

# Guideline Implementation: Surgical Attire 1.0 [www.aorn.org/CE](http://www.aorn.org/CE)

LIZ COWPERTHWAIT, BA; REBECCA L. HOLM, MSN, RN, CNOR

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### Purpose/Goal

To provide the learner with knowledge specific to implementing the AORN “Guideline for surgical attire.”

### Objectives

1. Identify the key takeaways from the surgical attire guideline.
2. Explain the steps involved in correctly wearing surgical attire.
3. Describe methods of correctly handling personal communication or hand-held electronic devices in the OR.
4. Explain why scrub attire should be laundered in a health care—accredited laundry facility.
5. Discuss the RN’s role in developing policies and procedures for surgical attire.

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Ms Cowperthwaite and Ms Holm have no declared affiliations that could be perceived as posing potential conflicts of interest in the publication of this article.

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## ABSTRACT

Surgical attire helps protect patients from microorganisms that may be shed from the hair and skin of perioperative personnel. The updated AORN “Guideline for surgical attire” provides guidance on scrub attire, shoes, head coverings, and masks worn in the semirestricted and restricted areas of the perioperative setting, as well as how to handle personal items (eg, jewelry, backpacks, cell phones) that may be taken into the perioperative suite. This article focuses on key points of the guideline to help perioperative personnel adhere to facility policies and regulatory requirements for attire. The key points address the potential benefits of wearing scrub attire made of antimicrobial fabric, covering the arms when in the restricted area of the surgical suite, removing or confining jewelry when wearing scrub attire, disinfecting personal items that will be taken into the perioperative suite, and sending reusable attire to a health care–accredited laundry facility after use. Perioperative RNs should review the complete guideline for additional information and for guidance when writing and updating policies and procedures. *AORN J* 101 (February 2015) 189-194. © AORN, Inc, 2015. <http://dx.doi.org/10.1016/j.aorn.2014.12.003>

Key words: *surgical attire, scrub clothing, shoes, jewelry, head coverings, masks, cell phones, health care–accredited laundry facility.*

**B**acteria shed from the human body can be a source of microbial contamination and transmission in the perioperative setting.<sup>1</sup> Wearing surgical attire promotes cleanliness and hygiene by containing microorganisms that are shed from the skin and hair of perioperative personnel. Reducing the surgical patient's exposure to microorganisms may help prevent the patient from developing a surgical site infection (SSI). Perioperative RNs, working with other perioperative team members, play a key role in protecting patients by adhering to and promoting compliance with policies and procedures for surgical attire.

The AORN "Guideline for surgical attire"<sup>2</sup> (formerly titled "Recommended practices for surgical attire") was updated in September 2014. AORN guideline documents provide guidance based on an evaluation of the strength and quality of the available evidence for a specific subject. The guidelines apply to inpatient and ambulatory settings and are adaptable to all areas in which operative and other invasive procedures may be performed.

Topics addressed in the updated surgical attire guideline include scrub attire, shoes, head coverings, and masks; jewelry; and personal items, such as cell phones, tablets, backpacks, and briefcases. The guideline also addresses the importance of sending surgical attire to a health care–accredited laundry facility for laundering. This article elaborates on key takeaways from the guideline document; however, perioperative RNs should review the complete guideline for additional information and for guidance when writing and updating policies and procedures.

Key takeaways from the AORN "Guideline for surgical attire" include the following:

- Scrub attire may be made of antimicrobial fabric.
- Jewelry (eg, earrings, necklaces, bracelets, rings) that cannot be contained or confined within the scrub attire should not be worn in the semirestricted or restricted areas.
- When in the restricted areas, all nonscrubbed personnel should completely cover their arms with a long-sleeved scrub top or jacket.
- Cell phones, tablets, and other personal communication or hand-held electronic equipment should be cleaned with a low-level disinfectant according to the manufacturer's instructions for use before and after being brought into the perioperative setting.
- Scrub attire and cover apparel should be laundered in a health care–accredited laundry facility after each daily use and when contaminated (Figure 1).

