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THE ADVISOR
MONTHLY COMPLIANCE COMMUNICATOR

Opening Instruments Early – Why It's a Bad Idea

A common concern in healthcare facilities – whether dental offices, medical practices, or surgical settings – is: "How early is too early to set up for my next patient or procedure?" Another frequent question is: "How early can I open a pouch of instruments and set up trays?"

Research has shown that the earlier you open a pouch of instruments, the greater the risk of contamination.

Most staff who set up early say they're trying to save time. They want to avoid extra steps and stay ahead of schedule. Others explain that they're short-staffed and team members have multiple responsibilities, so they feel they don't have time to set up immediately or at the point of use. While opening packs early may save a few steps, it can also jeopardize patient safety.

Early setups are a common problem, and practices must find ways to address it. One major concern is aerosols, which are present in nearly every healthcare environment – especially in dental practices. These aerosols can carry microorganisms and other contaminants that may settle on exposed instruments.

Once instruments are opened and exposed to the air, they are no longer considered sterile. Instruments left open on a tray are also at risk of being touched accidentally, falling off the tray if bumped, or even being contaminated by insects. Yikes!

Surgical trays should also be set up at the time of the procedure, as this is considered best practice. The Association of PeriOperative Registered Nurses (AORN) recommends preparing the sterile field as close as possible to the time of use. This recommendation is based on the increased risk of airborne and environmental contamination over time. Items in sterile packaging will remain sterile as long as the integrity of the packaging is maintained.

Newsletter Content

Several studies have demonstrated how quickly contamination can occur. Some research has shown contamination on sterile trays in operating rooms just 30 minutes after being opened. Another study found that implants and instruments left exposed continued to accumulate bacterial contamination over time. Additional studies showed that bacterial air contamination of sterile fields in controlled operating room environments began as early as one hour after opening, with contamination rates steadily increasing.

Research has also compared covered versus uncovered trays. In these studies, uncovered trays showed contamination sooner and at higher rates. Covered trays remained sterile longer, approximately 4 to 8 hours. However, by 24 hours, both covered and uncovered trays showed contamination.

Because of this, covering trays should not be used as a routine convenience. This method should only be used in emergency situations or when a procedure is unexpectedly delayed. Opening instrument packs and covering them for later use should not be standard practice.
The CDC also provides key recommendations regarding opening instrument packs before procedures. These recommendations apply to all healthcare settings, including but not limited to:

Risk of contamination

- Once an instrument pack is opened, it becomes susceptible to dust, airborne microorganisms, insects, and aerosols. Once opened, the instruments are no longer considered sterile.

Prevent early set-ups

- Early setups are strongly discouraged. Practices should implement policies and procedures that prevent opening sterile packs before the point of use. Sterile packs, packages, or cassettes should remain sealed until needed.

Build patient confidence

- Opening instrument packages in front of the patient helps build trust and reassures them that the instruments have been properly sterilized.

Reprocessing required

- If a package is opened in advance and the procedure does not occur or the patient does not arrive, the instruments must be reprocessed. This means they must be cleaned, repackaged, and sterilized again before use.

The standard of care is to open instruments at the point of care. Instruments should remain bagged or pouched until they are needed to prevent contamination.
If your team feels they don't have time to wait until the point of use, it may be time to reevaluate your workflow. Consider whether additional instrument sets are needed or whether team routines should be adjusted.

The CDC encourages a "just-in-time" approach to opening instruments rather than preparing them early. In other words, instruments should be opened when they are needed, not beforehand. Patient safety must always come first. Establish clear standard operating procedures and eliminate the practice of opening instruments early.

You Completed Your Security Risk Analysis—Now What?

Finishing a Security Risk Analysis (SRA) feels like a major milestone, and it is! It takes time, coordination, and effort to do it right. The part that often gets overlooked from The Office for Civil Rights (OCR's) perspective, is that completing the SRA isn't the finish line. It's the starting point.

What we're seeing in enforcement right now makes that very clear. OCR isn't just asking whether you completed an SRA anymore, they're asking what you did with it.

In early 2026, OCR continued its Risk Analysis Initiative reaching at least 12 enforcement actions and still growing . In one recent case, a provider experienced a phishing attack that exposed patient data. But the bigger issue wasn't just the breach itself, it was that the organization hadn't done a thorough risk analysis or followed through with meaningful risk management.

So, what is the message from OCR? It's simple: An SRA without action isn't enough.

