




STANDARD OPERATING PROCEDURE

Roswell Park Cancer Institute

Perioperative Services

TITLE: Surgical Attire	Number: 100.6.1	Revision:
Authored by: Robin Frank, RN BSN MBA Sr. Department Administrator, Perioperative Services 	Issue Date: July 1, 2014	
Approved by: Victor A. Filadora, MD, MBA Medical Director Perioperative Services  Joyce M. Yasko, PhD Chief Clinical Operations Officer 	Effective Date: July 1, 2014	

1.0 POLICY

This policy identifies appropriate surgical attire for all personnel entering the semi-restricted and restricted areas of the Operating Room.

2.0 PURPOSE

Clean attire minimizes the introduction of microorganisms and lint from health care personnel to clean items and the environment. This policy is not intended to address sterile surgical attire worn at the surgical field or all PPE (personal protective equipment).

3.0 RESPONSIBILITY

3.1 Administration

This policy is administered by the Clinical Chair of Surgical Oncology, Medical Director of the Operating Room, Clinical Chair of Anesthesiology, Vice President, Chief Nursing Officer and Senior Department Administrator for Perioperative Services .

3.2 Compliance

This applies to all persons entering the semi-restricted and restricted areas of the Operating Room.

4.0 DEFINITIONS

N/A

5.0 PROCEDURE

5.1 Scrub Attire

5.1.1 Only RPCI-provided scrub clothes (pant/top set) are permitted. Clean, freshly laundered attire is a required before entry into the semi restricted and restricted areas each day. If scrub clothes become soiled they must be changed as soon as possible.

5.1.2 Health care personnel must change into street clothes whenever they leave the health care facility or when traveling outside between buildings on campus. Head cover, masks and shoe covers must be disposed of when leaving the semi-restricted and restricted areas of the Operating Room. Wearing scrub clothes from home or from another facility is not permitted.

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- 5.1.3 When wearing a two piece scrub suit, the top must be secured at the waist, tucked into the pants, or fit close to the body.
- 5.1.4 All non-scrubbed personnel should also wear a RPCI provided freshly laundered long-sleeved warm-up jacket snapped closed or a scrub gown that is adequately closed and secured with the cuffs down to the wrists when there is concern for skin shedding with an existing, chronic skin condition. Any new acute skin conditions need to be evaluated by Employee Health Services. All personal clothing should be covered by the surgical attire. A turtleneck garment is not approved for wear under the scrub top.
- 5.1.5 Disposable jumpsuits or "bunny suits" will be used by persons entering the surgical suite for a brief period of time for a specific purpose. The single-use jumpsuit must completely cover personal apparel/work clothes. In addition, shoe and hair covers are required.
- 5.2 Cover apparel (e.g. lab coat) if used, should be laundered by a RPCI-approved laundry facility and must be clean. Cover apparel over surgical attire must be worn outside of the perioperative suite.
- 5.3 Shoes worn by health care personnel entering the surgical suite should be clean. Dedicated shoes for work in the perioperative area only are preferred. Shoes must have closed toes and backs for employee safety per OSHA (Occupational Safety and Health Administration). Shoe covers are optional. If used, covers must be removed at the end of the day, when visibly soiled or when leaving the perioperative area.
- 5.4 Personnel entering the surgical suite must have all head and facial hair covered or confined within a cover/hood. RPCI shall provide single-use surgical caps or hoods for use by personnel entering the surgical suite. If personnel wear reusable head coverings, they must be laundered by an RPCI-approved laundry facility after each daily use. All hats and hoods must be removed when leaving the semi restricted and restricted areas. Neither RPCI nor the RPCI-contracted linen service shall be responsible or liable for any lost, stolen, missing or damaged employee-owned head covering. Reusable head coverings must be covered by RPCI provided single use surgical caps unless documented allergies are in the employee's file.
- 5.5 All individuals must wear a disposable mask when entering a restricted area and/or opening sterile supplies. They must cover the nose and mouth completely and be secured at the back of the head and behind the neck to prevent venting. Masks must be discarded at the end of each procedure. Masks must be either "on" or "off" and not hung around the neck. They should be removed by touching the ties/strings; discarded in the trash and then hand hygiene performed.

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- 5.6 Non-scrubbed personnel can wear jewelry if it is contained or confined within the surgical attire. Rings and watches are allowed for non-scrubbed personnel. Jewelry that cannot be confined within the surgical attire should be removed before entry into the semi restricted and restricted areas. Scrubbed personnel cannot wear jewelry including, necklaces, watches, rings and bracelets. If earrings are worn, they must be small and covered. If earrings are not covered, they must be removed.
- 5.7 Nails should be kept short (1/4 inch or less). Artificial nails (acrylic, wraps, gels or extensions) are prohibited. Nail polish is permitted if it is in good repair.
- 5.8 Fanny packs, backpacks, and briefcases should not be brought into the semi-restricted and restricted areas of the Operating Room, unless enclosed in a disposable bag provided by the institute. That bag must be disposed of prior to leaving the semi restricted or restricted areas. Fabric stethoscope tubing covers should not be used.
- 5.9 Identification badges should be worn by all personnel authorized to enter the perioperative setting. Identification badges should be secured on the surgical top, be visible, and be cleaned if they become soiled. Lanyards, chains and beads pose a risk of contamination and may be difficult to clean.

6.0 REFERENCES

- 6.1 Perioperative Standards and Recommended Practices. 2011 Edition, Association of Operating Room Nurses, Inc.
- 6.2 APIC Text of Infection Control and Epidemiology. 3rd Edition. APIC, Washington, DC, 2009.