## SCENARIO

Nurse B and Nurse N have been assigned to work in orthopedic room #3. The first patient is a 71-year-old man undergoing a total hip arthroplasty (THA) procedure. Nurse B dons a clean two-piece scrub suit in the designated dressing room before entering into the semirestricted and restricted areas of the surgical suite. She tucks the top into the pants and secures the waist to help prevent dispersal of skin cells into the air. The scrub attire used at the facility is made of a tightly woven fabric with antimicrobials incorporated into the fibers. Nurse B is careful to ensure that the scrub attire does not come in contact with the floor or other surfaces that could be contaminated.

Nurse B puts on clean shoes that she wears only when working in the OR. To comply with Occupational Safety and Health Administration requirements for foot protection,<sup>3</sup> she wears shoes that have low heels and nonskid soles to help reduce the chance that she will slip and fall and that have closed toes and backs to help prevent injury from dropped items and exposure to blood or body fluids. Knowing that she is scrubbing in on a THA procedure in which she anticipates exposure to gross contamination with irrigation, Nurse B also dons protective shoe covers.

Nurse B removes her rings and secures them to her necklace, which she tucks inside her scrub top. She also removes her watch and secures it with a safety pin inside her cover jacket pocket. She dons a clean surgical bouffant cap that confines all her hair and covers her ears and the nape of her neck. She ensures that her earrings are fully enclosed by the cap.

Nurse B secures her identification badge directly to her scrub top so it will be visible to patients and other health care providers. She does not wear her badge on a lanyard because lanyards can be contaminated with microorganisms.<sup>4</sup> She puts on a surgical mask with an attached eye shield that covers her mouth and nose. When securing the mask, she ensures that the mask does not vent at the sides.

In the OR, she meets Nurse N, who is circulating for the procedure. Nurse N wears a long-sleeved jacket that completely covers her arms. The jacket is snapped closed up the front and fits closely to her arms and torso to prevent the edges of the jacket from potentially contaminating the surgical site when she preps the patient. Together, they set up the room for the procedure. After Nurse B has scrubbed in for the procedure, she dries her hands and dons a sterile gown and gloves using sterile technique. Meanwhile, Nurse N goes to the preoperative area to assess the patient.

