

<p><b>Name of Policy:</b> <b>Storage of Sterile Supplies</b></p> <p><b>Policy Number:</b> 3364-124-21</p> <p><b>Approving Officer:</b> Chief Executive Officer</p> <p><b>Responsible Agent:</b> Chief Nursing Officer</p> <p><b>Scope:</b> The University of Toledo Medical Center Operating Room (OR)/Perioperative Services</p>	 <p><b>Effective date:</b></p> <p><b>Original effective date:</b> June 1990</p>
Key words: Storage, Sterile Supplies, Humidity, Hazard, Infection Prevention	
<input type="checkbox"/> New policy proposal	<input checked="" type="checkbox"/> Minor/technical revision of existing policy
<input type="checkbox"/> Major revision of existing policy	Reaffirmation of existing policy

(A) Policy statement

Sterilized articles should be handled with great care and as little as possible. They should be stored in a well-ventilated area with controlled ~~temperature and~~ humidity (~~65°-72°F or 18°-22°C~~, relative humidity 30%-60%).

(B) Purpose of policy

To reduce hazard of infection for OR patients, and to reduce loss of inventory due to inadvertent contamination.

(C) Procedure

- (1) Movement of sterile supplies within the operating room department will follow a well-delineated traffic pattern.
- (2) Closed cabinet storage is preferred. If open storage is used, it must be 8-10 inches from the floor, and 18 inches below the ceiling.
- (3) Sterile supplies are stored on separate shelves from clean, non-sterile supplies.
- (4) Storage conditions are maintained to minimize dust, moisture, and contamination.
- (5) All wrapped sterilized items must be allowed to cool completely on an open sterilizer rack before handling.

(6) Any sterilized package that is torn, dropped, or encounters moisture, is considered contaminated.

(6)(7) In the event that the humidity falls out of range, all effected supplies will be assessed by management. All supplies suspected to be compromised will be disposed of.

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<b>Approved by:</b>  Daniel Barbee, MBA, BSN, RN, FACHE Chief Executive Officer  _____ Date  Kurt Kless, MSN, MBA, RN, NE-BC Chief Nursing Officer  _____ Date  <i>Review/Revision Completed by: Operating Room Management</i>	<b>Policies Superseded by this Policy:</b> <ul style="list-style-type: none"><li>4-21</li></ul> Initial effective date: June 1990  Review/Revision Date: August 1993 June 1996 February 1999 July 2002 July 2005 June 10, 2008 September 2011 October 26, 2012 October 10, 2014 February 1, 2016 August 1, 2019 December 31, 2022  Next review date:
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