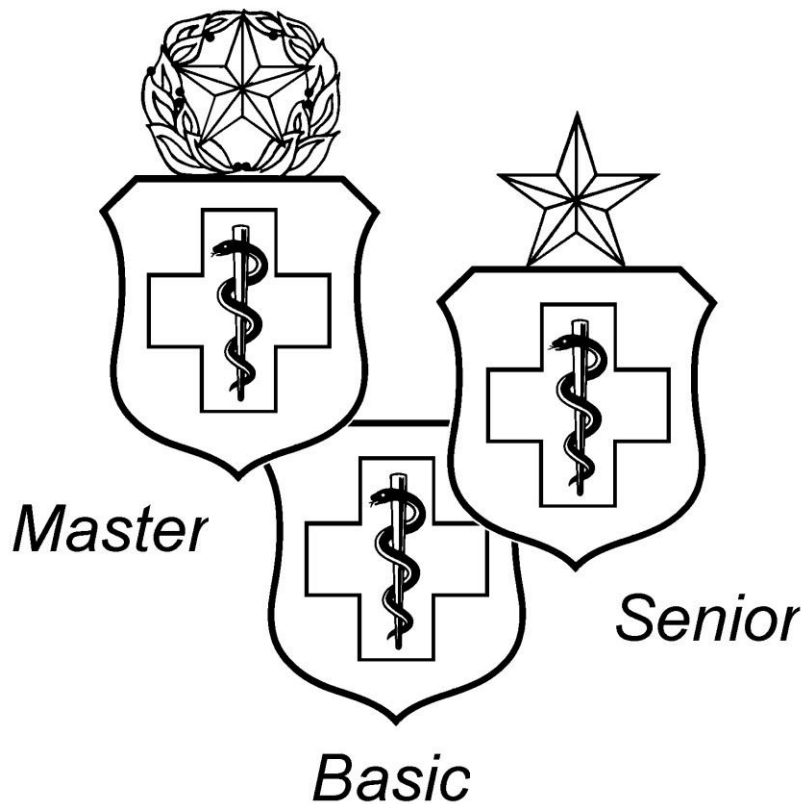


## SURGICAL SERVICE SPECIALTY

### *Duties of Scrub and Circulating Personnel*



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**QTP 4N1X1-04**  
**SURGICAL SERVICE SPECIALTY**  
*Volume 04: Duties of Scrub and Circulating Personnel*

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OPR: AF/SG1E  
Certified by: SMSgt Judy Hickman (60 MSGS/CCC)  
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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.

***SMSgt Judy Hickman  
60 MSGS/CCC  
Travis AFB, CA 94535  
DSN: 799-2385  
e-mai: judy.hickman@us.af.mil***

## SCRUBBING, GOWNING, AND GLOVING SELF AND TEAM MEMBERS

### *Perform a Surgical Hand/Arm Scrub*

<b>SUBJECT AREA:</b>	Duties of Scrub Personnel
<b>TASK(s):</b>	Perform a Surgical Hand/Arm Scrub
<b>CFETP/STS REFERENCE(s):</b>	11. Scrub Duties 11.1. Perform surgical hand/arm scrub
<b>TRAINING REFERENCE(s):</b>	Surgical Technology for the Surgical Technologist A Positive Approach; Standards, Recommended Practices and Guidelines Surgical Technology; Principles and Practice
<b>EQUIPMENT REQUIRED:</b>	Scrub sink with faucet knee control or automatic control Dispenser with sufficient antiseptic detergent Scrub brush Nail cleaner Trash receptacle
<b>OBJECTIVE:</b>	The trainee will perform the surgical hand and arm scrub without contamination.
<b>REMARKS/NOTES:</b>	This task is performed in a restricted area designated for the purpose of scrubbing. The trainee will be preparing to perform duties as the —scrub and will be wearing scrub attire, cap, and mask. The sterile packs, gown, and gloves are in place inside the operating room with the wrappers opened. <b>The evaluator will STOP the procedure immediately and correct the trainee if performance may compromise safety.</b> Ensure the trainee dons eye protection and 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 the tasks.</li> <li>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>.</li> <li>3. Use the appropriate checklist when evaluating the task to ensure all steps of the task are accomplished. <b>NOTE:</b> The checklist instructs the trainee to start the scrub with the right hand; this is primarily for clarity of the checklist; it is acceptable to start scrub with either hand as long as proper sequence is maintained.</li> <li>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.</li> </ol>