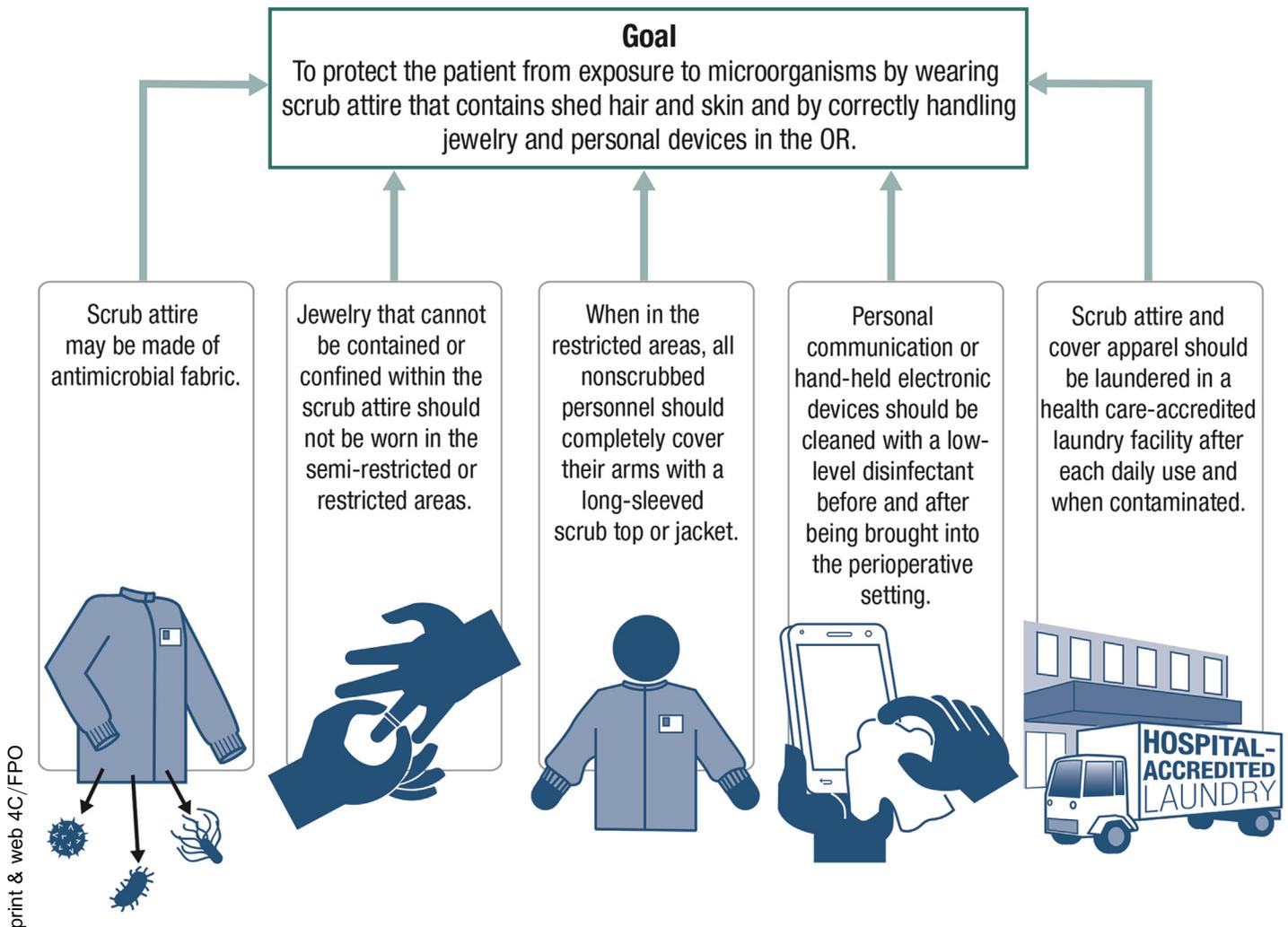


Figure 1. Key takeaways from the AORN "Guideline for surgical attire."

The THA implant representative arrives at the hospital. He reports to the OR supply technician to check in a variety of implants. They remove the implants from the cardboard boxes and stack them on a clean cart before taking them into the OR supply room. The implant representative verifies that all implants and implant supplies are correctly listed on the inventory list in his electronic tablet. After the implant representative changes into appropriate surgical attire, the supply technician helps him clean his tablet with a low-level disinfectant before the representative takes the tablet into the OR suite.

During the procedure, the implant representative refers to his tablet several times to select the appropriate implants and ancillary implant supplies. The procedure is performed without incident. The implant representative cleans his tablet with low-level disinfectant and performs hand hygiene again after he leaves the OR suite.

After the procedure, Nurse B removes and disposes of her sterile scrub gown and then removes her mask, handling it only by the mask ties, and her shoe covers. She discards them in the appropriate receptacles and performs hand hygiene. At the end of the day, Nurse B goes to the dressing room, removes her scrub attire, and places the attire in a designated container from which it will be picked up and sent to the health care-accredited laundry facility.

### KEY TAKEAWAYS DISCUSSION

The key takeaways from the AORN "Guideline for surgical attire" address scrub attire fabric, jewelry, covering the arms in the restricted area, electronic communication devices in the OR, and using a health care-accredited laundry facility. These takeaways do not cover the entire guideline. Rather, they help the reader focus on important or new information that should be implemented into perioperative practice.

