

# Children's Hospital and Health System Unit Specific Policy and Procedure Operating Room (Surgery)

This policy applies to the following entity(s):

- CHW – Milwaukee
- CHW - Surgicenter

## Surgical Attire

### POLICY

The Operating Room (OR) at Children's Hospital of Wisconsin (CHW) recognizes the importance of providing a clean, aseptic environment for all patients receiving surgical care within the OR and procedural environments. The OR will follow the Association of Perioperative Registered Nurses (AORN) guidelines for surgical attire.

### PROCEDURE

#### 1. Surgical Scrubs

- a. All individuals who enter the semi-restricted and restricted areas of the surgical suite should wear facility approved, clean, and freshly laundered surgical attire intended for use only within the surgical suite.
- b. Surgical scrubs dispensed for use in the surgical suite should not be worn outside the building.
- c. Change scrub suits that are visibly soiled, contaminated, and/or are penetrated by blood or other potentially infectious materials.
- d. Non-scrubbed personnel should wear long sleeved jackets that are buttoned or snapped closed during use. Complete closure of the jacket avoids accidental contamination of the sterile field.
- e. Hair has been identified, through well documented and replicated classic research, to be a carrier of pathogens that may lead to surgical site infections. To better contain hair that may be present on the chest and not covered by hospital provided surgical scrubs, personal undershirts may be worn to cover the upper

chest. Long sleeve shirts should not be worn to cover the arms unless covered by a surgical scrub jacket. Any personal clothing worn under the surgical scrubs must be freshly laundered and not worn on repetitive days.

## 2. Personal Protective Equipment

- a. Healthcare personnel must wear PPE in the perioperative setting as part of the blood borne pathogen standard. Masks in combination with eye protection devices whenever splashes, spray, spatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose or mouth contamination can be reasonably anticipated.
- b. Eye protection devices include goggles, glasses with solid side shields and chin length face shields.
- c. Wear a surgical mask that fully covers the mouth and nose at all times in the operating room, center cores, scrub sink areas, and all restricted areas. Wear the mask throughout the operation.
- d. Masks should be removed carefully by handling only the ties, and they should be discarded immediately after use.
- e. Masks should not be saved by hanging them around the neck or tucking them into a pocket for future use.

## 3. Head Covering

- a. A clean, low-limit surgical head cover or hood that confines all hair and covers scalp skin should be worn. The head cover or hood—should be designed to minimize microbial dispersal.
- b. Disposable bouffant and hood-style covers are preferred.
- c. Single-use head coverings should be removed and discarded in a designated receptacle daily or when contaminated. Reusable head coverings should be laundered in a healthcare accredited laundry facility after each **DAILY** use.
- d. Cloth surgical head covering is allowed at CHW. All cloth head covering must be only worn on a single day and then placed in the hospital laundry for appropriate cleaning. The hospital will launder head covering and return it to the department for use again.

#### 4. Jewelry

- a. Jewelry (e.g., earrings, necklaces, bracelets, rings) that cannot be contained or confined within the scrub attire should not be worn in the semi restricted or restricted areas.

#### 5. Sterile Attire

- a. See Aseptic Technique/Maintaining a Sterile Field Policy/Procedure

### **REFERENCES**

AORN, Inc. (2019). In Conner, R., Blanchard, J., Burlingame, B., Chard, R., Denholm, B., Downing, D., Giarrizzo-Wilson, S., Mitchell, S., Ogg, M., Peterson, C. eds. *2017 Edition: guidelines for perioperative practice*. Denver, CO: Association of perioperative Registered Nurses.

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Summers NM, Lynch PF, Black T. Hair as a reservoir of staphylococci. *Journal of Clinical Pathology*. 1965; 18(13); 13-15.

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This policy applies to the following entity(s):

- CHW – Milwaukee
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## Aseptic Technique/Maintaining a Sterile Field

### POLICY

The Operating Room (OR) at Children's Hospital of Wisconsin recognizes the importance of sterility in the operative and procedural environments. The Association of Perioperative Registered Nurses (AORN) sets guidelines for aseptic technique that are evidence based to guide perioperative practice. All personnel functioning within or around a sterile environment or field will follow known evidence based principles of aseptic technique as outlined in the current AORN guidelines.