SCRUBBING, GOWNING, AND GLOVING SELF AND TEAM MEMBERS

PERFORMANCE CHECKLIST

Perform a Surgical Hand/Arm Scrub	SAT	UNSAT
<i>Preparatory Phase</i>		
1. Check for adequate supplies and equipment:		
a. Dispenser has sufficient antiseptic detergent		
b. Ensure sufficient number of brushes and nail cleaners		
c. Ensure water flow is adequate; adjust to comfortable temperature		
d. Position dispenser foot control where it is easily accessible		
2. Open scrub brush and nail cleaner package(s) in accessible location		
3. Prepare arms/hands for the surgical scrub:		
a. Remove all jewelry from hands and arms; secure the items		
b. Roll sleeves of scrub shirt to approximately 4 inches above elbow		
<i>Performance Phase</i>		
1. Pre-wash hands and arms		
a. Bend slightly at waist		
b. Do not allow any part of body to touch the sink		
c. Keep hands above elbow level		
d. Using anti-microbial detergent, wash one arm at a time, start at fingertips and continue to approximately 2 inches above elbow		
e. Clean fingernails, scraping with nail cleaner under running water		
f. Rinse hands and arms, one at a time, by holding hands higher than elbows, passing each hand and arm through the water, starting at the fingertips and rinsing to 2 inches above the elbow		
2. Begin surgical scrub on either hand (timed or brush stroke method); <i>treat each digit, hand, and arm as 4-sided object to ensure adequate coverage</i>		
a. Wet brush and work up lather		
b. Start by scrubbing fingertips/nails using bristle side of brush		
c. Scrub one finger at a time, then palm, then back of hand, then circumference of arm to approximately 2-inches above the elbow		
4. After scrubbing first arm repeat step 2 a-c on second arm.		
7. After both arms are complete discard scrub brush in proper receptacle		
8. Rinse hands and arms, one at a time, as in 1-f above		
<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.

**SCRUBBING, GOWNING, AND GLOVING SELF AND TEAM MEMBERS**

<b>SUBJECT AREA:</b>	<i>Dry Hands Using Aseptic Technique</i> Duties of Scrub Personnel
<b>TASK(s):</b>	Dry Hands Using Aseptic Technique
<b>CFETP/STS REFERENCE(s):</b>	11. Scrub Duties 11.2. Dry hand using aseptic technique
<b>TRAINING REFERENCE(s):</b>	Surgical Technology for the Surgical Technologist A Positive Approach; Standards, Recommended Practices and Guidelines Surgical Technology; Principles and Practice
<b>EQUIPMENT REQUIRED:</b>	Sterile hand towel Sterile gown pack with towel if self gowning
<b>OBJECTIVE:</b>	The trainee will aseptically dry hands, after a surgical hand/arm scrub, without contamination.
<b>REMARKS/NOTES:</b>	This task is performed in the operating room immediately after performing the surgical hand/arm scrub. The trainee will be preparing to perform duties as the —scrub and will be wearing scrub attire, cap, and mask. The sterile packs, gown, and gloves are in place inside the operating room with the wrappers opened. <b>The evaluator will STOP the procedure immediately and correct the trainee if performance compromises safety.</b> Ensure the trainee dons eye protection and 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 the tasks.</li> <li>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>.</li> <li>3. Use the appropriate checklist when evaluating the task to ensure all steps of the task are accomplished.</li> <li>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.</li> </ol>	



SCRUBBING, GOWNING, AND GLOVING SELF AND TEAM MEMBERS

**PERFORMANCE CHECKLIST**

Dry Hands Using Aseptic Technique	SAT	UNSAT
<i>Preparatory Phase</i>		
1. Perform surgical hand/arm scrub		
2. Enter the sterile area (Operating Room) by backing through door		
a. Keep hands and arms above elbow level		
b. Position hands and arms in front of your body; keep them in direct sight at all times		
<i>Performance Phase</i>		
1. Lift sterile hand towel from top of gown pack, straight up without touching the gown or any unsterile item. NOTE: Ensure to avoid dripping water on sterile field		
2. Step back from sterile field and bend forward slightly at waist		
3. Turn hand to be dried palm up		
4. Gently shake towel fully open; place one end of towel on palm surface of hand to be dried		
5. Using a rotating and blotting motion, dry hand and arm; start at fingertips. NOTE: Do not retrace over areas that have been dried		
6. Using the dried hand, —scoop the dry end of towel into the palm and repeat steps 3, 4, and 5 to dry the other hand and arm. NOTE: Do not allow the towel to contact scrub suit or other unsterile area		
7. Discard towel by either placing it in the laundry hamper or allowing circulator to take it		
<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.

## SCRUBBING, GOWNING, AND GLOVING SELF AND TEAM MEMBERS

### *Gown and Glove Self*

<b>SUBJECT AREA:</b>	Duties of Scrub Personnel
<b>TASK(s):</b>	Don sterile surgical attire
<b>CFETP/STS REFERENCE(s):</b>	11. Scrub Duties 11.3. Don sterile surgical attire
<b>TRAINING REFERENCE(s):</b>	Surgical Technology for the Surgical Technologist: A Positive Approach; Standards, Recommended Practices and Guidelines Surgical Technology; Principles and Practice
<b>EQUIPMENT REQUIRED:</b>	Sterile gown pack with towel Sterile gloves
<b>OBJECTIVE:</b>	The trainee will don sterile gown and gloves after performing surgical hand/arm scrub and drying hands, without contamination. Circulator will assist with non-sterile tasks.
<b>REMARKS/NOTES:</b>	This task is performed in the operating room immediately after performing the surgical hand/arm scrub and aseptically drying hands/arms. The trainee will be preparing to perform duties as the —scrub and will be wearing scrub attire, cap, and mask. The scrub must gown and glove from a surface separate from the sterile field established for the surgical procedure. <b>The evaluator will STOP the procedure immediately and correct the trainee if performance compromises safety.</b> Ensure the trainee dons eye protection and 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 the tasks.</li> <li>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>.</li> <li>3. Use the appropriate checklist when evaluating the task to ensure all steps of the task are accomplished. <b>NOTE:</b> The checklist instructs the trainee to start gloving with the right hand; this is primarily for clarity of the checklist, it is acceptable to start with either hand as long as proper sequence is maintained.</li> <li>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.</li> </ol>	