### Resources for Implementation

- Guidelines Implementation: Surgical Attire web page. AORN, Inc. [http://www.aorn.org/Topics\\_of\\_Interest/Aseptic\\_Practice/Surgical\\_Attire/](http://www.aorn.org/Topics_of_Interest/Aseptic_Practice/Surgical_Attire/).
- AORN Syntegrity® Framework. AORN, Inc. <http://www.aorn.org/syntegrity>.
- ORNurseLink™. <http://ornurselink.aorn.org>.
- *Perioperative Competency Verification Tools and Job Descriptions* [CD-ROM]. Denver, CO: AORN, Inc; 2014. <http://www.aorn.org/CompetencyTools>.
- *Policy and Procedure Templates* [CD-ROM]. 3rd ed. Denver, CO: AORN, Inc; 2013. [http://www.aorn.org/Books\\_and\\_Publications/AORN\\_Publications/Policy\\_and\\_Procedure\\_Templates.aspx](http://www.aorn.org/Books_and_Publications/AORN_Publications/Policy_and_Procedure_Templates.aspx).
- *The Roadmap to ASC Compliance* [CD-ROM]. Denver, CO: AORN, Inc; 2012. [https://www.aornbookstore.org/Product/product.asp?sku=MAN543&dept\\_id=1](https://www.aornbookstore.org/Product/product.asp?sku=MAN543&dept_id=1).

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### Antimicrobial Fabric

“Fabrics used for scrub attire should be tightly woven, low linting, stain resistant, and durable.”<sup>2(p99)</sup> In the scenario, Nurse B dons scrub attire made with an antimicrobial fabric. Evidence indicates that bacteria and fungi may not adhere to scrub clothing made of a fabric that has antimicrobials processed into the yarn.<sup>5-11</sup> Researchers have found significant reductions in microorganisms, including *Staphylococcus aureus*,<sup>8-11</sup> *Klebsiella pneumoniae*,<sup>10</sup> *Escherichia coli*,<sup>8,9</sup> *Pseudomonas aeruginosa*,<sup>8,9</sup> and *Morganella morganii*,<sup>9</sup> on fabrics treated with antimicrobials compared with untreated fabrics. Research is needed to help determine whether having the perioperative team wear scrub clothes made of these fabrics can help reduce a patient’s risk for developing an SSI.

### Jewelry

Wearing jewelry has been found to increase bacterial counts on the skin.<sup>12-18</sup> Nurse B removes and secures her rings and watch and covers her earrings in accordance with the facility’s policy. Research supports removing rings, removing or containing watches, and covering ear and nose piercings with head coverings and masks, respectively.<sup>12-18</sup>

### Long-Sleeved Scrub Tops or Jackets

In the restricted areas, nonscrubbed personnel should wear a long-sleeved scrub top or jacket to help contain shed skin

### What Else Is in the Guideline?

Read the AORN “Guideline for surgical attire”<sup>1</sup> to learn what the evidence says about the following:

- What is the primary source of bacteria dispersed into the air of the OR or procedure room? (Recommendation I.b.)
- When should health care personnel change into street clothes? (Recommendation I.e.)
- Does wearing cover apparel protect scrub attire from contamination? (Recommendation I.f.)
- How should briefcases, purses, or backpacks that will be taken into the OR be treated? (Recommendation I.l.)
- Why should reusable scrub attire that has been worn not be stored in a locker? (Recommendation II.b.4.)
- When should personnel remove their surgical head coverings? (Recommendation III.a.2.)

1. *Guideline for surgical attire. In: Guidelines for Perioperative Practice. Denver, CO: AORN, Inc; 2015:97-120.*

squames and bacteria. More than 10 million particles are shed from skin each day,<sup>19</sup> and one study found that any organism present on the skin (eg, *Propionibacterium acnes*, methicillin-resistant *Staphylococcus epidermidis*) can be dispersed into the air.<sup>20</sup> Airborne bacteria shed from health care providers’ skin can reach the surgical site.<sup>21</sup> In the scenario, Nurse N wears a long-sleeved jacket in the OR. This will help prevent skin squames from her arms from dropping onto the surgical site while she is performing the preoperative patient skin prep. The jacket fits closely to her body and is snapped closed up the front to prevent the edges of the jacket from potentially contaminating the surgical site or other sterile areas.

