# Surgical Procedures – Hospital and Ambulatory (surgical = procedures involving an incision)
# Observation Checklist for Assessment of Infection Prevention Efforts

**Date of Observation:**_____ **Observer:** _____
**Procedure(s):**_____ **Surgeon/MD**:_____

| STANDARDS | YES | NO | N/A | DESCRIPTION/COMMENTS |
|---|---|---|---|---|
| **Air Quality:** | | | | |
| Positive air pressure, two filter banks one with HEPA filter, one with MERV 7 rating, 20 air changes/hour, humidity 20-60%, temperature 68-75 degrees | | | | |
| **Environment:** | | | | |
| Room appears clean, dust free, uncluttered, no holes in walls, floors or ceiling | | | | |
| Between case environmental cleaning performed – horizontal surfaces in patient zone | | | | |
| Single-use items disposed between cases including O2 tubing, suction canisters | | | | |
| Reusable patient equipment cleaned/disinfected between cases | | | | |
| Clean, sterile, and soiled items are kept separate | | | | |
| Supplies stored behind closed doors | | | | |
| **Pre-op:** | | | | |
| If indicated: pre-op antibiotic administered within 60 minutes prior to incision (should indicate this during time out prior to case) and re-dosed for long cases (e.g. > 2 hours) | | | | |
| Hair removal: if needed should be done prior to entering operating room, or use clipper with vacuum device to contain clipped hair | | | | |
| Skin prep:<br>⇨ Dual agent prep used (product containing alcohol plus iodine or CHG) and applied correctly – and appropriate dry time.<br>⇨ CHG, PVI or PCMX for mucous membranes (e.g. genitalia) | | | | |
| Once opened sterile items are supervised to prevent contamination. | | | | |
| Non sterile equipment covered by a clean barrier such as C-Arm; sterile handles for microscope, lights or other equipment touched by scrubbed team members | | | | |
| **Staff Attire:** | | | | |
| Non scrubbed staff: Hand hygiene prior to applying gloves and after glove removal | | | | |
| Properly donned surgical masks | | | | |
| All members of OR team wear long sleeves – no fleece | | | | |
| A**ll** head hair covered | | | | |
| Chest and beard hair fully covered | | | | |
| For all staff, no artificial nails, no chipped nail polish, short natural nails | | | | |
| **Intra-operative:** | | | | |
| Doors closed, traffic in and out of room kept to minimum during case (count #) | | | | |
| Patient temperature maintained during case via fluid, underbody warming pad, forced air | | | | |

| STANDARDS | YES | NO | N/A | DESCRIPTION/ COMMENTS |
|---|---|---|---|---|
| warming blanket, other. | | | | |
| Items introduced onto sterile field are opened, dispensed, transferred by methods to maintain sterility/integrity. | | | | |
| All personnel moving in/around sterile field do so in manner to maintain sterility – e.g.<br>⇨ Staff do not turn back to sterile field<br>⇨ Hands above waist<br>⇨ Separation of sterile team from non-sterile team maintained | | | | |
| After use, sterile instruments placed in sterile water off sterile field, or otherwise kept moist prior to transport to SPD – instruments with lumen flushed | | | | |
| For open abdominal cases, wound edge protector used to protect wound edges from contamination during case. | | | | |
| **Closure:** | | | | |
| Irrigation prior to closing to remove contaminants | | | | |
| Surgeon changes sterile gloves prior to closing incision | | | | |
| Separate sterile instrument tray used for closure of incision | | | | |
| **Anesthesia:** | | | | |
| Anesthesia provider wears double gloves, removes one pair after intubation – or remove gloves and hand sanitize after intubation | | | | |
| IV injection ports swabbed prior to access or port disinfector cap used | | | | |
| Skin prep prior to local anesthetic (alcohol) | | | | |
| Drainage bags (e.g. Foley) kept off the floor | | | | |
| Aseptic practice used for accessing IV tubing, administering fluids and medications | | | | |
| IV solution/tubing is assembled **immediately** prior to use | | | | |
| Aseptic practice used for all invasive procedures: (epidurals, blocks, IV insertion) | | | | |
| Anesthesia cart (if applicable) appears clean – hand sanitizer readily available & used routinely- cart wiped down between cases | | | | |
| If MDV are used they are dated when opened, and with 28 day expiration date; single dose vials are not used for more than one patient. | | | | |
| All medication vial tops are disinfected with alcohol before accessing, after popping off cover. | | | | |

## Additional procedure specific items:

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| **Mohs procedure** | | | | |
| • Mask, gown and sterile gloves should be worn by provider – gloves should be changed after skin prep if gloves contact sponge/prep solution (not sterile) | | | | |

| STANDARDS | YES | NO | N/A | DESCRIPTION/ COMMENTS |
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| • Sterile instruments should be used for second and subsequent skin layer(s) removal (sterile scalpel, scissors and tweezers). | | | | |
| • Consider pre-op patient nasal decolonization with nasal antiseptic (alcohol or iodine based) or antibiotic (mupirocin)[1] | | | | |
| • Consider antiseptic dressing and/or surgical glue for incision over suture to provide a closed aseptic wound during healing[3]. | | | | |
| **PEG tube placement** | | | | |
| • Long sleeves should be worn by surgeon AND endoscopic MD (two providers - one doing the endoscopy, one doing the insertion of the PEG tube via incision). | | | | |
| • Mask should be worn by both physicians. | | | | |
| • There should be no contact between non-scrubbed (endoscopic) physician and sterile field. | | | | |
| • Consider antiseptic dressing over tube insertion site at the end of the procedure[4]. | | | | |
| **Cataract procedure**[5-9] | | | | |
| • Sterile single packaged ophthalmic betadine ocular prep | | | | |
| • Use only lint free surgical drapes. | | | | |
| • Use preservative and stabilizer free epinephrine. | | | | |
| • Eye drops used for one patient only. | | | | |
| • Elimination of enzymatic detergent for cataract instruments and substituting pH neutral detergent (prevention of TASS) | | | | |
| • Staff checks expiration date of the implantable device (lens). | | | | |
| • Staff checks all indicators on and in sterile trays. | | | | |
| • Use deionized water for final instrument rinse prior to sterilization. | | | | |
| • Instruments that cannot be cleaned with confidence should be disposable if at all possible e.g. small cannulas, lens enfolder. | | | | |
| • For non-disposable instruments with a lumen, a device can be used to force fluid through small channels. | | | | |
| • Inspection of cataract instruments under magnification in SPD prior to sterilization. | | | | |
| • No IUSS for cataract instrument. | | | | |
| **Vasectomy** | | | | |
| • Razor use for scrotal hair removal is permitted – surgeon choice. | | | | |

**References**

| STANDARDS | YES | NO | N/A | DESCRIPTION/ COMMENTS |
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