**SCRUBBING, GOWNING, AND GLOVING SELF AND TEAM MEMBERS**

**PERFORMANCE CHECKLIST**

<b>Gown and Glove Self</b>	<b>SAT</b>	<b>UNSAT</b>
<i>Preparatory Phase</i>		
1. Open sterile gown/towel pack		
2. Open sterile gloves on sterile field created by gown/towel pack		
3. Perform surgical hand/arm scrub; dry hands using aseptic technique		
<i>Performance Phase</i>		
1. Prepare to gown		
a. Lift gown directly upward, grasping so all layers are in one hand		
b. Touch only the gown, not the wrapper		
c. Touch only the inside of the gown		
d. Step back from the sterile field, holding gown above waist-level, in front of and not touching the body		
e. Turn the gown so that the inside is toward the scrub		
f. Unfold gown, per manufacturer recommendations, by holding at arm's length and eye-level and allowing gravity to unfold it		
2. Don gown		
a. Slip hands into the sleeve openings, then slide both arms into the sleeves simultaneously; keep hands at eye-level		
b. Grasp inside seam of each sleeve between the gown sleeve and the cuff with thumb and index finger to prevent hands from being exposed as the circulator pulls the gown over the shoulders		
3. Position the glove package to allow access to the gloves; do not allow bare fingers to protrude from the gown cuff		
4. Don glove		
a. With left hand, pick up the folded cuff edge of the glove and remove it from the package; ensure hands remain inside sleeve		
b. Place right glove on sleeve of gown over palm of right hand, palm of glove to palm of hand, with fingers of glove pointing to elbow.		
c. Grasp edge of glove cuff with right thumb and fingers from inside the sleeve cuff		
d. Using left hand (still inside the sleeve), stretch glove up/over gown's right cuff, when glove covers cuff, work right hand fingers out of cuff into glove, holding glove/sleeve together using left hand		
5. Don other glove by following steps 4a-4d, reversing left/right hands		
6. Adjust both gloves so that the fingers fit snugly		
7. Circulator assists to tie, close back flap, and adjust fit of gown per manufacturer directions and aseptic technique		
<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.

**SCRUBBING, GOWNING, AND GLOVING SELF AND TEAM MEMBERS**

*Gown and Glove Team Members (Scrub)*

<b>SUBJECT AREA:</b>	Duties of Scrub Personnel
<b>TASK(s):</b>	Gown and Glove Surgical Team Members
<b>CFETP/STS REFERENCE(s):</b>	11. Scrub Duties 11.9 Gown and glove surgical team members
<b>TRAINING REFERENCE(s):</b>	Surgical Technology for the Surgical Technologist A Positive Approach; Standards, Recommended Practices and Guidelines Surgical Technology; Principles and Practice
<b>EQUIPMENT REQUIRED:</b>	Sterile hand towel Sterile gown Sterile gloves Sterile saline moistened towels
<b>OBJECTIVE:</b>	The trainee will gown and glove surgical team members without contamination. Circulator will perform non-sterile tasks.
<b>REMARKS/NOTES:</b>	<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/precautions.
<b>EVALUATION INSTRUCTIONS:</b>	
	<ol style="list-style-type: none"> <li>1. This QTP should be evaluated during actual performance of the tasks.</li> <li>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>.</li> <li>3. Use the appropriate checklist when evaluating the task to ensure all steps of the task are accomplished.</li> <li>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.</li> </ol>

SCRUBBING, GOWNING, AND GLOVING SELF AND TEAM MEMBERS

**PERFORMANCE CHECKLIST**

Gown and Glove Team Members (Scrub)	SAT	UNSAT
<i>Preparatory Phase</i>		
1. Gown/glove self		
2. Ensure proper glove size(s) for team member(s) are open		
3. Arrange sterile towels, gowns, and gloves in order of use		
<i>Performance Phase</i>		
1. Fully open sterile hand towel and lay it over the team member’s outstretched hand; protect sterile glove and be careful not to touch hand		
2. Present gown to team member:		
a. Unfold gown carefully, holding so neckline is up		
b. Grasping outside of gown near shoulder seams, create —cuffl of the neckline and shoulder fabric to protect hands		
c. Present inside of gown to team member with arm-holes at approximately shoulder level		
d. After member inserts hands and arms into sleeves, release gown; circulator pulls gown over shoulders and begins fastening		
3. Glove team member		
a. Pick-up right glove		
b. Using both hands, hold glove’s palm side toward team member,		
c. Stretch cuff open, using thumbs and fingers, enough for team member to insert hand. Protect scrub’s fingers under glove cuff		
d. Raise glove up to create counter-pressure as team member fully inserts hand		
e. Unfold cuff up and over gown sleeve; release gently		
f. Repeat steps 3a-3e for left hand (NOTE: Team member should use gloved right hand to help stretch cuff open in step 3-c)		
4. Assist with closing wrap-around flap per manufacturer’s directions		
5. Present sterile moist towels to remove powder from gloves		
<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.

