

IACUC Semi-annual Surgical Site Inspection Checklist

- **Purpose:** To provide the research laboratory staff with a checklist of items that will be inspected.

1. Surgical Procedure Area

- a) Space must be dedicated only for surgeries when in use.
- b) Space should be free from drafts, windows, and laboratory traffic.
- c) There should be easy access to a biohazard waste container (with an autoclavable liner) and a sharps container.
- d) All surgical works surfaces must be free of dust and debris and should be disinfected. Disinfectants must be within their expiration date. Recommended disinfectants include:
 - ✓ Quaternary ammonium disinfectant wipes (e.g. – Santi Cloths)
 - ✓ 10% Bleach (if made fresh daily)
 - ✓ Chlorine dioxide (e.g. – Clidox or MB-10)
 - ✓ Glutaraldehydes (e.g. – Cetylcide or Cide Wipes)
 - ✓ Phenolics (e.g. – Lysol, TBQ, Note: should not be used if working with frogs)
 - ✓ Chlorhexidine (e.g. – Nolvasan or Hibiclens)
- e) Surgical tools should be clean and free of organic debris and rust.
- f) Eyewash stations should be flushed monthly and there should be a log kept by the lab documenting when the eye wash station was last flushed.

2. Instruments/Equipment Sterilization

- a) Instruments must be cleaned prior to sterilization and must be free of organic debris build-up and rust (blood and tissue should be removed)
- b) Instruments and supplies must be sterilized for aseptic procedures. Sterilization of instruments and supplies is optional for non-survival procedures. Accepted sterilization methods include:
 - ✓ Steam (Autoclave. Tools should either be double wrapped in muslin or disposable surgical drape, or they should be in an autoclave bag. An internal sterilization indicator strip should be placed inside next to the tools to verify sterilization)
 - ✓ EtO (Method can only be done by Hospital Central Sterilization Services)
 - ✓ Chemical (Must follow manufactures instructions for length of submersion to sterilize, and equipment must be thoroughly rinsed with sterile water or saline)
- c) If doing multiple aseptic surgeries in one day, instrument tips must be cleaned of organic debris and re-sterilized by a dry bead sterilizer (sterile tip technique), or you can have a separate set of sterile instruments for each surgery, or you can thoroughly clean the instruments and re-sterilize in between procedures.

3. Drugs/Sutures/Reagents

- a) All diluted drugs (e.g. – Buprenorphine, Ketamine/Xylazine, etc.) should be in sealed injectable vials, or alternatively, red-top blood collection tubes (if applicable). No injectable drugs or reagents should be in screw-top or snap-cap containers.
- b) All drugs and reagents must be labeled with and be within their expiration date.
- c) All drugs and reagents must be of pharmaceutical grade unless justified in your Animal Protocol.

- d) All controlled substances must be stored behind 2 locks at all times per DEA regulations and University of Iowa Guidelines (If applicable). All other drugs should be stored appropriately (e.g. – protected from light, or stored in the refrigerator or freezer per the manufacturer’s instructions).
- e) Isoflurane vaporizers (if applicable)
 - ✓ Vaporizers must be calibrated and certified annually and be within their certification date.
 - ✓ Anesthetic gases must be scavenged.
 - ✓ If using scavenging canisters, the initial weight of the canister must be recorded (on the canister or on a log sheet kept by the canister) and the dates used and canister weight for that date must be recorded. The canisters must not exceed their expiration weight.
- f) All aseptic surgical supplies (e.g. – sutures, scalpel blades, sterile gloves, surgical scrub, irrigation saline, eye ointment, gauze pads etc.) must be within their expiration date. Expired surgical supplies (non-liquid or non-ointment only) can be used for non-survival procedures if they are clearly marked “For Non-survival Procedures Only” and stored in a different location from the non-expired stock.
- g) Are the correct kind of sutures used for body cavity closure (absorbable, e.g. – catgut, chromic cat gut, PDS, or Vicryl) and skin closure (non-absorbable, e.g. nylon/Ethilon or polypropylene/Prolene).

4. Record Keeping

- a) Anesthesia/Surgical records must include the following:
 - ✓ Date of surgery
 - ✓ PI Name
 - ✓ Animal Protocol number
 - ✓ Name of Procedure
 - ✓ Animal ID number
 - ✓ Species
 - ✓ Animal Weight
 - ✓ Anesthetic used, dose, and route
 - ✓ Time of induction of anesthesia
 - ✓ Time of recovery from anesthesia (awake and sternal) or time of euthanasia for non-survival surgeries.
 - ✓ Monitoring right after surgery (animals should be continuously monitored until they are awake and sternal (upright). They then should be monitored every 15 minutes until ambulatory (no animals should be returned to OAR before they are able to walk).
 - ✓ Analgesic used, dose, route, and time given.
- b) Postsurgical monitoring, unless specified differently and approved by the IACUC, must occur at a minimum of once daily for five days (including weekends and holidays). Records of monitoring must be kept and must contain the following information:
 - ✓ Date and time of monitoring
 - ✓ A brief assessment of the animals health status (assess for signs of pain – hunched posture, ruff looking fur, resistance to moving, etc.) and activity level (normal, decreased, inactive)
 - ✓ A brief assessment of the incision site (signs of infection, integrity of wound closure)
 - ✓ Analgesic administered, dose, route, and time given
 - ✓ Date of suture/staple/wound clip removal (or date when it is no longer observed). Wound closures should be removed 10-14 days post-procedure unless otherwise justified in the Animal Protocol.