

TITLE: SURGICAL ATTIRE	
Category: Patient Care	
<i>Check one</i> <input checked="" type="checkbox"/> HOSPITAL-WIDE <input type="checkbox"/> DEPARTMENT-SPECIFIC FOR →	<i>List department if department-specific</i>
POLICY NUMBER: 8614.443	RESOURCE KARI GOERKE, RN, CNO PERSON:

PURPOSE:

- A. To define mechanisms of providing barriers to contamination.
- B. To promote high-level cleanliness and hygiene.
- C. To minimize transmission of infectious microorganisms to patients.

SCOPE: All Surgical/Procedural Personnel, Physicians, Licensed Independent Practitioners (LIP), Allied Health Personnel, Vendors and Visitors.

PROCEDURE:

- A) The surgical units will be divided into three designated areas: unrestricted, semi-restricted, and restricted.
 - 1) Unrestricted areas – includes the entrance areas for patients, personnel and materials. Street clothes are permitted in these areas, and traffic is not limited.
 - 2) Semi-restricted areas– includes the peripheral support areas of the surgical suite and has storage areas for clean and sterile supplies, work areas for storage and processing of instruments, and corridors leading to the restricted areas of the surgical suite. Traffic in these areas is limited to authorized personnel and patients. Persons in these areas will wear surgical scrub attire and cover all head and facial hair.. A red line on the floor will indicate the boundaries of the semi-restricted areas.
 - 3) Restricted area – includes operating and procedure rooms, and the scrub sink areas. Persons in these areas are required to wear full surgical scrub attire and cover all head and facial hair. Non-scrubbed personnel must wear hospital provided long-sleeved jackets that are snapped closed. Masks are required where open sterile supplies or scrubbed persons are located.

- B) All Surgical/Procedural personnel, Physicians, Licensed Independent Practitioners (LIP), Allied Health Personnel, Vendors and Visitors will wear the following attire when in the semi-restricted and restricted areas of the surgery department:
 - 1) Surgery department staff will not wear scrubs into the hospital from home or other institutions nor out of the hospital after finishing their shift. Hospital staff will wear street clothes to work, change into hospital scrubs and change back to street clothes before leaving work. Scrub uniforms will be provided and worn in all semi-restricted and restricted areas. Street clothes will not be allowed in these areas. Scrub uniforms will be worn for only one day and will be changed if they become visibly soiled or wet.

- a) In the rare instance that it is necessary for scrub attire to be laundered at home, this must be first approved by the Director of Surgery. Scrub attire laundered at home will be brought to the hospital freshly laundered in an impervious container and changed into in designated dressing areas only. If the scrubs become visibly soiled or wet they must be laundered through the hospital laundry and replacement scrubs will be provided.
- b) All personal clothing should be completely covered by the surgical attire.
- 2) Persons from other departments or visitors entering the semi-restricted or restricted areas of the surgical department for a brief time for a specific purpose may don a coverall suit designed to totally cover outside apparel **Persons in these areas are required to cover all head and facial hair.**
- 3) Disposable masks will be worn in the restricted areas during procedures or when there are open sterile items and equipment present such as sterilizers:
 - a) Masks will cover the mouth and nose, and will be secured in a manner to prevent venting.
 - b) Masks will be changed between cases, and as they become wet or soiled.
 - c) Masks should be removed carefully by handling only the ties, and they should be discarded immediately. Masks should not be worn hanging down from the neck. Masks that have been worn should not be tucked into a pocket for future use.
- 4) Disposable head coverings will entirely cover hair. Those with beards will wear surgical hood hair covers. Cloth caps may be worn but must be covered by a disposable cap.
- 5) Persons in the surgical suite will not wear artificial nails of any kind. Freshly applied nail polish may be worn for up to 4 days if non-chipped. Chipped fingernail polish will be removed prior to entering the semi restricted area.
- 6) It is recommended that dedicated shoes should be worn in the surgical/procedural areas. In lieu of dedicated shoes, the shoes must be clean. Disposable shoe covers are available. Shoe covers will be removed when soiled or wet.
- 7) Close-toe shoes with low or no heels, and non-skid soles are required. Large perforations in shoes are not acceptable.
- 8) Jewelry worn when entering the restricted area of the surgical suite will be removed or confined under scrub attire. An exception is non-scrubbed personnel are permitted to wear a single ring or ring set and a simple watch.
- 9) Other garments should be freshly laundered and long-sleeved jackets will be worn to cover long-sleeves. Long-sleeved jackets should not be worn around waist or and other body parts.
- 10) Personal Protective Equipment (PPE) such as goggles, face shields, glasses with side shields, gloves, etc. will be used appropriately to reduce the risk of exposure to blood and body fluids.
- 11) All employees while on duty must wear identification badges. Visitors will wear temporary identification badges.

- 12) Fleece material clothing may never be worn in the operating/procedure rooms. No exceptions.
 - 13) Fabric stethoscope tubing covers will not be used.
- C) Additional Information:
- 1.) If required to bring in a backpack or briefcase, they must be of a material that can be washed down and dried prior to bringing into the restricted area. Other fanny packs, backpacks and briefcases are not allowed into the semi-restricted or restricted areas of the surgical/procedural suites.
 - 2.) Any wheeled backpacks or briefcases are not permitted in the semi-restricted or restricted areas.

REFERENCES:

Association of periOperative Registered Nurses: AORN Perioperative Standards and Recommended Practices 2011.

Effective Date: 03/95

Reviewed: 10/04

Revised: 11/05, 11/09, 4/11, 2/12

Committee Approval: Patient Care Functional Team, Infection Control Committee

Administration: Kari Goerke, CNO

Medical Staff: Patricia Howell, MD