**SCRUBBING, GOWNING, AND GLOVING SELF AND TEAM MEMBERS**

*Assist Sterile Team Members to Don/DoFF Surgical Gowns*

<b>SUBJECT AREA:</b>	Duties of Circulating Personnel
<b>TASK(s):</b>	Assist Sterile Team Members to donning Sterile Surgical Attire
<b>CFETP/STS REFERENCE(s):</b>	10. Circulating duties 10.10 Assist sterile team members with donning sterile surgical attire
<b>TRAINING REFERENCE(s):</b>	Surgical Technology for the Surgical Technologist A Positive Approach; Standards, Recommended Practices and Guidelines Surgical Technology; Principles and Practice
<b>EQUIPMENT REQUIRED:</b>	Sterile hand towel Sterile gown Sterile gloves Sterile saline Disposable, non-sterile gloves
<b>OBJECTIVE:</b>	The trainee will assist surgical team members to don and doff surgical gown and gloves without contamination.
<b>REMARKS/NOTES:</b>	<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/precautions.

**EVALUATION INSTRUCTIONS:**

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.

**SCRUBBING, GOWNING, AND GLOVING SELF AND TEAM MEMBERS**

**PERFORMANCE CHECKLIST**

<b>Assist Sterile Team Members to Don/Doff Surgical Gowns</b>	<b>SAT</b>	<b>UNSAT</b>
<i>Preparatory Phase</i>		
1. Open the gown pack		
a. Ensure the table is clean and dry		
b. Remove the plastic outer wrapper from the gown pack and discard the wrapper in the appropriate receptacle		
c. Position the gown pack on the table		
d. Open the first fold to the back of the table. CAUTION Do not allow the gown pack to slide around on the table while opening. NOTE: The first fold opens away from the circulator		
e. Open the first side-fold using the appropriate hand, right to right and left to left. CAUTION: Do not touch the gown		
f. Open the other side fold using the appropriate hand, right hand for right fold and left hand for left fold		
g. Open the front fold by pulling the tab towards the circulator		
2. Open the glove package		
a. Peel open the glove wrapper to a fully flat position		
b. Gently toss the inner glove package onto the sterile field using an up and out motion. CAUTION: Avoid covering the hand towel		
<i>Performance Phase-Donning Gown</i>		
1. After scrubbed team member dries hands, take towel:		
a. Stand behind the team member		
b. Grasp the towel at the distal end and remove it from the team member's hand		
c. Dispose of the towel by placing it in the proper receptacle		
2. Assist scrubbed team member with gowning: (After member has inserted hands into gown sleeves)		
a. Stand behind the team member; grasp shoulder seams of inside fabric of the gown		
b. Pull gown over team member's shoulders. NOTE: This must be done gently so cuffs cover member's hands if self-gloving		
c. Fasten the waist ties of the gown		
d. Tie the neck ties or snap the fasteners		
e. Assist closing back-flap per manufacturer's directions		
f. Adjust the gown by pulling it downward by the bottom edges		
<i>Performance Phase-Doffing Gown</i>		
1. Wash hands and don disposable gloves		
2. Unfasten gown snaps/ties, standing behind team member, working from neck down, and not touching soiled front of gown		
3. Grasp the inside back of the gown at the shoulders and drape it forward over team member's shoulders without touching upper arms or shoulders		
4. Face team member		
5. Bring gown and sleeves forward over the hands, turning the gown inside out and inverting the cuff of the gloves		
6. With team member's arms fully extended, pull gown off the arms		
7. Roll gown inside out. CAUTION: Do not allow gown to touch clothing of team member or circulator		
8. Discard gown in linen hamper or appropriate waste receptacle		

<b>Assist Sterile Team Members to Don/Doff Surgical Gowns</b>	<b>SAT</b>	<b>UNSAT</b>
9. Remove team member's gloves by grasping inner portion of each glove where it has been turned inside out, then pulling inverted glove off the hand; discard in proper receptacle		
10. Discard circulator's gloves; 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.



### ESTABLISHING AND MAINTAINING A STERILE FIELD

#### *Open Supplies to Establish/Maintain Sterile Field While Circulating*

<b>SUBJECT AREA:</b>	Duties of Circulating Personnel
<b>TASK(s):</b>	Open Sterile Items
<b>CFETP/STS REFERENCE(s):</b>	10. Circulating Duties 10.2.1. Rectangularly wrapped 10.2.2. Diagonally wrapped 10.2.3. Rigid Containers 10.2.4. Peel Packs
<b>TRAINING REFERENCE(s):</b>	CDC 4N151A, Surgical Services Journeyman, Part I, Volume 2, Infection Control, Unit 5 Standards, Recommended Practices and Guidelines
<b>EQUIPMENT REQUIRED:</b>	Sterile surgical procedure set-up containing items packaged using common packaging techniques (Rectangular wrapped, diagonal wrapped, peel packed & rigid containers.)
<b>OBJECTIVE:</b>	The trainee will, without error, open sterile supplies and instruments to establish sterile field(s), then will open ancillary sterile supplies in a manner that maintains sterility of the field(s)
<b>REMARKS/NOTES:</b>	<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.

#### **EVALUATION INSTRUCTIONS:**

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.