### Personal Communication Devices

Cell phones, tablets, and other personal communication devices may be contaminated with potentially pathogenic microorganisms that could be transferred to patients via the health care provider’s hands. Reducing the numbers of microorganisms on these devices could reduce the patient’s risk for developing an SSI.

The implant representative required the use of an electronic tablet for inventory during the procedure, so the OR supply technician ensured that the implant representative cleaned the tablet with low-level disinfectant according to the manufacturer’s instructions for use and performed hand hygiene before and after taking it into the OR suite. Researchers have recommended regular cleaning for devices brought into a health care setting.<sup>12,22-33</sup>

## Health Care—Accredited Laundry Facility

Reusable “scrub attire should be laundered at a health care—accredited laundry facility after each daily use and when contaminated.”<sup>2(p109)</sup> Although the evidence comparing home laundering and health care—accredited facility laundering conflicts, some evidence indicates that pathogenic organisms on scrub attire could be brought into the home or community if clothing is removed from the health care facility and taken home for laundering.<sup>34-36</sup> In addition, patients and others could be at risk if home laundered scrub attire is not effectively decontaminated. Home washing machines can also become contaminated with bacteria.<sup>37,38</sup>

Home laundering practices are not subject to quality monitoring, and “home washing machines may not have the adjustable parameters or controls required to achieve the necessary thermal measures (eg, water temperature); mechanical measures (eg, agitation); or chemical measures (eg, capacity for additives to neutralize the alkalinity of the water, soap, or detergent) to reduce microbial levels in soiled surgical attire.”<sup>2(p112)</sup> Health care—accredited laundry facilities meet industry standards for processing reusable textiles. In the scenario, Nurse B places her reusable scrub attire in a designated container and leaves it at the facility to be sent out for laundering.

## CONCLUSION

As the patients’ advocates, perioperative nurses help ensure that actions are performed to promote patient safety, including reducing the patient’s risk for developing an SSI. Perioperative RNs also should participate in multidisciplinary teams to help ensure that policies and procedures for surgical attire are up to date and in compliance with regulatory requirements and should help evaluate and select surgical attire products for use in the facility. The AORN “Guideline for surgical attire” is an evidence-based resource that perioperative RNs can use to help influence safe perioperative practice. ●

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# Continuing Education: Guideline Implementation: Surgical Attire

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## PURPOSE/GOAL

To provide the learner with knowledge specific to implementing the AORN "Guideline for surgical attire."

## OBJECTIVES

1. Identify the key takeaways from the surgical attire guideline.
2. Explain the steps involved in correctly wearing surgical attire.
3. Describe methods of correctly handling personal communication or hand-held electronic devices in the OR.
4. Explain why scrub attire should be laundered in a health care–accredited laundry facility.
5. Discuss the RN's role in developing policies and procedures for surgical attire.

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## QUESTIONS

1. In the scenario, Nurse B changes into scrub attire in the designated dressing room by
  1. tucking the top of a clean two-piece scrub suit into the pants and securing the waist.
  2. ensuring that the scrub attire does not come in contact with the floor or other surfaces.
  3. donning a clean bouffant cap that confines her hair and covers her ears and the nape of her neck.
  4. donning sterile gloves.
    - a. 1 and 2
    - b. 3 and 4
    - c. 1, 2, and 3
    - d. 1, 2, 3, and 4
2. Shoes worn in the OR should
  1. have closed toes and backs.
  2. have low heels and nonskid soles.
  3. always be covered with protective shoe covers.
    - a. 1 and 2
    - b. 1 and 3
    - c. 2 and 3
    - d. 1, 2, and 3
3. Nurse B wears her identification badge around her neck on a lanyard so it will be visible to patients and other health care providers.
  - a. true
  - b. false
4. The implant representative
  - a. cleans his tablet with a low-level disinfectant before taking it into the OR suite.
  - b. cleans his tablet with low-level disinfectant after leaving the OR suite.
  - c. cleans his tablet with a low-level disinfectant both before entering and after leaving the OR suite.
5. Evidence indicates that bacteria and fungi may not adhere to scrub clothing made of a fabric that has antimicrobials processed into the yarn.
  - a. true
  - b. false
6. Regarding the wearing of jewelry in the OR, research supports
  1. removing rings.
  2. removing or containing watches.
  3. covering ear piercings with a head covering.
  4. covering nose piercings with a mask.
    - a. 1 and 3
    - b. 2 and 4
    - c. 1, 2, and 3
    - d. 1, 2, 3, and 4
7. In the restricted areas, nonscrubbed personnel should wear a long-sleeved scrub top or jacket to help contain shed skin squames and bacteria.
  - a. true
  - b. false

