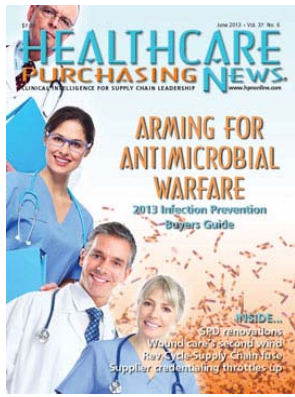


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Questions can be sent to:jakridge@hpnonline.com called in to Jeannie Akridge at HPN: (941) 927-9345 ext.202 or mailed to: HPN CS Questions, 2477 Stickney Point Road, Suite 315B, Sarasota, FL 34231 Names and hospital identification will be withheld upon request.



Test swabs & foreign matter; count sheets; clean scope hang time

by Ray Taurasi

Q We use test swabs that can detect blood or protein on surfaces and medical devices. We utilize the swabs anytime we see a suspicious stain on instruments, etc. Recently, the OR opened a sterile set and saw what appeared to be a very small piece of plastic. They swabbed the instrument with the protein test, and since

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the test proved to be negative, they then assumed the set was safe to use. Is it alright to use protein and blood detection swabs on items that don't appear to be blood, bone, tissue or other organic matter? Do you think it was okay to use the instruments in this case?

A The test swabs as you described them are soil specific and therefore should be used solely to detect either protein or hemoglobin. You should use the test products in accordance with the manufacturer's instructions for use (IFU). It is not always possible to determine if a visible stain or spot is blood or protein matter without the use of a soil specific detection test, therefore, when you can see suspicious spots or stains, it would be appropriate to use a swab test to determine the cause of the residual. The swab tests are also used as a cleaning verification tool to verify that there is no residual protein or hemoglobin remaining on a cleaned medical device. Remember, all soil is not visible to the naked eye. To answer your question, I do not feel the instrument set as you described it should have been used. The plastic was a foreign object of which you do not know the origin or source. I would have classified the set as contaminated and removed it from the OR. Any instrument set or medical device that has any visible staining, spotting or presence of foreign matter must not be used. Sterile or not, foreign matter can result in adverse patient care outcomes and cause serious harm to patients.

Q We have a new OR nurse manager who wants us to start putting instrument count sheets inside all of our surgical instrument sets. We have not used count sheets previously. I have heard that AAMI and AORN have a policy against putting copy paper and printed sheets inside of instruments sets because they can be harmful and toxic to patients. Can you please provide me with information on this?

A The placement of count sheets inside of wrapped or containerized instrument sets remains a controversial topic. To date, all studies that have been conducted have shown no evidence of cytotoxicity on instruments in sets that contain count sheets. Due to the lack of any evidence of harm or adverse patient outcomes resulting from the placement of count sheets inside of instrument sets, AAMI has not made any recommendations relative to the placement of count sheets inside of sterile packages.

AORN did collaborate in a study in 2009 on the placement of count sheets inside of wrapped and containerized sets. The results of this study did reveal the potential of ink transference onto package contents, however there was no evidence of cytotoxicity found within the sets or on the instruments. The March 2009 AORN Journal vol. 89, features an article on the topic, as well as the results of their study. An excerpt from the article states:

"AORN guidelines recommend placing a count sheet in a medical-grade, all-paper peel pouch inside the instrument set to prevent transfer of ink to the devices." (AORN JOURNAL MARCH 2009, VOL 89, NO 3, page 529)

The AORN recommendation not to place count sheets inside of instrument

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sets was published prior to the 2009 study and has not been revised.

The decision to place count sheets inside of instruments sets rest with each individual hospital. If a hospital chooses to place count sheets inside of containerized or wrapped sets, it makes sense to place the count sheets inside of a medical grade paper bag which has been validated for this use. Such bags are readily available on the market; users should obtain the manufacturer's technical data and documentation including cytotoxicity and leaching test results.

Q Sterile Processing is taking over the responsibility for the management of all OR endoscopes including reprocessing and inventory control. I have heard that accreditation surveyors are looking for policies related to how long cleaned, disinfected, and unused scopes can be stored before they must be reprocessed. I have consulted with peers from other hospitals in my area and found that some have no expiration as long as the scopes are stored in a secure, closed cabinet. Others responded that anywhere from 5 days to up to 17 days is acceptable. I am more confused now than I was before. What is the correct holding time? Is there any recommendation on this from SGNA, AAMI or AORN?

A An AORN recommendation for the hang time of clean disinfected scopes is five (5) days. The processed scopes should be stored in a clean, secure and controlled environment.



If a processed scope is **Figure 1**

not used within 5 days from the processing date then the scope is to be reprocessed. Currently SGNA and AAMI do not have any recommendations relative to hang time for processed scopes. Surveyors will want to see complete segregation of processed and unprocessed scopes. Scopes should be labeled to differentiate processed from those that have not been through the reprocessing cycle. There should also be a source to identify the date a scope was processed or will require reprocessing (See Figure 1). hpn

Ray Taurasi is Eastern Regional Director of Clinical Sales and Services for [Healthmark Industries](#). His healthcare career spans over three decades as an Administrator, Educator, Technologist and Consultant. He is a member of AORN, AHA, SGNA, AAMI and a past president of IAHCSSM and has served on and contributed to many national committees with a myriad of professional organizations, manufacturers, corporations and prestigious healthcare networks. Taurasi has been a faculty member of numerous colleges teaching in the divisions of business administration and health sciences. In addition to this column he has authored several articles and has been a featured speaker on the international scene.