## ESTABLISHING AND MAINTAINING A STERILE FIELD

**PERFORMANCE CHECKLIST**

<b>Open Supplies to Establish/Maintain Sterile Field While Circulating</b>		<b>SAT</b>	<b>UNSAT</b>
<i>Preparation for Opening Stationary Items</i>			
1. Ensure the table/stand is clean and dry			
2. Remove the plastic outer wrapper/dust cover (if present)			
3. Center pack in middle of table or stand			
4. Check external sterilization indicators			
5. Remove tape from reusable/cloth wrappers, break tape seals from disposable/paper wrappers			
<i>Open Rectangularly Wrapped Stationary Items</i>			
<b>Narrow-edge first pack</b>	<b>Long-edge first pack</b>		
1. Center pack with seam formed by folds <i>parallel to long edge</i> of table	Center pack with seam formed by folds <i>perpendicular to long edge</i> of table		
2. First flap should open away from center of room	First flap should open to one side of the table		
3. Step to side, then open the first fold	Open first long fold by standing in front of the table		
4. Without touching or reaching over sterile area exposed by first flap, open second fold in same way as first	Shift position, moving slightly to the left when opening the left flap, to the right when opening the right flap		
5. Reach out and grasp edge of third folded cuff with both hands; lift slightly and slide drape open by dragging it towards your body	To open third and fourth flaps, walk around table to avoid reaching over the sterile field; spread arms to about the same distance as the table is wide, without leaning over the table		
6. Walk around table to opposite side to open final fold	Grasp edge of cuff, do not touch or otherwise contaminate opposite flap; peel fold open.		
7. Open last fold in same manner as the third	Walk around table and repeat procedure to open final fold		
<i>Open Diagonally Wrapped Stationary Items</i>			
1. Position pack so first flap opens toward walls			
2. Open first flap, standing to side to prevent reaching over sterile field.			
3. Move to front of pack (your back facing the center of the room).			
4. Open the second and third wrapper flaps to the sides			
5. Holding third flap with one hand, peel back last flap with other (this helps prevent bunching)			
<i>Open Diagonally Wrapped Hand-Held Items</i>			
<b>NOTE:</b> If the item or tray is too heavy to hold in hand, place it on a flat surface and open as a stationary item			
1. Check external chemical indicator (usually tape) to ensure package has been subjected to sterilization process			
2. Firmly holding package in one hand, use other hand to remove tape from linen/reusable wrapper, or break tape on disposable/paper wrapper			

<b>Open Supplies to Establish/Maintain Sterile Field While Circulating</b>	<b>SAT</b>	<b>UNSAT</b>
3. Turn package so the first flap opens toward the side (this prevents reaching over the sterile item) and open first flap; secure corner of wrapper with the hand that is holding the package		
4. Turn package so opened flap is facing away from the body; open each of remaining flaps in sequence—one side, other side, then flap closest to body—securing the corner of each opened flap with the hand holding the package		
5. Repeat steps 3 and 4 for the second wrap, ensure the fully opened wrapper flaps are secured to form a pouch that covers/encloses the hand holding the item		
6. Present the opened item to a sterile team member, or project the item to a solid surface on the sterile field if it is fairly light and can safely be done without danger of compromising the sterile field		
<b><i>Open Rigid Containers</i></b>		
1. Place container on a firm surface that will allow the sterile team member to reach inside container without contaminating self or sterile field.		
2. Check external sterilization indicator(s) to ensure container has been subjected to sterilization process. If indicators are acceptable, check integrity of all seals/safeguards		
3. Unfasten top of container by breaking seals and loosening locking mechanism used. Verify the locking/sealing mechanism functioned properly and provided a secure seal		
4. Remove (or open) lid, touching only the external surface. This usually involves lifting straight up, touching only the edges or the securing mechanism of the lid, then tilting the lid backwards and simultaneously raising it towards the body. If container has a hinged lid, it should be opened in a manner that prevents circulator from reaching over sterile contents. This usually means the hinged-side of the container faces circulator		
5. Scrub lifts inner tray straight up and out of container using internal handles. Scrub must be careful to touch only inside tray, and must be careful not to allow inner tray to touch top edge or outside walls of outer container		
<b><i>Open Peel-Packs</i></b>		
1. Check external and internal (if visible) chemical indicators to ensure package has been subjected to sterilization process		
2. Identify end of peel-pack designed to be opened and turn package so opening is facing upwards; hold package between two hands		
3. Grasp one flap (paper side) between thumb/index finger of one hand, grasp other flap (plastic side) between thumb/index finger of other hand		
4. Maintaining firm grasp on flaps and controlling the item, gently peel back the package; do not touch item within the package or allow item to contact edges of peel pack. If package tears before opening fully, discard/reprocess item and obtain replacement		
5. Project item securely onto sterile field, or present to sterile team member. If presenting small items such as suture, sterile team member may prefer to use instrument to receive item		
<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.

### ESTABLISHING AND MAINTAINING A STERILE FIELD

#### *Drape Furniture to Establish/Maintain Sterile Field While Scrubbed*

<b>SUBJECT AREA:</b>	Duties of Scrub Personnel
<b>TASK(s):</b>	Drape Operating Room Furniture
<b>CFETP/STS REFERENCE(s):</b>	11. Scrub Duties 11.4.3. Mayo stands
<b>TRAINING REFERENCE(s):</b>	Surgical Technology for the Surgical Technologist A Positive Approach; Standards, Recommended Practices and Guidelines Surgical Technology; Principles and Practice
<b>EQUIPMENT REQUIRED:</b>	Mayo tray stand; sterile Mayo stand cover
<b>OBJECTIVE:</b>	The trainee will, without error, establish a sterile field by aseptically applying a sterile Mayo stand cover
<b>REMARKS/NOTES:</b>	This task is performed in preparation for a surgical procedure in the operating room by the scrub, who is already gowned and gloved. All sterile supplies are already in place with the wrappers opened. The circulator is present to assist by removing any wrappers from the stand, pulling the Mayo cover down over the edge of the stand, and unfolding the cuff on the cover. <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.

