Surgical Attire & OR Cleaning

AORN Standards

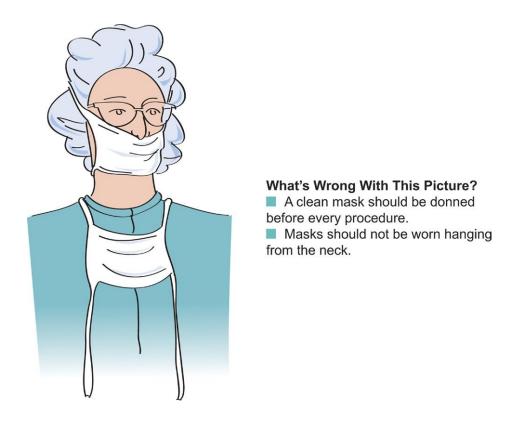
AORN ASEPTIC PRACTICE - SURGICAL ATTIRE

- All non-scrubbed personnel in the restricted areas should completely cover their arms with a long-sleeved scrub top or jacket. When a long sleeved jacket is worn, it should be snapped closed or buttoned up the front.
 - "Wearing long-sleeved attire helps contain skin squames shed from bare arms." (AORN, I.ATTR7)
 - "Wearing the jacket snapped or buttoned closed helps prevent the edges of the front of the jacket from contaminating sterile areas." (AORN, I.ATTR7)
 - "Personal clothing that cannot be contained within the scrub attire...should not be worn". (e.g. Necks and sleeves of personal t-shirts under surgical attire) (AORN, I.ATTR7)





- Personnel entering the semi-restricted and restricted areas should completely cover the head, hair, ears, and facial hair with a disposable surgical head cover or hood.
 - "Hair and skin can harbor bacteria that can be dispersed into the environment".
 (AORN, I.ATTR17)
 - ► "The benefit of covering the head, ears, and hair is the reduction of the patient's exposure to potentially pathogenic microorganisms". (AORN, I.ATTR17)



- Surgical masks should not be worn hanging around the neck or stored in pockets. Surgical masks should be removed by handling only the mask ties and discarded immediately in an appropriate trash receptacle.
 - ► "The filter portion of the mask harbors bacteria collected from the nasopharyngeal airway". (AORN, I.ATTR10) Cross-contamination of the scrub top or hands may occur when the masks are handled improperly.

► Stethoscopes should not be worn around the neck and should be cleaned with a low-level disinfectant before and after use.



- All perioperative personnel, both scrubbed team members and team members who are not scrubbed, are at risk for exposure to blood and other potentially infectious fluids.
 - ► The Centers for Disease Control and Prevention recommends the use of eye protection as part of standard precautions when there is an anticipated exposure of infectious material entering the eye.



Operating Rooms Terminal Cleaning

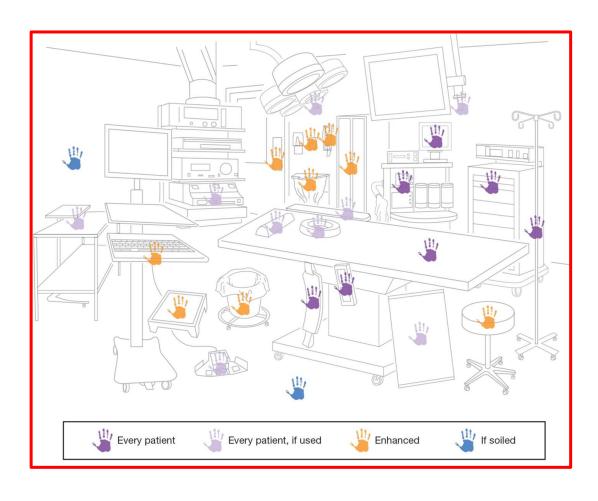
- Terminal cleaning
 - ► Thorough environmental cleaning that is performed at the end of each day when the area has been used
- Hospital Policy regarding OR terminal cleans :
 - ▶ Any unused OR shall be terminally cleaned every 72 hours
 - An OR with activity for an hour or more, but remains unused shall be terminally cleaned within 24 hours
 - A log will be kept to communicate the date and time of the terminal clean of each OR

End of Procedure Cleaning

- Cleaning and disinfecting the OR or procedural room between patients throughout the day
- Also called room turnover cleaning
 - ▶ Stopping the spread of germs from one patient to the next
 - Decreasing the amount of germs in the environment



End of Procedure Cleaning in the OR or Procedural Room



What must be cleaned?

- In the OR or procedural room
 - ► Anesthesia machine and carts
 - ▶ IV poles and pumps
 - Patient monitors/Cables
 - ► Laryngoscope handles



References

AORN. (2015). *Guidelines for Perioperative Practice 2015*. Denver, CO: AORN, Inc.

Guidelines for environmental infection control in health-care facilities. Centers for Disease Control and Prevention.

http://www.cdc.gov/hicpac/pdf/guidelines/eic_in_hcf_03.pdf. Accessed February 7, 2014.

Recommended practices for environmental cleaning. In: *Perioperative Standards and Recommended Practices*. Denver, CO: AORN, Inc; 2014:255-276.