8. Scrub attire should be laundered in a health care—accredited laundry facility because
  1. health care—accredited laundry facilities meet industry standards for processing reusable textiles.
  2. home washing machines can become contaminated with bacteria.
  3. pathogenic organisms could be brought into the home or community if scrub attire is taken home for laundering.
  4. patients could be put at risk from home-laundered scrub attire that is not effectively decontaminated.
    - a. 1 and 2                      b. 3 and 4
    - c. 2, 3, and 4                d. 1, 2, 3, and 4
9. Home washing machines may not reduce microbial levels in soiled surgical attire because they are not able to achieve the necessary
  1. biodegradable parameters.
  2. chemical measures.
  3. electrical parameters.
  4. mechanical measures
  5. thermal measures.
    - a. 1 and 5                      b. 2, 4, and 5
    - c. 1, 2, 3, and 4            d. 1, 2, 3, 4, and 5
10. Perioperative RNs should participate in multidisciplinary teams to help
  1. evaluate and select surgical attire products for use in the facility.
  2. ensure that policies and procedures for surgical attire are up to date.
  3. ensure that policies and procedures for surgical attire are in compliance with regulatory requirements.
    - a. 1 and 2    b. 1 and 3
    - c. 2 and 3    d. 1, 2, and 3

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## OBJECTIVES

To what extent were the following objectives of this continuing education program achieved?

1. Identify the key takeaways from the surgical attire guideline.  
*Low 1. 2. 3. 4. 5. High*
2. Explain the steps involved in correctly wearing surgical attire.  
*Low 1. 2. 3. 4. 5. High*
3. Describe methods to correctly deal with personal communication or hand-held electronic devices in the OR.  
*Low 1. 2. 3. 4. 5. High*
4. Explain why scrub attire should be laundered in a health care—accredited laundry facility.  
*Low 1. 2. 3. 4. 5. High*
5. Discuss the RN's role in developing policies and procedures for surgical attire.  
*Low 1. 2. 3. 4. 5. High*

## CONTENT

6. To what extent did this article increase your knowledge of the subject matter?  
*Low 1. 2. 3. 4. 5. High*

7. To what extent were your individual objectives met?  
*Low 1. 2. 3. 4. 5. High*
8. Will you be able to use the information from this article in your work setting?  
*1. Yes 2. No*
9. Will you change your practice as a result of reading this article? (If yes, answer question #9A. If no, answer question #9B.)
- 9A. How will you change your practice? (*Select all that apply*)
  1. I will provide education to my team regarding why change is needed.
  2. I will work with management to change/implement a policy and procedure.
  3. I will plan an informational meeting with physicians to seek their input and acceptance of the need for change.
  4. I will implement change and evaluate the effect of the change at regular intervals until the change is incorporated as best practice.
  5. Other: \_\_\_\_\_
- 9B. If you will not change your practice as a result of reading this article, why not? (*Select all that apply*)
  1. The content of the article is not relevant to my practice.
  2. I do not have enough time to teach others about the purpose of the needed change.
  3. I do not have management support to make a change.
  4. Other: \_\_\_\_\_
10. Our accrediting body requires that we verify the time you needed to complete the 1.0 continuing education contact hour (60-minute) program: \_\_\_\_\_