#### **EVALUATION INSTRUCTIONS:**

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.

ESTABLISHING AND MAINTAINING A STERILE FIELD

**PERFORMANCE CHECKLIST**

Drape Furniture to Establish/Maintain Sterile Field While Scrubbed	SAT	UNSAT
<i>Drape Mayo Stand</i>		
1. Remove Mayo stand cover from the opened drape pack		
2. Read any printed directions on Mayo cover		
3. Unfold the Mayo cover (usually a tri-fold) the width of the drape		
4. Insert hands under Mayo cover’s cuff with the open-end of the drape facing the Mayo stand; securely grasp cover under the cuff at the outer edges, and spread both hands/arms the width of the drape to fit the cuff snugly over the hands		
5. Hold stand in place by placing a foot on the base; do not let the front of the sterile gown touch the Mayo stand		
6. Keeping hands inside cuff, place open end of Mayo cover over the Mayo stand tray holder as far as the folded drape permits		
7. Slide drape over the tray holder and down the stand by unfolding one section at a time and advancing the drape as each section is unfolded. Do not permit cover or hands to fall below sterile field level		
8. Circulator may assist by sliding drape down the stand and unfolding cuff after drape is in place		
9. Place sterile towel over top of drape; if using sterile Mayo tray, place tray over sterile towel (towel helps prevent tears in drape)		
<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.

## SURGICAL COUNTS

### *Perform Counts with OR Nurse (RN)*

<b>SUBJECT AREA:</b>	Duties of Scrub Personnel Duties of Circulating Personnel
<b>TASK(s):</b>	Perform counts with OR nurse (RN)
<b>CFETP/STS REFERENCE(s):</b>	11. Scrub Duties 11.6.2. Perform preoperative counts with nurse (RN) 11.26. Perform intraoperative counts with OR nurse (RN)
<b>TRAINING REFERENCE(s):</b>	CDC 4N151A, Surgical Service Journeyman, Part I, Volume 4, Patient Positioning, Draping, and Surgical Routines, Unit 1 Surgical Technology; Principles and Practice Surgical Technology for the Surgical Technologist; A Positive Approach Standards and Recommended Practices
<b>EQUIPMENT REQUIRED:</b>	Instrument count record, sponge forceps, disposable gloves, Optional: impervious bags, protective pads
<b>OBJECTIVE:</b>	The trainee will, without error, count items and keep track of any items added during the procedure. All items must be accounted for and verified by the scrub and RN after each count is performed with 100% accuracy.
<b>REMARKS/NOTES:</b>	This task is performed by the circulator and scrub in the operating room prior to, during, at the conclusion of, and when deemed necessary during a surgical procedure. The scrub or circulating technician assists in counting the sponges in the presence of the RN. 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. <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>	<ol style="list-style-type: none"> <li>1. This QTP should be evaluated during actual performance of the tasks.</li> <li>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>.</li> <li>3. Use the appropriate checklist when evaluating the task to ensure all steps of the task are accomplished. NOTE: This checklist instructs trainee using sequential instructions such as "start counts by counting the sponges"; this is primarily for clarity of the checklist; it is acceptable to follow any sequence permitted by established local policy.</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.

**SURGICAL COUNTS**

**PERFORMANCE CHECKLIST**

<b>Perform Counts with OR Nurse (RN)</b>	<b>SAT</b>	<b>UNSAT</b>
<b><i>General Counting Guidelines</i></b>		
1. When to count sponges and sharps:		
a. Initially to serve as baseline. Add any opened after initial count		
b. Before closure of any large or deep incision, or body cavity		
c. After closure of any body cavity		
d. Immediately before completion of the surgical procedure		
e. When scrub/circulating personnel are relieved during procedure		
f. Anytime there is a question of a lost counted item		
2. When to count instruments:		
a. Initially to serve as baseline. Add any opened after initial count		
b. Before closing any incision/cavity that might contain instrument		
c. At the completion of the surgical procedure		
d. When scrub/circulating personnel are relieved during procedure		
e. Anytime there is a question of a lost counted item		
3. All items are counted aloud, simultaneously by scrub & circulator		
4. Both scrub and circulator should be able to see each item counted, especially during initial and final counts		
5. Each sponge, sharp item, and instrument is counted individually		
6. Needles in suture packs are counted separately from —free  needles		
7. NEVER take counted items from the operating room during the procedure (unless for —flash  sterilization)		
8. If a counted item is cut or broken, or if multi-part instruments are assembled or disassembled on the field, account for all pieces		
9. It takes two consecutive correct counts before an —incorrect  count can be considered corrected		
10. Document all counts per local policy; most facilities use:		
a. AF Form 1864, Perioperative Nursing Record		
b. Locally approved instrument count record		
c. AF Form 765, Hospital Incident Statement, if count is incorrect		
<b><i>Specific Procedures-All Counts</i></b>		
1. Keep types/sizes of sponges used to a minimum		
2. Ensure all sponges used during a procedure are x-ray detectable (except sponges for the skin prep or for dressing sponges)		
3. Start counts by counting the sponges		
a. Begin with small sponges such as 4 x 4s or 4 x 8s		
b. Progress to the larger ones (lap sponges)		
c. Do not remove band securing bundles until ready to count them		
d. Completely separate each sponge from the bundle when counting		
e. Number of sponges in a bundle must match standard number		
4. After sponges, count sponge-like items (kittners/cottonoids); when counting, separate items but do not remove from pin or holder		
5. After sponges and sponge-like items, count the sharps		
a. Count individually by type or group (needles, blades, etc.)		

