

| Policy/Procedure: DUHS Guidelines for Surgical Attire | | |
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| Approved By | Date Approved |
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| Periop Executive Committee (including ASC/Eye Center) | July 2022 |

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Purpose: Surgical attire is worn in the semirestricted and restricted areas of the surgical environment to reduce microbial contamination by surgical staff. The appropriate attire varies by restriction level.

Policy Statement:

Level:

- Interdependent - asterisked [*] items require an order from a health care practitioner licensed to prescribe medical therapy.
- Independent – no provider order required.

Personnel:

All Perioperative Staff

Competencies/Skills:

See Policy Statement Below

Required Resources:

Definitions:

1. Personal Protective equipment (PPE) - Specialized equipment or clothing for eyes, face, head, body, and extremities; protective clothing; respiratory devices; and protective shields and barriers designed to protect the worker from injury or exposure to a patient’s blood, tissue, or body fluids. Used by health care workers and others whenever necessary to protect themselves from the hazards of processes or environments, chemical hazards, or mechanical irritants encountered in a manner capable of causing injury or impairment in the function of any part of the body through absorption, inhalation, or physical contact (eg. eyewear, mask, hair cover, shoe covers, gown, apron, and/or gloves).
2. Restricted Area - A designated space contained within the semi-restricted area and accessible only through a semi-restricted area. The restricted area includes the operating and other rooms in which surgical or other invasive procedures are performed. Personnel in the restricted areas should wear surgical attire and cover

- head and facial hair. Masks should be worn when the wearer is in the presence of open sterile supplies or persons who are completing or have completed a surgical hand scrub. Only authorized personnel and patients accompanied by authorized personnel should be admitted to this area.
3. Semi restricted Area- The peripheral support areas of the surgical suite. The area may include storage areas for equipment and clean and sterile supplies; work areas for processing instruments; sterilization processing room(s); scrub sink areas; corridors leading from the unrestricted area to the restricted areas of the surgical suite; and the entrances to locker rooms, preoperative admission area, the PACU, and sterile processing. This area is entered directly from the unrestricted area past a nurse's station or from other areas. Personnel in the semi-restricted area should wear surgical attire and cover all head and facial hair. Access to the semi-restricted area should be limited to authorized personnel and patients accompanied by authorized personnel. Required surgical attire -
 4. Unrestricted area- An area of the building that is not defined as semi-restricted or restricted. This area includes a central control point for designated personnel to monitor the entrance of patients, personnel, and materials into the semi-restricted areas. This area may include locker rooms, break rooms, offices, waiting rooms, the preoperative admission area, Phase I and Phase II postanesthesia care units (PACUs), and access to procedure rooms (eg, endoscopy rooms, laser treatment rooms). Street clothes are permitted in this area. Public access to the area may be limited based on the facility's policy and procedures.
 5. Surgical Attire- Nonsterile apparel designated for the perioperative practice setting that includes scrub attire provided by the hospital or facility (eg, scrub shirt, pants, head coverings, and jacket).

Policy:

A. HEAD COVERINGS

1. A clean, cloth (nonlinting) or disposable surgical head covering or hood that confines all loose hair and covers the scalp skin, sideburns, and nape of the neck should be worn.
2. All hair must be covered and contained within the head covering.
3. Personnel wearing surgical scrub attire should NOT remove the surgical head covering when leaving the perioperative area. The purpose of the head covering is to contain hair and minimize microbial dispersal from contamination of the scrub uniform with hair.
4. Personnel should remove surgical head coverings (disposable or reusable) at the end of the shift, when contaminated, when changing into street clothes and leaving the building.
5. Single-use head coverings should be discarded in a designated receptacle.
6. Religious head coverings (eg, head scarves, veils, turbans, bonnets) that are clean, constructed of tightly woven and low-linting material, without any adornments, and fit securely with loose ends tucked in the scrub top may be worn to cover the hair and scalp in the semi-restricted and restricted areas.
 - a. Religious head coverings that cover only a portion of the hair and scalp (eg, kippahs, yarmulkes) may be worn under another head covering.
 - b. Religious head coverings will adhere to the same washing instructions as personal cloth head coverings.

