

SAFE

SAFE 02-23

10 July 2023

BLUF: Facilities that utilize *identification* tape on surgical instruments must do so in accordance with the manufacturer's instructions for use for the identification tape utilized. This is an infection control issue that can lead to instruments not being appropriately sterilized.

Definition: **Identification tape:** is designed to help organize and identify instruments as they move between sterile processing and various departments. Instruments can be marked with identification tape following the identification tape's instructions for use. (See example picture below)

Situation: Recent accreditation surveys have revealed that identification tape placed on surgical instruments are not being used according to the identification tape's instruction for use (IFU) or manufacturer's instructions for use (MIU). Identification tape was also found to be peeling, chipped and not laying flat and in good condition. This has been categorized as a high risk finding from The Joint Commission (TJC).

Background: Sterilization of reusable equipment is a common practice in both the inpatient and ambulatory care setting. Sterilization is a validated process used to render a product free of all forms of viable microorganisms. All class 1, critical equipment, which can be introduced into the bloodstream or through the patient's skin, or into other normally sterile areas must be reprocessed in a manner that ensures sterility. Class II, semi-critical instruments, that come into contact with mucous membranes requires high level disinfection, but will be sterilized per instrument IFU/MIU in clinics that do not perform high level disinfection. Sterilization should be conducted per instrument IFU/MIU utilizing nationally recognized guidelines such as Center for Disease Control (CDC) or ANSI/AAMI ST79.

According to the Association for the Advancement of Medical Instrumentation (AAMI), "Instruments should be carefully inspected for flaws, damage, debris, detergent residue, and completeness". This includes ensuring that identification tape that may be in use, is free of peeling, chips and lays flat in good condition. Staff that are placing identification tape on instruments need to follow the IFU/MIU for the identification tape and place it on the instrument in accordance with the manufacturer's instructions. Keep in mind, not all identification tape has been validated for use with all different

sterilization methods. Only use identification tape validated for the sterilization process that the tape is approved for.

Assessment: Sterilization is a high-risk infection control and prevention activity. It is imperative that all areas that perform instrument sterilization follow facility policies, regulations, and manufacturer instructions for use for all aspects related to the instrument sterilization process.

Recommendation: Infection preventionists and facility leadership should ensure that all areas that perform instrument reprocessing and sterilization are following IFU/MIU for identification tape and performing the inspection of instruments including reviewing identification tape integrity and IFU/MIU compliance. **Identification tape that is peeling, chipped, not lying flat or in good condition should be removed and replaced following IFU/MIU.**

Contact: Any questions regarding this advisory can be directed to:
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References:

Association for the Advancement of Medical Instrumentation. (2017). ANSI/AAMI ST79 Comprehensive Guide to Steam Sterilization and Sterility Assurance in Health Care Facilities. Washington, D.C.

Rutala W.A., Weber D.J., Hospital Infection Control Practices Advisory Committee. (2008). Guideline for Disinfection and Sterilization in Healthcare Facilities, 2008. Centers for Disease Control and Prevention: Atlanta, Georgia.

Chobin, Nancy. (2017). Instrument-Marking Methods Must be Maintained Properly.
<https://www.infectioncontrolday.com/view/instrument-marking-methods-must-be-maintained-properly>.



This is an example of use of identification tape and not to be used as a resource.