The decontamination portion of sterile processing is not for the faint of heart. Every manner of bioburden, infectious disease, and surgical residuals can be present at this stage of instrument reprocessing. From human immunodeficiency virus to tuberculosis, femoral heads to human waste, if it enters an operating room (OR), it can enter a sterile processing decontamination room.

These are the standard dangers for which standard precautions can prepare us; however, a host of other far too common, though patently unnecessary, perils confront sterile processing teams on a daily basis.

Sharps Worth Counting
One of the most dangerous of all unnecessary perils for a decontamination team is the presence of surgical sharps in used instrument trays. This could include scalpel blades left behind in a knife handle, suture needles still firmly clasped in the jaws of a needle holder, and other single-use items, such as syringes, lingering at the bottom of a tray—all of which involve a strict protocol for removal at the point of use.

However, if counting practices for surgical sharps do not coincide with stringent disposal policies, these items can be “counted” while still engaged with a surgical instrument handle/holder and thus make their way back into the surgical tray. If these items are then returned to sterile processing, they may arrive dangerously concealed, with little to alert technicians donning full personal protective equipment (PPE), including a face mask and eye protection, of the injurious perils that may await as they reach into case carts to remove used instrument trays to prepare for the decontamination stage.

In the life cycle of contaminated sharps, they are never more dangerous for healthcare workers than when they are thrown back, unidentified into used instrument trays. There is simply no excuse within a perioperative workflow for allowing single-use sharps to make their way back to the decontamination stage.

Hidden in Plain Sight
While single-use sharps may be the most dangerous, they are not the most common unnecessary peril of instrument cleaning. Surgical instruments, which are the most expected items to be found in the decontamination area, are the primary source of avoidable risk. The dangers associated with surgical instruments range from obvious hazards (e.g., reusable aspirating needles, towel clips) to less noticeable threats (e.g., Kocher clamps, mosquito forceps). These items can penetrate the thickest cleaning gloves and cut through gowns worn during the decontamination phase.

The issue here is not the fact that sharp instruments are present in a used tray. The preventable peril is that oftentimes, these instruments are returned to sterile processing in total disarray, outside the bounds of safe transport practices for either the instrument or the processing team. Examples include distal tips pointing a myriad of different directions, towel clips poking through the sides of sterilization baskets, and Kocher clamps precariously perched near an otherwise safe container handle—all of which can pose a serious, but avoidable, threat to healthcare workers.

In addition to disposing of single-use sharps at the point of use, OR team members must be cognizant of how used surgical instruments are handled prior to transport to the decontamination area in order to guard sterile processing personnel from injury. Although precleaning should remain a top priority for perioperative teams, the responsibility for safety requires the teamwork of all health professionals involved with handling these instruments. Concerted efforts to protect against these cleaning-related dangers include the use of restringing technologies, customized instrument trays, and other safety-oriented design innovations.
Lightbulb Moments
Low and inadequate lighting in the decontamination space, particularly at the manual cleaning sinks, is another avoidable danger. In addition to being a risk in and of itself, inadequate lighting exacerbates the previous two hazards by curtailing technicians’ ability to spot potential perils. It also can increase the risk of a host of other injuries, including slips, falls, splashes, and chemical burns. Additionally, PPE, such as face shields and eye protection, serves as a barrier to fluid, but it can make seeing all areas of the workspace more difficult—especially if the lighting is not sufficient.

Auxiliary lighting at the decontamination sink can ensure the best possible field of vision for sterile processing technicians. In addition to mitigating many of the inherent risks, it can help prevent the unnecessary risks that might come into play. Ensuring a clear field of vision is crucial for enabling the critical-thinking decisions and safety of sterile processing technicians.

Reducing Risk Is Its Own Reward
No healthcare provider wakes up in the morning and says to themselves, “I want to hurt someone today.” Similarly, no sterile processing professional plans on getting injured while cleaning surgical instruments. However, it does happen. The unfortunate truth is that the vast majority of these decontamination injuries occur from avoidable and unnecessary risks that have worked their way into the status quo of department life, having gone on for so long that staff have assumed the additional risk as part of the job.

It is incumbent upon perioperative leaders and the sterile processing industry to do everything within our power to reduce these unnecessary risks, replacing perilous processing practices with a status quo of “safety first.”

The unfortunate truth is that the vast majority of these decontamination injuries occur from avoidable and unnecessary risks that have worked their way into the status quo of department life.