THE STUDY VAULT

Clinical Chaos

Contamination Protocol

SKILL SNAPSHOT

Purpose

- Stops use of a contaminated sterile item or field and safely re-establishes asepsis before patient exposure.

When to use

- Any known or suspected break in sterile technique during a procedure, dressing change, catheter care, or sterile preparation.

Supplies needed

- Replacement sterile kit/supplies; appropriate PPE; waste container; approved disinfectant; incident/reporting resources if exposure occurred.

PREP + PATIENT SETUP

- Know sterile-field rules and facility exposure policy before starting.
- Gather backup supplies when contamination would interrupt a time-sensitive procedure.
- Explain that safety may require pausing and

VAULT TIP

- A calm, immediate restart is professional practice. The dangerous mistake is continuing after sterility is uncertain.

STEP-BY-STEP

1. Stop immediately. Keep the contaminated item away from the patient, sterile field, and other sterile supplies.
2. State the break clearly: “This is contaminated.” Do not hide, rationalize, or continue.
3. If an item touched the patient, assess the patient and prevent further exposure.
4. Remove the contaminated item without reaching across or contaminating the remaining field.
5. If contamination is limited and the rest of the field is unquestionably sterile, replace the affected item according to policy.
6. If the source, extent, or timing is uncertain, treat the entire field as contaminated and discard it.
7. Remove gloves/PPE without spreading contamination; perform hand hygiene.
8. Clean and disinfect any exposed work surface; allow required wet/contact and drying time.
9. Obtain a new sterile kit, solution, gloves, and supplies. Do not retrieve items from the discarded field.
10. Recreate the field. Keep it above waist, in view, dry, and away from edges; consider the outer 1 inch contaminated.
11. Restart the procedure from the last confirmed sterile point, repeating skin/site preparation when indicated.
12. If blood/body-fluid exposure occurred, wash/flush immediately and activate occupational exposure protocol.
13. Notify charge nurse/provider/infection prevention as required; complete safety reporting for patient exposure, needlestick, or significant break.

SAFETY REMINDERS

- When in doubt, consider it contaminated.
- Moisture can cause strike-through contamination.
- Never turn away from or leave a sterile field unattended.
- Patient safety takes priority over wasted time or supplies.

COMMON MISTAKES

- Trying to “clean” a disposable sterile item.
- Continuing because contamination seems minor.
- Reaching across the sterile field.
- Failing to report patient or staff exposure.

DOCUMENTATION

- Procedure and exact break in technique.
- Patient/site assessment and exposure.
- Items discarded and procedure restarted.
- Notifications, treatments, cultures/labs if ordered.
- Safety/occupational report per policy.