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Owner: Anne Eerkes: Mgr Operating Room Unit
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Applicability: WA - Kadlec Regional Medical Center

Surgical Preparation of the Skin, 88.12.00

PURPOSE: The goal of preoperative patient skin antisepsis is to reduce the risk of the patient developing a surgical site infection (SSI) by removing soil and transient microorganisms at the surgical site.

- To establish guidelines to effectively reduce bio-burden from incisional sites and adjacent areas while promoting best practice in the use of agents according to manufacturer's recommendations.
- To ensure adequate hair removal is performed by clipping, not shaving, thereby decreasing nicks in the skin and increasing potential for infection.

POLICY:

All patients undergoing surgical procedures requiring a skin prep, shall have the appropriate anatomical area prepared prior to the time of the incision. Skin preparation agents will be used in accordance with manufacturer's recommendations, in cooperation with surgeon's preference. Preoperative skin antiseptic agents used should be FDA approved/cleared and approved by Kadlec Regional Medical Center's Infection Control Committee.

As part of the skin preparation process, hair removal is achieved through clipping using disposable accessories. Clipping, and removal, of clipped hair from the bed/stretchers should be completed prior to moving the patient to the OR suite.

GENERAL SKIN PREP CONSIDERATIONS: The use of prep agents can be specific to intact skin, mucous membranes, open wounds, etc. Select proper agent for each specific prep areas and circumstance. Refer to manufacturer's recommendations. Use extreme care to prevent prep solution from pooling in skin folds or under the patient, potentially causing a chemical burn, or be a fuel source of a fire.

- Apply skin prep using sterile gloves and observing sterile technique.
- Dabbing of prepped area is allowed to remove excess following the prep, but do not wipe off.
- Use sterile towels to help absorb solution that may inadvertently drip or run into skin folds and under the patient. Employ sterile technique during use.
- Remove any previously placed, non-sterile, soiled absorbent material immediately after prep is completed. Be careful to avoid contamination of prepped site.
- Adhere to drying time recommendations. Be mindful of alcohol based preps because alcohol fumes may be trapped, particularly if drapes are placed while still drying. This situation will increase the potential for fire and patient burns, when cautery is activated.
- A separate "prep tray," kit, or wand shall be used for each patient, each site.

Approved prep solutions for surgical cases: Follow manufacturer's recommendation in each type.

- a. **Chloraprep** – to be used on intact skin only by using a wand applicator. Do not use on mucous membranes, open wounds or in any body orifice. Due to this agent containing alcohol, specific drying times are recommended to increase effectiveness and decrease fire potential. Apply using specific technique instructions
- b. **Chlorhexidine scrub** – Used full strength with a scrubbing action. If the surgeon prefers using this agent on the vaginally, the prep will be performed by the surgeon.
- c. **Duraprep** – to be used on intact skin only by using a wand applicator. Do not use on mucous membranes, open wounds or in any body orifice. Due to the agent containing alcohol, specific drying times are recommended to increase effectiveness and decrease fire potential. Apply using specific technique instructions.
- d. **Iodoform scrub** – denatures skin and is deactivated with blood. Used full strength with a scrubbing action. When scrubbing is completed, agent's detergent (bubbles) properties are removed by dabbing with a sterile towel. Usually followed with an iodoform solution. Do not use on open wounds.
- e. **Iodoform solution** – Used full strength, avoiding dripping or pooling. High potential for chemical burns with pooled agent. Works best in conjunction with Iodoform scrub performed first. May be used on all skin, mucous membranes, or open wounds. Blood will inactivate antiseptic action.
- f. **Technicare** – Used full strength with care not to allow dripping or pooling. Only prep solution specifically designed for vaginal preps. May also be used on all skin, mucous membranes, or open wounds. Non-flammable.

PROCEDURE – HAIR CLIPPING:

1. Set up barriers to catch loose, clipped hair.
2. Use a new, disposable clipper head on a dry site with each patient. Follow manufacturer's recommendation.
 - a. Technique is to clip with grain of hair pulling skin taut to avoid abrading skin. Observe for nicks and report, if occurs.
 - b. Care must be taken to avoid transferring hair from stretcher/bed to OR suite/bed when clipping occurs.
 - c. Remove clipped hair from area and body site and surrounding areas with an adhesive wipe for best results.
3. Once completed, remove clipper head and dispose of in sharps container. Wipe handle with disinfectant and place in charger.

PROCEDURE – PREPPING SURGICAL SITE:

1. Expose the area to be prepped while maintaining the privacy of the patient, as much as possible, particularly if patient is awake.
2. Place chux/absorbent pads to keep patient, and OR table, as dry as possible
3. Ensure kit, package, or prep tray are open and ready for use. Perform hand hygiene and don sterile gloves.
4. Begin prepping site using appropriate technique:

- a. If using iodiform/chlorhexidine scrub, begin at incision site and, using concentric circles, scrub/apply agent outward. Do not re-prep using the same brush or sponge, but work to periphery. Discard sponge. Repeat with new or additional sponges/brush until supply is exhausted. Use sterile towels to dab off scrubbing agent's bubbles/suds or pooled solution.
 - b. If using applicator (wand) with Chloraprep or Duraprep – apply following manufacturer's recommendation, method and drying time. Commonly, dry time is 3 minutes. This reduces fire potential by allowing alcohol fumes to evaporate and not be trapped under drapes.
 - c. While prepping, be mindful to not reach over, or across, the prepped area or touching the prep sponge/wand to bed cover, blankets, patient gown, etc.
 - a. Discard the applicator after reaching the periphery or a contaminated area. Use another sterile applicator for additional applications.
 - b. When the incision site is more highly contaminated than surrounding area (anus, perineum, stoma, open wound, catheter, drain, axilla), prep the areas with the lower bacterial count first, followed by the area of higher contamination.
5. Once prep is complete, remove chux/absorbent pads being mindful to maintain and not contaminate prepped area(s).
 6. Ensure surgical site markings are visible.
 7. Remove all prepping items and discard in trash. Do not save any sponges or towels from prep set, as they might be confused with counted items.
 8. Clean any spilled fluids
 9. Document the following:
 - a. Site(s) prepped and who performed prep
 - b. Agent(s) used at each site
 - c. Skin condition at surgical site -
Presence of rashes, skin eruptions, abrasions, redness, irritation, burns
Postoperative skin condition, including any skin irritation, hypersensitivity, or allergic response to preoperative antiseptic solutions

Attachments

No Attachments

Approval Signatures

Approver	Date
Kirk Harper: CNO	10/2019
Heather Shipman: Executive Assistant	09/2019
Trinity Mugo: Mgr Unit	09/2019
Teriesa Pleyo: Registered Nurse	04/2019

Approver**Date**

Loris Cook: Manager, Operating Room Unit 04/2019

Applicability

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