Why This Matters More Than Ever
Cyber threats in healthcare aren't slowing down. They're getting more frequent and more sophisticated. OCR has been very direct with their message that you can't protect patient data if you don't understand your risks and actively work to reduce them.

The HIPAA Security Rule doesn't stop at requiring a risk analysis. It also requires organizations to manage those risks, to actually do something about what they find. This is where many organizations unintentionally fall short. The SRA gets completed, but the corrective action plan, the part that really drives security improvements, gets delayed or pushed aside. From an enforcement standpoint, that's a problem.

If you've completed your SRA, the most important question to ask is simple:
Are we actively working on our corrective action plan?

Here are a few practical ways to move forward:

·Focus on what matters most. Start with your highest-risk findings, things like email security, access controls, and system monitoring. You don't have to fix everything at once, but you do need to start somewhere.

·**Assign clear ownership.** Every action item should have someone responsible for it. Without ownership, even the best plans tend to stall.

·**Set realistic timelines.** OCR doesn't expect everything to be fixed overnight, but they do expect to see steady progress.

·**Document your progress.** This is critical. If you ever have to demonstrate compliance, you need to show not just what you identified, but what you've done about it.

·**Make it part of your routine.** Risk management shouldn't happen once a year. It should be part of your ongoing compliance and IT discussions.

Completing your SRA is an important step, but it's only part of your compliance program. What OCR is really focused on now is follow-through. They want to see that organizations are not just identifying risks but actively working to reduce them. If your SRA is sitting on a shelf, now is the time to revisit it and start moving through your corrective action plan.

Hazard Communication Updates in 2026: What Healthcare Practices Need to Know

OSHA's Hazard Communication Standard (HAZCOM) is receiving important updates that will take effect in 2026. While these changes primarily affect how chemical hazards are communicated, they will also impact healthcare employers who use disinfectants, sterilants, laboratory chemicals, dental materials, and other products in daily operations.

The goal of these updates is to improve the presentation of chemical hazard information so employees can more easily recognize and understand workplace risks.

Does this apply to healthcare?
A common misconception is that Hazard Communication regulations only apply to manufacturing or industrial environments. In fact, OSHA requires ANY workplace that uses hazardous chemicals to maintain a Hazard Communication program. Because of this, employers must ensure that employees have access to chemical hazard information, understand chemical labeling, and know where Safety Data Sheets are located.

What Is Changing in 2026
The upcoming updates focus on improving clarity and consistency in how chemical hazards are communicated. As a result, healthcare practices may notice several changes when they receive new products or updated Safety Data Sheets:

- Updated hazard classifications
- Revised hazard and precautionary statements
- Labels that may look different than before
- Expanded health hazard information

Chemical manufacturers and importers are responsible for updating labels and Safety Data Sheets to reflect these new standards. The standardized 16-section Safety Data Sheet format will remain in place, but some sections will include expanded information to emphasize how the chemical hazards are presented. New versions may include clearer language, more visible warning statements, and additional information about potential health effects.

Secondary container labels must also comply with the updated regulations, which now include the product identifier, updated hazard classifications (pictograms, signal words, hazard statements), and be fully aligned with updated Safety Data Sheets (SDSs).

Important Deadlines

- May 19, 2026: Chemical manufacturers, importers, and distributors must update product labels and Safety Data Sheets.
- November 20, 2026: Employers must update workplace programs, labeling practices, and employee training to reflect the new requirements.

Employers should periodically review their chemical inventory and ensure that the SDS file accurately reflects the products currently used in the workplace. It is also important to remember that OSHA requires records related to chemical exposure to be maintained for 30 years after the last use of a chemical. While employers do not necessarily have to retain the original SDS document for that entire period, they must maintain records identifying the chemical, where it was used, and when it was present in the workplace.

What Employers Should Do Now

- Review and update their chemical inventory
- Replace outdated Safety Data Sheets when updated versions become available
- Ensure chemical labels are current and legible
- Review and update the written Hazard Communication program
- Provide training to employees on updated label elements and SDS information
    - Training does not need to be complex, but it must be relevant to the chemicals used in the workplace.

The Bottom Line

As manufacturers begin updating chemical labels and Safety Data Sheets, healthcare employers will start seeing these changes reflected in the products they purchase. By reviewing chemical inventories, updating SDS files, and reinforcing employee training, practices can ensure compliance while maintaining a safe work environment.

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