sponges for “painting” skin cotton-tipped applicators for deep areas sterile containers for solution/scrub sterile towels for drying skin Have available: sterile sponge sticks for cleansing deep or internal areas; Catheter or catheter kit
<b>OBJECTIVE:</b>	The trainee will, without error, aseptically prepare a patient’s perineal area for surgery using an antiseptic agent
<b>REMARKS/NOTES:</b>	The procedure outlined in this QTP assumes the operative site is clean as for routinely scheduled elective surgical procedures. If the site is dirty, as in dirt/gravel from trauma cases, ensure the trainee removes gross soil by performing a preliminary wash IAW local policy before the skin prep. Since this task involves hands-on patient care, ensure the trainee understands the process, knows inherent risk factors, and is closely supervised during the evaluation. If the patient is conscious, explain the procedure and purpose of the evaluation, and ensure you obtain the patient’s permission before performing the procedure/evaluation. Male personnel should prep male patients; female personnel should prep female patients. <b>The evaluator will STOP the procedure immediately and correct the trainee if performance compromises safety.</b> Ensure the trainee dons all personal protective equipment (PPE) required by current standards or precautions.
<b>EVALUATION INSTRUCTIONS:</b>	
	1. This QTP should be evaluated during actual performance of the tasks.

2. After the trainee has received instruction, allow sufficient practice on each part of the task. The trainee must satisfactorily perform all parts of the task *without assistance*.
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, *Special Task Certification and Recurring Training*, or using an approved substitute record.

## Performing Cleansing Skin Preps

### PERFORMANCE CHECKLIST

SKIN PREP-PERINEAL AREAS	SAT	UNSAT
<i>Non-Sterile, Preliminary Phase</i>		
1. Check patient chart for operative site, allergies, special notes		
2. Ask anesthesia provider for permission to begin prep		
3. Turn on and adjust overhead lights to illuminate site		
4. Explain procedure to patient (if awake)		
5. Expose site		
a. Raise cover sheet, top edge of cover 2-3 inches above prep site; protect margin of sheet with absorbent towel or drape		
b. Tuck bed protector pads under each side of patient; tuck bed protector pads under buttocks for lithotomy position; tuck absorbent pad or towel between legs in prone position		
6. Move prep stand close to patient's side		
7. Move lined kick-bucket within arm's reach of prep site		
8. Double-check patient's chart for operative site, allergies, notes NOTE: It is critical to verify an intra-vaginal prep is ordered, if not specifically ordered, do not perform an internal prep		
<i>Sterile, Antiseptic Prep Phase</i>		
1. Wash hands, then don sterile gloves		
2. Prepare prep set:		
a. Pour solutions into proper containers. NOTE: If solution bottles are not sterile, this is done before donning gloves		
b. Prepare sponge sticks for internal or deep cleansing (vagina)		
c. Prepare applicators/sponge sticks for "paint"		
<i>Vaginal Prep Technique</i>		
1. Begin timed wash or scrub of exterior areas (local policy)		
a. Wet sponges or applicators with detergent; squeeze out excess		
b. Local policy determines exact method of prepping the vaginal region. The most important considerations are to prep the most contaminated areas last, and to immediately discard any sponge contacting the contaminated area. DO NOT RETRACE		
c. Repeat process with fresh sponges/applicators for prescribed time		
2. If specifically ordered, clean internal vagina and cervix using sponge sticks and copious solution for prescribed time (local policy)		
3. Use dry sponge stick to absorb excess solution from internal vagina		
4. Use aseptic technique and absorbent towels to dry external surfaces		
5. Use fresh sponges/applicators and begin "painting" exterior areas		
a. Local policy determines exact method of prepping the vaginal region. The most important considerations are to prep the most contaminated areas last,		

<b>SKIN PREP-PERINEAL AREAS</b>	<b>SAT</b>	<b>UNSAT</b>
and to immediately discard any sponge contacting the contaminated area. <b>DO NOT RETRACE</b>		
6. If specifically ordered, paint internal vagina and cervix using sponge sticks and copious solution; blot dry using fresh sponge if procedure may involve entering peritoneal cavity		
7. Perform catheterization, if ordered		
<b><i>Rectal Prep Technique</i></b>		
1. If patient in lithotomy position, follow the sequence in steps 1, 4, and 5 under vaginal prep. Rectum is not washed internally unless specifically instructed by surgeon		
2. For patient in prone or modified prone positions		
a. Start at lower back, just above buttocks, use circular scrubbing motion and work down the inside of the buttocks on either side of anus, prep anus last, then discard sponge. <b>DO NOT RETRACE</b>		
b. Use fresh sponge to scrub perimeter areas of the buttocks and upper portions of inner thighs; prep anus last; discard sponge		
c. Repeat process with fresh sponges for prescribed time		
d. Use absorbent towel and aseptic technique to blot dry		
e. Follow same sequence as in a & b with antiseptic "paint"		
f. Repeat paint with fresh sponge stick/applicator a second time, ensure full coverage of prep site		
<b><i>Non-Sterile, Final Phase</i></b>		
1. Remove bed protective pads, check for pooled solution; cover or replace wet linen		
2. Disassemble prep set and discard all disposable items into same kick-bucket liner used to discard prep sponges		
3. Collect non-counted sponges and other trash from other kick-bucket liners in room; discard with prep supplies		
4. Discard gloves into same kick-bucket liner; remove liner from bucket, seal, and keep in the room (reline kick-bucket)		
5. Wash hands		
6. Document prep per local policy (usually on AF 1864)		
<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.

