SESLHD PROCEDURE COVER SHEET

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KEY TERMS	Sterile stock storage, Sterile stock handling, non-sterile
SUMMARY	This document applies to storage environments and controls where purchased clinical supplies (sterile and non-sterile), reprocessed sterile items and non-sterile stock are stored within clinical areas in healthcare facilities.

Storage of sterile stock and non-sterile supply within a clinical area

SESLHDPR/723

1. POLICY STATEMENT

Sterile items must be stored and handled in a manner that:

- Maintains the integrity of the packaging material.
- Prevent contamination of the contents.

Sterile storage areas must be:

- Dedicated for the purpose.
- Inspected/audited and cleaned on a routine schedule.
- Free from dust, sunlight, insects and vermin.

2. BACKGROUND

This document outlines the principles that are to be applied in managing:

- Sterile reusable medical devices.
- Sterile consumables.
- Associated non-sterile stock.

The planning of stock storage areas and systems is integral to ensuring that sterile items are stored and handled in a manner that maintains the integrity of the packaging and its contents to prevent contamination from any source.

Definitions

De-boxing, decant	To remove commercially prepared items from their shipping boxes/outer boxes.
Sterile stock	Refers to any item that is intended for use in any procedure that requires asepsis to be maintained. Items may be critical reusable medical devices that are reprocessed locally. They may also be items, including fluids for infusion that are procured in a sterile condition.

3. RESPONSIBILITIES

3.1 Employees will:

- Comply with this procedure.
- Check the integrity of the packaging prior to use, and report any issue with loss of sterility of items.

3.2 Nurse/ Midwife Unit Managers/ Line Managers will:

- Ensure compliance with this procedure within their unit or department.
- Ensure that audits are undertaken according to respective facility audit schedule.
- Assess stock usage to determine inventory and imprest numbers meet current clinical demand.
- Ensure that stock rotation occurs.
- Ensure that routine cleaning of sterile stock storage areas is conducted.

3.3 Infection Prevention and Control will:

- Support managers in complying with this policy through supporting audit requirements and provision of education to staff as necessary.

4. PROCEDURE

4.1 Location

- Non-sterile stock may be stored in the same area as sterile supply but should have clear segregation from sterile supply by cleanable barrier or partition (see figure 2).
- Sterile supplies should be handled and stored in a manner that maintains the integrity of packs and prevents contamination from any source (i.e. dust, vermin, sunlight, water, condensation).
- Keep the area clear of unnecessary equipment and other objects to facilitate cleaning and restocking.
- The use of blinds on windows should be avoided as they collect dust and are difficult to clean.
- Lighting should be flush with the ceiling whenever possible or of a design to minimise dust entrapment.
- Sterile stock storage areas are rated as a high risk environment therefore require a minimum daily clean with capacity for rapid spot clean. A schedule of cleaning should be available.
- All surfaces must be cleanable.

4.2 Shelving and Containers

- No solid surfaces – including shelving and storage containers. They allow settling of dust or other contaminants and vermin unless a strict cleaning regime is maintained. A record of cleaning will be required if solid surface shelving and storage containers are in use (see figure 1 below for an example of solid surface container).
- Do not use cardboard boxes as routine storage. They cannot be adequately cleaned and may harbour dust and organisms. Decant stock from outer transport cardboard boxes.

- Outer transport cardboard boxes with stock pending decanting into shelves. E.g. closed IV fluid boxes, syringe boxes etc. should be stored in a separate store room or segregated from sterile stock within the same room.
- Once a cardboard box is opened it should be decanted into a shelving unit.
- Non-sterile stock should not be stored above CSSD-reprocessed sterile stock.
- Store supplies off the floor, with the lowest shelf at least 250 mm above the floor to avoid mechanical damage during cleaning and 440 mm from the ceiling.

Figure 1

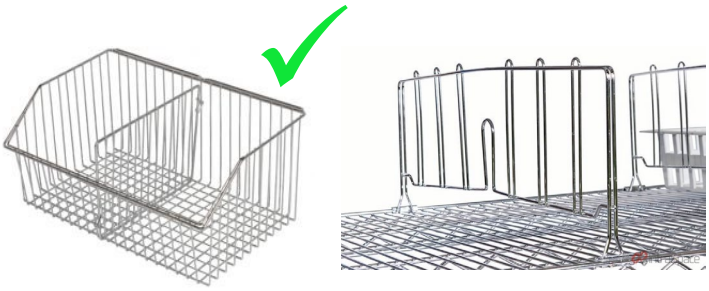

Figure 2
Recommended basket and shelve partition

Solid plastic container systems (e.g. Figure 1) are prone to collecting dust & potential contaminants. The use of stainless steel "wire" container systems (e.g. Figure 2 & 4) is recommended as these will provide the same storage solution & flexibility but are less prone to dust & contaminant collection.

Figure 3
Outer packaging should not be in the sterile store

Figure 4
Recommended shelving systems (wire shelving)

4.3 Temperature and Humidity Controls.

4.3.1 Manufactured Sterile Stock

- Manufacturer's quoted temperature and humidity guidelines for storage should be followed.

4.3.2 Specific Requirements for SSD Reprocessed Sterile Stock within a Clinical Area.

- Temperature within the storage area should be controlled within the range of 18ºC to 25ºC.
- Relative humidity should be controlled within the range of 35% to 70%.

5. DOCUMENTATION

- Record of cleaning of sterile stock storage containers and shelves for sterile stock rooms with shelving and storage containers that have a potential to trap dust.
- A documented process should be in place for monitoring and recording of temperature and humidity in extreme risk rated areas i.e. theatre complex sterile stock storage areas.

6. AUDIT

Sterile Stock Storage Audit.

7. REFERENCES

- Australasian Health Facility Guidelines. Part D: Infection Prevention and Control. Revision 7.0; 01 March 2016. Updated November 2020.
- Australian Health Facility Guidelines. Part B: Health Facility Briefing and Planning 0190 –Sterile Supply Unit.
- AS5369:2023 Reprocessing of reusable medical devices in health and non-health related facilities.
- ISLHD Sterile Stock Management Procedure Document. ISLHD CLIN PROC 158.
- Clinical Excellence Commission, 2020. *Infection Prevention and Control Handbook.* Clinical Excellence Commission, Sydney, Australia.

8. VERSION AND APPROVAL HISTORY

Date	Version	Version and approval notes
November 2021	DRAFT	Approved by the SESLHD Infection Prevention and Control Working Party. Drafts for Comment Period.
December 2021	DRAFT	Approved by Executive Sponsor.
March 2022	1	Approved at February 2022 Clinical and Quality Council meeting.
23 May 2025	1.1	Minor review: references updated. Approved by the SESLHD Infection Prevention and Control Committee and Executive Sponsor.