### PROCEDURE

1. Perioperative personnel entering the OR or invasive procedure room for any reason (e.g., stocking supplies, computer maintenance) should wear clean:
  - Scrub attire, including freshly laundered or single use scrubs, a cover jacket that is snapped closed with cuffs down to the wrist
  - Surgical head covers or hoods that cover all hair and scalp skin, including facial hair, sideburns, and the hair at the nape of the neck
2. Perioperative personnel should wear a clean surgical mask that covers the mouth and nose and is secured in a manner to prevent venting. A mask should be worn when open sterile supplies are present and when preparing for or assisting with surgery or invasive procedure.
3. Scrubbed personnel should don sterile gowns and gloves in a sterile area away from the main table and in a manner to prevent contamination of sterile attire.
  - The front of the gown should be considered sterile from the chest to the level of the table
  - The neckline, shoulders and axillary regions of the surgical gown should be considered contaminated
  - Gown sleeves should be considered sterile from two inches above the elbow to the cuff
4. It is preferred that team members wear two pairs of surgical gloves, one over the other, during any surgical or invasive procedure. When double gloves are worn the use of a perforation indicator system should be used to better detect perforations in surgical gloves.

- Sterile gloves that become contaminated should be changed as soon as it is safe to do so
5. Sterile drapes should be used to establish a sterile field.
    - Team members should place drapes on the patient, furniture, and equipment in the sterile field and should handle them in a manner that prevents contamination
    - Unsterile equipment (e.g., mayo stands) should be covered on the top bottom and sides with sterile barrier material before being introduced to the sterile field
    - Sterile drapes should be handled as little as possible
  6. The sterile field should be prepared in the location where it will be used and should not be moved. The sterile field should be prepared as close to the time as use as possible.
  7. Perioperative team members should inspect sterile items for proper processing, packaging, and package integrity immediately prior to presentation to the sterile field.
  8. Sterile items should be presented directly to the scrubbed team member or placed securely on the sterile field. Heavy items or items that are sharp should be presented directly to the scrubbed team member or opened on a separate clean, dry surface.
  9. Wrapped sterile items should be opened in the following manner:
    - The furthest wrapper flap first
    - Each of the side flaps, and
    - The nearest wrapper flap
  10. Sterile fields should be constantly monitored once created. OR and procedural room doors should not be taped closed as an alternative to monitoring.
  11. When there is an unanticipated delay, or during periods of increased activity, a sterile field may be covered with a sterile drape utilizing the appropriate technique (see AORN guidelines on sterile technique for an outline of appropriate technique).
  12. All personnel moving within or around a sterile field should do so in a manner that prevents contamination of the sterile field.
  13. A minimum distance of 12 inches between a sterile field and any non-scrubbed or non-sterile items should be maintained
  14. Non-scrubbed personnel should never reach over a sterile field for any reason
  15. Movement between two sterile fields should only occur if the personnel is in sterile attire.
  16. If two scrubbed personnel need to change places during a sterile procedure, a front to front approach or back to back approach should be utilized. A scrubbed personnel's back should never cross a scrubbed personnel's front
  17. Conversations in the presence of the sterile field should be kept to a minimum.
  18. The number and movement of individuals involved in an operative or invasive procedure should be kept to a minimum.
  19. When a sterile field is present, entry into a restricted area should be done so by utilizing the door in the center core. Entry using the hallway door should be limited and only used for patient and equipment transport

## **REFERENCES**

AORN, Inc. (2019). In Conner, R., Blanchard, J., Burlingame, B., Chard, R., Denholm, B., Downing, D., Giarrizzo-Wilson, S., Mitchell, S., Ogg, M., Peterson, C. eds. *2017 Edition: guidelines for perioperative practice*. Denver, CO: Association of perioperative Registered Nurses.