<b>Perform Counts with OR Nurse (RN)</b>	<b>SAT</b>	<b>UNSAT</b>
b. Start with swaged-on suture needles, then count —free needles		
c. Count needles in multiple suture packages per local policy		
d. Count the knife blades next, by type and size		
e. Count electrosurgery tips, then any specialty sharps		
6. Count the specialty and miscellaneous items		
7. Instruments are normally counted using a count sheet		
a. Count in the order in which they are listed on the sheet		
b. If instrument has several individual parts, each part is identified and counted (1 retractor frame, 1 moveable arm, 1 handle, etc.)		
c. Discrepancies should be noted on the count sheet.		
<b><i>Specific Procedures-Intraoperative Counts</i></b>		
<b>NOTE:</b> All previous guidelines and procedures apply		
1. Circulator retrieves sponges from kick-buckets		
a. Use forceps, gloves, or both (never bare hands)		
b. Separates the individual sponges by type		
2. If large numbers of sponges are used, they may be:		
a. Separated		
b. Counted by the scrub and circulator		
c. Placed, in standard bundle numbers, in bags/sealed containers labeled with the type and total number of sponges each contains		
3. Once all items off the field are collected and ready for counting the scrub does not discard any counted item from the field		
4. Scrub and circulator begin counting, starting on the sterile field:		
a. Count each item by type, starting with small sponges		
b. Begin at top of the sterile field, include all sponges in wound or being used; ensure count of any sponges on the drapes		
c. Next, count sponges on Mayo tray, then those on the ring stand		
d. Count the sponges on the back table last of all on the sterile field		
5. Next, circulator and scrub count soiled sponges off the field; this should result in a correct sponge count		
6. Repeat count sequence for all counted items until all are counted		
7. The circulator notifies surgeon count is correct and documents count		
<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.



## CARE AND HANDLING OF SPECIMENS

*Care for Specimens on the Sterile Field*

<b>SUBJECT AREA:</b>	Duties of Scrub Personnel Duties of Circulating Personnel
<b>TASK(s):</b>	Care for specimens on the sterile field
<b>CFETP/STS REFERENCE(s):</b>	10. Circulating Duties 10.12. Manage specimens/cultures 10.12.1. Label Specimens 10.12.2. Document log book 10.13. Prepare ancillary forms 11. Scrub Duties 11.25. Manage specimens on the sterile field
<b>TRAINING REFERENCE(s):</b>	CDC 4N151A, Surgical Services Journeyman, Part I, Volume 4, Patient Positioning, Draping, and Surgical Routines, Unit 4 Surgical Technology; Principles and Practice Surgical Technology for the Surgical Technologist; A Positive Approach
<b>EQUIPMENT REQUIRED:</b>	Sterile cup/basin to contain specimen
<b>OBJECTIVE:</b>	The trainee will, without error, properly handle various specimens while scrubbed, or properly receive various specimens while circulating.
<b>REMARKS/NOTES:</b>	<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>	<ol style="list-style-type: none"> <li>1. This QTP should be evaluated during actual performance of the tasks.</li> <li>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>.</li> <li>3. Use the appropriate checklist when evaluating the task to ensure all steps of the task are accomplished.</li> <li>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.</li> </ol>

CARE AND HANDLING OF SPECIMENS

**PERFORMANCE CHECKLIST**

<b>Care for Specimens on the Sterile Field</b>	<b>SAT</b>	<b>UNSAT</b>
<i>Handling Tissue Specimens on the Sterile Field</i>		
1. Receive specimen from surgeon		
a. Surgeon announces delivery of specimen, description of specimen, and where specimen taken from		
b. If surgeon does not provide information, ask		
2. Place specimen in a sterile cup/basin		
3. Place specimen on back table		
4. Remove all attached instruments unless:		
a. Surgeon requests otherwise		
b. Specimen is considered contaminated		
5. If routine specimen not immediately passed off field, keep moist		
6. Do not pass specimen off sterile field until surgeon gives permission to do so (asking for permission is acceptable)		
7. If surgeon desires to dissect specimen:		
a. Double-glove surgeon (if desired)		
b. Pass skin knife to surgeon for the dissection		
c. Set up separate sterile field for dissection to reduce chance of contamination		
d. Do not touch/use instruments used for dissection unless they are re-sterilized		
e. Scrub does not touch the separate area after dissection; circulator dons gloves and finishes specimen preparation		
8. After receiving surgeon's permission, pass specimen to circulator:		
a. During transfer do not contaminate gloved hand		
b. Do not touch inside of basin or specimen itself if the specimen is considered dirty or contaminated		
c. Do not drop specimen directly into a container of solution: the splash contaminates		
d. Remove specimens from sponges before passing off the field		
e. Tell circulator what specimen is and where it came from		
9. Before receiving specimen from sterile field, circulator:		
a. Dons gloves		
b. Covers area on utility table or stand with towel or drape		
c. Prepares specimen container		
d. If circulator contaminates gloves, circulator should remove gloves before touching outside surfaces of the container		
10. If any questions about specimen's identity, scrub/circulator immediately asks surgeon		
11. If outside of specimen container becomes contaminated, circulator should disinfect outside surface before removing container from OR		
<i>Handling Cultures on the Sterile Field</i>		
1. Aerobic cultures are commonly taken using sterile culturette tubes		
2. It is important to open, use, receive, and transport without contamination. Two common ways to do this:		
a. Circulator dons disposable gloves		
b. Circulator peels back wrapper flaps and presents top of culturette to scrub	Circulator opens culturette and presents swab to scrub	