## Performing Cleansing Skin Preps

### *Skin Prep-Contaminated Wounds*

<b>SUBJECT AREA:</b>	Preoperative preparation of the Patient
<b>TASK(s):</b>	Perform antimicrobial skin preps
<b>CFETP/STS REFERENCE(s):</b>	10.8. Select appropriate antiseptic agent 10.8.1. Patient considerations 10.8.2. Surgical site considerations 10.9.4. Contaminated Wounds
<b>TRAINING REFERENCE(s):</b>	CDC 4N151A, Surgical Service Journeyman, Part I, Volume 4, Patient Positioning, Draping, and Surgical Routines, Unit 3 Surgical Technology for the Surgical Technologist; A Positive Care Approach Standards, Recommended Practices and Guidelines
<b>EQUIPMENT REQUIRED:</b>	Locally prepared/commercially purchased sterile prep set Sterile gloves Sterile water Kick-bucket with liner Prep stand or table Bed protector pads If not part of prep set, or if prep set not available: antiseptic “scrub” detergent antiseptic “paint” solution sponges for washing/scrubbing skin forceps/applicators/sponges for “painting” skin cotton-tipped applicators for deep areas (umbilicus) sterile containers for solution/scrub sterile towels for drying skin Have available: sterile scrub brush for scabs/dead tissue
<b>OBJECTIVE:</b>	The trainee will, without error, aseptically prepare a contaminated wound or septic area for surgery using an antiseptic agent
<b>REMARKS/NOTES:</b>	Since this task involves hands-on patient care, ensure the trainee understands the process, knows inherent risk factors, and is closely supervised during the evaluation. If the patient is conscious, explain the procedure and purpose of the evaluation, and ensure you obtain the patient’s permission before performing the procedure/evaluation. Male personnel should prep male patients; female personnel should prep female patients. <b>The evaluator will STOP the procedure immediately and correct the trainee if performance compromises safety.</b> Ensure the trainee dons all personal protective equipment (PPE) required by current standards or precautions.
<b>EVALUATION INSTRUCTIONS:</b>	
1.	This QTP should be evaluated during actual performance of the tasks.
2.	After the trainee has received instruction, 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, *Special Task Certification and Recurring Training*, or using an approved substitute record.

### Performing Cleansing Skin Preps

#### PERFORMANCE CHECKLIST

SKIN PREP-CONTAMINATED WOUNDS	SAT	UNSAT
<i>Non-Sterile, Preliminary Phase</i>		
1. Check patient chart for operative site, allergies, special notes		
2. Ask anesthesia provider for permission to begin prep		
3. Turn on and adjust overhead lights to illuminate site		
4. Explain procedure to patient (if awake)		
5. Expose site and protect bed (and tourniquet, if used) from solution according to location of incision site		
6. Move prep stand close to patient's side		
7. Move lined kick-bucket within arm's reach of prep site		
8. Double-check patient's chart for operative site, allergies, notes		
<i>Sterile, Antiseptic Prep Phase</i>		
1. Wash hands, then don sterile gloves		
2. Prepare prep set:		
a. Pour solutions into proper containers. NOTE: If solution bottles are not sterile, this is done before donning gloves		
b. Prepare applicators for "paint"		
3. Isolate stoma, septic area, or contaminated area by laying solution-soaked sponges over it		
4. Begin timed wash or scrub (local policy, commonly 5-minutes)		
a. Wet sponges or applicators with detergent; squeeze out excess		
b. If incision site is not included in the contaminated area, start at incision site, If incision site is in the contaminated area, start approximately 1-inch away from the isolated area. Use circular scrubbing motion and work out from center in a spiral pattern, AVOIDING the contaminated area		
c. Discard sponge/applicator when outer perimeter reached; DO NOT RETRACE		
d. Repeat process with fresh sponges/applicators for prescribed time		
e. Using fresh sponges, clean contaminated/septic area for prescribed time.		
5. Dry the prep site using absorbent towels and aseptic technique; dry contaminated area separately from clean area (may require extra towels)		
6. Begin antiseptic "paint"		
a. Wet sponge sticks or applicators with solution		
b. If incision site is not included in the contaminated area, start at incision site, If incision site is in the contaminated area, start approximately 1-inch away from the isolated area. Use circular motion and work out from center in a spiral pattern, AVOIDING the contaminated area		
c. Discard sponge/applicator when outer perimeter reached; DO NOT RETRACE		
d. Repeat process with fresh sponge stick/applicator a second time, ensure full coverage of prep site		
e. Using fresh sponges, apply two coats of "paint" to the contaminated or septic area		
7. Check for pooled solution under patient; blot dry		

SKIN PREP-CONTAMINATED WOUNDS	SAT	UNSAT
8. Visually inspect for skin reaction; immediately report positive findings		
<i>Non-Sterile, Final Phase</i>		
1. Remove bed protective pads, recheck for pooled solution; cover or replace wet linen		
2. Disassemble prep set and discard all disposable items into same kick-bucket liner used to discard prep sponges		
3. Collect non-counted sponges and other trash from other kick-bucket liners in room; discard with prep supplies		
4. Discard gloves into same kick-bucket liner; remove liner from bucket, seal, and keep in the room (reline kick-bucket)		
5. Wash hands		
6. Document prep per local policy (usually on AF 1864)		
<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.