7. Personal cloth head covering will be laundered on a daily basis or when head covering becomes visibly soiled.
8. Personal cloth head covering home laundering recommendations:
 - a. Remove cloth head covering in the facility and place into a bag to bring home.
 - b. Wash the cloth head covering separate from any personal textile products.
 - c. Follow cloth head covering manufactures instructions for use regarding the appropriate detergent and bleach.
 - d. Wash on the hottest water temperature settings recommended by the garment manufacture, and avoid short/rapid cycles.
 - e. After wash cycle is complete, remove cloth head covering and place immediately into the dryer. Dry the load completely on the hottest cycle recommended by the garment manufacture.

B. SURGICAL MASK/EYE PROTECTION

1. Properly secured surgical masks, in combination with eye protection devices, should be worn for all cases and at all times in the Operating Room. All individuals entering the restricted areas of the Operating Room shall wear a surgical mask which covers the mouth and nose and is secured in a manner that prevents venting at the sides of the mask. Masks with ear loops have not been designed and intended for use as surgical masks and may not provide a secure facial fit that prevents venting at the side of the mask. Masks with ear loops are not approved within the restricted area.
2. Beard covers must be worn over facial hair that extends beyond the surgical mask.
3. Surgical masks should not be worn hanging around the neck. The use of double masks is not recommended. Use a fit tested N95 or high filtration mask for laser, TB, or other droplet/airway precautions procedures.
4. A fresh surgical mask should be donned before the health care worker performs or assists with each procedure. The mask should be discarded and replaced whenever it becomes wet or soiled during the procedure and be removed upon exiting the operating room suite. The surgical mask should be removed and discarded by handling only the mask ties. Hand hygiene should be performed after removal of masks.
5. Reusable eye protection devices should be cleaned according to the manufacturer's instructions before and after each use.

C. SURGICAL ATTIRE

1. All operating room personnel must change into fresh hospital/facility laundered scrubs prior to entering a semi-restricted and restricted area, often designated by the red lines on the floor.
2. Hospital laundered surgical attire is only to be donned by individuals working in the perioperative environment, and should not be worn elsewhere (units, clinics, laboratories, or other procedural areas)
3. Hospital laundered scrub attire should be donned in a designated dressing area prior to entry into the semi-restricted and restricted areas.
4. When donning hospital laundered scrub attire, perioperative team members should avoid contact of the clean attire with the floor or other potentially contaminated surfaces.

5. When a two-piece scrub suit is worn, the top of the scrub suit should be secured at the waist or tucked into the pants or should fit close to the body. Exception would be for pregnant females.
6. Hospital laundered scrub dresses may be worn over scrub pants or leggings that are laundered in a health care-accredited laundry facility after each daily use and when contaminated.
7. Personal clothing that cannot be contained within the scrub attire should not be worn. If worn, personal clothing will not extend above the collar of the scrub top or beyond the sleeves.
8. Scrub jackets must be hospital laundered or disposable. When a long-sleeved jacket is worn, it should be snapped or buttoned up the front. Long-sleeved jackets and scrub attire tops should fit closely to the arms and torso to prevent the jacket or top from potentially contaminating the surgical site during preoperative patient skin antisepsis or other activities.
 - a. Cover apparel (e.g. lab coats or disposable jackets) should always be worn when leaving the perioperative area; if worn, the cover apparel item will be clean or for single use. Lab coats should not be worn past the red lines into the semi-restricted and restricted areas due to daily hospital laundering requirements.
9. The perioperative or sterile processing team member should wear hospital laundered scrub attire that covers the arms while preparing and packaging items in the clean assembly section of the sterile processing area.
10. Persons entering the semi-restricted or restricted areas of the surgical suite for a brief time (e.g., Law enforcement or parents/guardians of patients) should don a single use jumpsuit (bunny suit or coveralls) designed to completely cover personal apparel, a blue non-woven hat, surgical mask, and shoe covers. All vendors will change into paper scrubs, a red non-woven hat, surgical mask, and shoe covers each time they arrive at the Operating rooms. If paper scrub or bunny suit is unavailable, facility may provide scrubs to vendors.
11. All disciplines must change from hospital laundered surgical scrubs into street clothes prior to exiting Duke Health System Facilities. Hospital owned and laundered scrub attire may NOT be worn into the hospital from the outside.