Care for Specimens on the Sterile Field		SAT	UNSAT
c. Scrub removes <i>cap/swab assembly</i> ; circulator holds tube inside wrapper	Scrub takes <i>swab only</i> , while circulator holds container		
d. Surgeon takes culture, then hands cap/swab assembly back to scrub	Surgeon takes culture swab, then hands swab back to scrub		
e. Scrub carefully inserts the cap/swab assembly back into the tube	Scrub inserts swab; then circulator caps/seals container		
f. After swab returned to tube, circulator seals in a small plastic bag			
<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.

## CARE AND HANDLING OF SPECIMENS

*Prepare Specimens to Forward to the Laboratory*

<b>SUBJECT AREA:</b>	Duties of Scrub Personnel Duties of Circulating Personnel
<b>TASK(s):</b>	Preparing Specimens for Forwarding to the Laboratory
<b>CFETP/STS REFERENCE(s):</b>	10. Circulating Duties 10.12. Manage specimens/cultures 10.12.1. Label Specimens 10.12.2. Document log book 10.13. Prepare ancillary forms 11. Scrub Duties 11.25. Manage specimens on the sterile field
<b>TRAINING REFERENCE(s):</b>	CDC 4N151A, Surgical Services Journeyman, Part I, Volume 4, Patient Positioning, Draping, and Surgical Routines, Unit 4 Surgical Technology; Principles and Practice Surgical Technology for the Surgical Technologist; A Positive Approach
<b>EQUIPMENT REQUIRED:</b>	Disposable gloves, specimen labels, culture tubes, specimen jars with lids, required immersion fluid, and log book
<b>OBJECTIVE:</b>	The trainee will, without error, care for surgical specimens on the sterile field while scrubbed, and assist with preparing specimens for forwarding to the laboratory while circulating
<b>REMARKS/NOTES:</b>	<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>	
	<ol style="list-style-type: none"> <li>1. This QTP should be evaluated during actual performance of the tasks.</li> <li>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>.</li> <li>3. Use the appropriate checklist when evaluating the task to ensure all steps of the task are accomplished.</li> <li>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.</li> </ol>

CARE AND HANDLING OF SPECIMENS

**PERFORMANCE CHECKLIST**

<b>Prepare Specimens to Forward to the Laboratory</b>	<b>SAT</b>	<b>UNSAT</b>
<i>General Specimen Handling Guidelines</i>		
1. Routine tissue specimens		
a. Immersed in 10 percent formalin solution		
b. Kept in the surgical suite or taken to pathology lab at end of day		
c. Should be placed in container large enough to ensure complete immersion of specimen in formalin solution		
2. Frozen section specimens		
a. Never place in formalin		
b. Are usually placed in dry container		
c. If the surgeon requests, may be placed in saline ("fresh")		
d. Are taken immediately to the pathologist		
3. Stones are placed only in dry container		
4. Foreign bodies		
a. Handle IAW local policies and procedures; most are handled as routine specimen		
b. Bullets and other weapons require special handling to ensure they can be used as legal evidence; follow local policy		
c. All are usually sent to laboratory first, lab handles final disposition		
5. Amputated extremities		
a. Large are normally wrapped in plastic bag and taken directly to the hospital morgue for storage		
b. Small are usually handled as routine specimens.		
6. Cultures— aerobic and anaerobic		
a. Normally, all cultures sent to lab ASAP after they are taken		
b. If local policy/surgeon directs, may be refrigerated/sent to lab later		
c. Essential to follow specific instructions for individual type of culture involved		
d. Must be collected using aseptic technique, then placed in sterile, leakproof containers		
e. Anaerobic culture specimens must be maintained in oxygen deprived atmosphere		
f. Culture swabs must be sealed and culture media must completely cover swab; media usually released over swab by squeezing end of tube or firmly pushing top of tube until swab enters media		
7. Tissue —smears (surgeon usually prepares)		
a. Smears of tissue or fluid are usually placed on glass slides		
b. Transferred to lab in dry containers or special slide containers		
c. <i>Papanicolaou</i> (pap) smears are placed in container filled with ether/alcohol solution		
<i>Identifying and recording specimens</i>		
1. Each specimen must be labeled before sent to laboratory		
2. Minimum information on label usually includes:		
a. Name of patient		
b. Last four digits of sponsor's social security number		
c. Hospital register number		
d. Inpatient unit number, or outpatient clinic		
e. Specimen name/location from which it was taken		
3. Other information routinely included on label:		
a. Patient's age		

<b>Prepare Specimens to Forward to the Laboratory</b>	<b>SAT</b>	<b>UNSAT</b>
b. Number designation of operating room where specimen was taken		
c. Primary surgeon's name		
d. Date and time specimen was removed		
e. Urgency of requested tests (routine, elective, or stat)		
4. If multiple specimens removed, each is placed in separate labeled container, numbered in sequence (#1, #2, #3, etc.)		
<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.