

## Clinical Process Instruction Manual

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### Surgical Attire and Conduct During Multi-tissue Recovery Process Instruction

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#### Policy:

Tissues shall be recovered in an environment that controls and reduces the risk of the introduction, transmission, or spread of communicable diseases.

The purpose of this procedure is to describe the tissue recovery site and personnel parameters that are intended to control contamination or cross-contamination during tissue recovery and to describe actions that will reduce the likelihood of contamination.

This procedure applies to all tissue recoveries performed by Trillium Gift of Life Network (TGLN).

#### Process:

##### Prior to Recovery

1. Jewellery and watches shall be confined or removed because they may harbour bacterial organisms or contaminate the sterile gown (e.g. necklaces).
2. All hair, including sideburns, shall be covered.
3. All recovery activities must be performed by a coordinator who is free of any serious infectious condition that could adversely affect the safety of the recovered tissue.
4. Fingernails must be kept short (long nails can puncture gloves), clean and healthy. Nails harbour bacteria underneath, so they should be well scrubbed. Artificial nails and nail polish shall not be worn as they harbour bacteria and prevent effective hand washing. Cuts that haven't healed shall be covered by a sterile bandage.

##### During Recovery

5. Human traffic shall be restricted. All personnel entering the recovery field shall be properly outfitted and their movement controlled.
6. Other activities, such as an autopsy or another tissue donor recovery, shall not take place in the recovery suite during the procedure.

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7. Prior to proceeding with any recovery procedures, all members of the recovery team shall don: surgical scrubs; eye protection (protective eye wear or goggles should have side shields); foot coverings (booties) or dedicated operating room (OR) shoes (which shall be cleaned after every case); and masks and hair bouffant/surgical cap covering all exposed hair. Street clothes are not permitted under scrubs.
8. The Team Lead in charge of the case shall ensure that all recovery staff are properly attired.
9. Shoes need to provide protection, with non-slip soles and enclosed toes and heels.
10. Tissue Recovery Coordinators (TRC) performing the actual recovery procedures shall undertake a standard 5-minute surgical scrub, a manual count scrub, or a standard waterless scrub. A sterile gown and sterile gloves are donned following the surgical scrub.
11. All members of the recovery team shall, at all times, follow universal precautions and observe proper aseptic technique. Team members shall look out for each other to ensure aseptic technique is maintained. In the event that a recovery team member notices a failure of another person to adhere to universal precautions, tissue recovery activities shall stop until the situation has been remedied.
12. Breaks in aseptic technique shall be monitored and documented and corrective action to re-establish the sterile field shall be taken as soon as safely possible.
13. Movement in and out of the recovery suite should be kept to a minimum.
14. Respect for the donor, recovery team members, and host facility staff shall be observed at all times.

#### Establishing a Sterile Field

15. All flat surfaces shall be dry and dust-free prior to the placement of a sterile bundle or drape.
16. Sterile drapes used to establish a sterile field shall be impermeable to liquids, including blood and body fluids.
17. Only the working surface of a draped area shall be considered sterile.
18. The drape or bundle shall be opened away from the centre of the sterile field by pulling the edges towards yourself.

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19. On the opposite side of the table, grasp the other edge of the wrap, and open it by pulling the edges towards yourself.
20. For the two-person technique, each person has one end of the drape or bundle, which is then pulled straight out and the edges brought down without leaning over the table.
21. Sterile drapes should be handled as little as possible and should not be altered once they are in place.

#### Opening Packaged Material

22. Supplies shall be opened as close as possible to the surgical start time.
23. All items added to the sterile field shall be assessed for sterility prior to opening by checking for: visible signs of moisture; wrapper integrity, changed chemical indicators (external and internal); and intact tamper proof devices.
24. The contents of packages with questionable wrappers, indicators or tamper proof devices shall be considered unsterile.
25. Manufacturer's recommendations and suggested expiration dates shall be followed.
26. Transfer practices shall include, but are not limited to, the following:
  - 26.1. Items shall be placed on the edge of the sterile instrument table with the inside of the wrapper everted and secured over your hand
  - 26.2. The sterile field shall never be reached over in order to shake an item from its package
  - 26.3. The contents shall be exposed so the scrub person can remove the item from the wrapper or package by using forceps or by grasping the item; and
  - 26.4. Items shall not be flipped or tossed.
27. Peel-packages shall be opened carefully to prevent tearing the package. The sterile boundary of a peel-open package is the inner edge.

#### Opening Packaged Instruments

28. The entire package shall be kept away from your body.

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29. Each side shall be opened, starting with the edge furthest away, and tuck the edge under.
30. The last side shall be opened toward yourself.
31. The scrubbed individual shall remove the item(s).
32. For large or heavy instruments, the technique noted above shall be completed on a small (separate) table where scrubbed individuals will remove the instrument(s).

#### **Solutions**

33. Proper solution technique includes emptying the entire bottle contents in one pour.
34. The solution receptacle is placed near the edge of the table.
35. Solution is poured slowly to avoid splashing.

#### **Other General Rules**

36. Conversation should be kept to a minimum.
37. Non-sterile personnel should keep a safe distance from the sterile field.
38. Scrubbed personnel should pass by each other back-to-back or front-to-front.

#### **Gloves**

39. Gloves should be changed and never washed. Always wash hands after removing gloves.
40. Unsterile glove practices that must be followed include:
  - 40.1. Non-sterile gloves shall be used for non-sterile procedures; and
  - 40.2. Gloves shall be changed routinely upon contamination or completion of a task.
41. Sterile glove practices that must be followed include:
  - 41.1. Sterile gloves shall be worn for sterile procedures;
  - 41.2. Double gloving shall be used for all tissue recovery procedures;

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- 41.3. Sterile gloves shall be changed after the initial incision and prior to recovery in a different zone; and
- 41.4. Sterile gloves shall be changed upon contamination or between wrapping the tissue from the upper extremities of the donor before commencing recovery procedures below the waist.

#### **Changing Gloves**

- 42. When changing gloves, turn away from the sterile field.
- 43. The gloved hand shall be extended to the circulator who will pull the glove off or, if possible, the TRC may aseptically remove the contaminated glove with their own glove.
- 44. Gloves shall be replaced as per standard practice.

#### **Changing a Gown During Recovery**

- 45. This may be necessary in the event of contamination.
- 46. The gown must be removed before the gloves.
- 47. The circulator will unfasten the neck and waist ties.
- 48. The gown shall be grasped at the shoulder and pull it off inside out and the gloves will also come off.
- 49. The gown shall be replaced first, as per standard practice, and then re-glove.

#### **Post Recovery**

- 50. The TRC shall ensure all contaminated/biohazardous re-usable supplies are decontaminated and adequately contained for transport and that all contaminated/biohazardous waste is properly disposed of or contained and transported to a disposal site.
- 51. Foot coverings (booties) shall be discarded before leaving the surgical area.
- 52. Scrubs shall be changed after recovery. Each subsequent recovery requires a new clean pair of scrubs.

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53. Masks shall be discarded between each tissue type and at the end of each recovery and are not to be reused.
54. Contaminated eye coverings should be decontaminated or discarded.

#### Records:

- *No records*

#### References:

- *The ORNAC Standards For Perioperative Registered Nursing Practice*
- *Standards for Tissue Banking, American Association of Tissue Banks, United States, 14th edition, 2017. D5.520*