

THE UNIVERSITY OF TOLEDO MEDICAL CENTER STERILE PROCESSING DEPARTMENT PROCEDURE

SUBJECT: Loaner Trays

PROCEDURE NO: SP1-4

PROCEDURE STATEMENT

All loaner instrument trays will be checked in by a Surgical Technician or supervisor upon arrival in the department, decontaminated and sterilized cleaned and sterilized and documented accordingly.

PURPOSE OF PROCEDURE

To insure that all loaner instruments are handled and processed in accordance with the Sterile Processing department policies and procedures.

PROCEDURE

1. Sales representatives bringing loaner instruments to Sterile Processing to be sterilized for a scheduled procedure will do the following:
 - a. Present themselves with proper identification and their instruments to the Prep and Pack area of Sterile Processing.
 - b. Fill out the Sterile Processing Loaner Tray Form. (See attached.)
 - c. Instruments and form must be presented to a Surgical Technician or Supervisor to inspect the instruments to insure that everything needed is available and that they are in good working order.
 - d. When the Surgical Tech or Supervisor is satisfied that the instrumentation is complete and in good working order the sales rep will then take the loaners to the Decontamination room for processing.
 - e. At the time of receipt, the person receiving the instruments will establish their priority for processing.
 - f. After Decontamination the Surgical Tech will prepare the loaners for sterilization, fill out the Prep & Pack area on the form and give the loaners and form to the person assigned the front table to sterilize.
 - g. The person sending the loaners to the O.R. will sign and time the form in the appropriate spaces. The form will be placed in the OR log book located on the lower shelf of the table near the cooling racks.

2. All instrument trays received sterile from outside of UTMC will be treated and reprocessed as contaminated. They will be torn down, decontaminated and resterilized.

Reviewed/Revised:

2001 2002 2005

2007 2010 1/28/2014

STERILE PROCESSING LOANER TRAY FORM

SALES REPS MUST SEE A SURGICALTECH OR SUPERVISOR WHEN DROPPING OFF INSTRUMENTS

SALES REPRESENTATIVE: _____

COMPANY: _____

CONTACT PHONE/PAGER#: _____

TRAYS BEING DELIVERED

1: _____ 7: _____

2: _____ 8: _____

3: _____ 9: _____

4: _____ 10: _____

5: _____ 11: _____

6: _____ 12: _____

LIST ADDITIONAL INSTRUMENT SETS ON BACK.

TOTAL NUMBER OF TRAYS: _____

DATE AND TIME RECEIVED: ___/___/___ :___ (AM) (PM) RECEIVED BY: _____

SURGERY INFORMATION

DATE OF SURGERY: ___/___/___ DAY OF SURGERY: S M T W T F S

TIME OF SURGERY: _____:_____ (AM) (PM)

LOCATION : (MAIN O.R._____) (OUTPATIENT O.R._____) _____

SURGERY TYPE: _____

SURGEON: _____

SPECIAL INSTRUCTIONS: _____

PREP & PACK

PREP & PACKED BY: _____

SPECIAL INSTRUCTIONS: *(LABEL EXACTLY AS ON TRAY)*

DATE AND TIME OF PREP & PACK: ___/___/___ :___ (AM) (PM)

TIME STERILIZED: _____:_____ (AM)(PM) STERILIED BY: _____

DATE / TIME SENT TO (Circle one) OR / OPS ___/___/___ :___ (AM)(PM)

SENT BY: _____

LOAD
STICKER