D. PROPER HANDLING/LAUNDERING OF SURGICAL ATTIRE

1. Scrub attire that has been penetrated by blood, body fluids, or other potentially infectious materials must be removed immediately or as soon as possible and replaced with clean attire.
2. Scrub attire contaminated with visible blood or body fluids must remain at the health care facility for laundering or be sent to a health care-accredited laundry facility contracted by the health care organization.
3. Contaminated scrub attire must be bagged or containerized at the location of use and not be rinsed or sorted.
4. Reusable or single-use contaminated scrub attire should be placed in designated containers after use.
5. Reusable scrub attire that has been worn should not be stored in personal lockers for later use.

6. Reusable scrub attire should be left at the health care facility for laundering. Home laundering is prohibited. If the employee has allergies requiring home laundering of surgical attire, Employee Health must approve all requests for exceptions.
7. Scrub attire should be laundered in a health care-accredited laundry facility after each daily use and when contaminated.
8. Hospital laundered scrub attire should be transported in enclosed carts or containers and in vehicles that are cleaned and disinfected regularly.
9. Hospital laundered scrub attire should be protected during transport to the practice setting.
10. Hospital laundered scrub attire may be stored in enclosed dispensing machines. Dispensing machines should be regularly cleaned and disinfected.

E. SHOES

1. Perioperative personnel should wear clean shoes that are dedicated for use within the perioperative areas or wear shoe covers when entering the department. Shoe covers must be removed when leaving the semi-restricted area. If shoes become wet or soiled, cleanse with a hospital approved disinfectant wipe before leaving.
2. Shoes worn within the perioperative environment must have closed toes and backs, flat heels, and nonskid soles. They must meet Occupational Safety and Health Administration (OSHA) and the health care organization's safety requirements.
3. Shoe covers or boots must be worn in instances when gross contamination is anticipated (e.g., Orthopedic surgery).
4. Single-use shoe covers worn as PPE, must be removed immediately after use and discarded, and hand hygiene should be performed.

F. MISCELLANEOUS

1. Identification badges should be worn secured on the scrub attire top or long-sleeved jacket and should be visible. Badges must be worn above the waist (see DUHS Staff Dress Code Policy), and cleaned with a low-level disinfectant when soiled with blood, body fluids, or other potentially infectious materials. Lanyards are discouraged, except in the MRI suites and should be tucked inside the scrub top when performing patient care requiring aseptic technique. If worn, lanyards must be changed frequently and cleaned with a low-level disinfectant when soiled with blood, body fluids, or other potentially infectious materials.
2. Jewelry (e.g., earrings, necklaces, bracelets, rings) that cannot be secured, contained or confined within the scrub attire should not be worn in the semi-restricted or restricted areas.
3. No ear buds or bluetooth headphones are not permitted in semi-restricted or restricted areas unless required to complete work duties
 - a. At no time will ear buds or blue-tooth headphones be utilized while engaged in patient care.
4. Stethoscopes should not be worn around the neck and should be cleaned with a hospital approved disinfectant before and after each use. Fabric stethoscopes tubing covers should not be used.

5. Briefcases, backpacks, fanny packs, food or drink, or other personal items may not be taken into the semi- restricted or restricted areas. Clean cell phones, tablets, and other personal communication or hand-held electronic equipment according to the device manufacturer's instructions before and after these items are brought into the OR, and perform hand hygiene
6. Only containers carrying items required for surgical procedures are allowed within the operating room platforms and must be cleaned with a hospital approved disinfectant upon arrival and prior to leaving the department.

REFERENCES

Citations:

Authoritative Source:

AORN. (2021). *Guidelines for Perioperative Practice* (2021 ed.).

Phillips, N. M. (2017). *Berry & Kohn's Operating Room Technique*. St. Louis: Elsevier.

Rothrock, J. C. (2015). *Alexander's Care of the Patient in Surgery*. St. Louis: Elsevier Mosby.

Additional References:

Associated Policies:

Attachment Names: