


Name of Policy:	<u>Sterility Assurance of Patient Care Items</u>	 Effective Date: 8/31/2010 Initial Effective Date: 6/7/2001
Policy Number:	3364-139-3-09	
Department:	Sterile Processing	
Approving Officer:	Associate Vice President Associate Executive Director	
Responsible Agent:	Operations Supervisor, Sterile Processing	
Scope:	The University of Toledo Medical Center Sterile Processing Department	
<input type="checkbox"/> New policy proposal	<input type="checkbox"/> Major revision of existing policy	<input type="checkbox"/> Minor/technical revision of existing policy
	<input checked="" type="checkbox"/> Reaffirmation of existing policy	

(A) Policy Statement

All hospital processed sterile items will no longer have an expiration date and will be considered sterile by event related package integrity. This means that these items may be used as long as the integrity of the package has not been compromised by becoming torn, wet, damaged, or otherwise suspected of being contaminated.


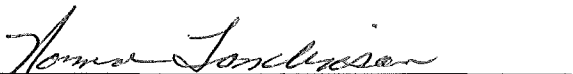
(B) Purpose of Policy

To help maintain the integrity of stored sterile packaging and maintain a supply of necessary patient care items (instruments, etc) ready and safe for use. To provide follow up for each sterilization load, to provide criteria and guidelines for the end user of hospital sterilized items.

(C) Procedure

1. All items processed for sterilization will be properly wrapped and sterilized to provide an effective barrier to microorganisms.
2. Items to be sterilized will be packaged in packaging systems that are compatible with the correct sterilization process that will maintain package integrity and item sterility until opened.
3. A sterilization load sticker will be placed on each packaged item for load identification and recall purposes.
4. An indefinite shelf life label will be placed on each hospital-sterilized item.
5. All sterilized items will be stored in an appropriate cabinet or shelf in a clean area. Sterilized items should be handled as little as possible. Sterilized items must be rotated on their respective shelving to insure previously processed items are used before those more recently processed.
6. Some items will remain on storage shelves for varying lengths of time. These items will be placed in plastic dust covers. For those sterilized items designated for the outlying areas, a plastic dust cover will be placed on all items not sterilized in a peel pouch. When a dust cover is present on an item, the dust cover should be wiped off and removed before the item is used. The dust cover is a protective cover only. The item within the dust cover must be removed and handled in the same manner as an item not dust covered.
7. Each individual unit is responsible for the inspection of all sterilized items maintained in that area. Package integrity should be checked periodically on all stored sterilized items.
8. The user must inspect all packages before the package is opened. If the package is torn, appears to have been wet, has a broken seal or otherwise damaged, it is not to be used. Verify that the external indicator has been exposed to sterilization. Sterilized items whose package integrity has been compromised must be returned to Sterile Processing to be redone.

9. The loss of sterility is event related not time related. Therefore, it is important to ensure proper storage of items in a manner that does not aid in the compromise of the packaging of the product

Approved by		8/31/10	Review/Revision Date:
John Jagos Operations Supervisor, Sterile Processing	Date	2002 2005 2007 8/31/2010	
	8/31/10		
Norma Tomlinson, RN, MSN, NE-BC, FACHE Associate Vice President Associate Executive Director	Date		
<i>Review/Revision Completed By:</i> Operations Supervisor, Sterile Processing			Next Review Date: August 1, 2013
Policies Superseded by This Policy: SP-3-09 Sterility Assurance of Patient Care Items			