This pocket-size book offers concise information for rapid reference, step-by-step instructions for perioperative practices, and evidence-based content based on current perioperative standards and recommended practices. …Novice nurses, students, and seasoned preceptors will be delighted to learn how easily this go-to guide will provide immediate reference to perioperative practices and information, all while fitting into a pocket for easy retrieval.

—Kay Ball, PhD, RN, CNOR, FAAN
Associate Professor, Nursing, Otterbein University, Westerville, Ohio
Past President, Association of periOperative Registered Nurses

From the Foreword

This is a concise, easy-to-access resource for nurses who are new to the operating room (OR) and the experienced nurses who guide them. Condensing volumes of OR content into one pithy, pocket-size book, it contains a wealth of current, evidence-based clinical practice information perioperative nurses need daily. Based on current standards and recommended practices, it is organized to provide speedy access to critical information. Its lucid, step-by-step format helps new nurses to better understand the complex skills and techniques required in the OR.

Focusing on safety and specific patient interventions, orientation information including supplies needed and important protocols is covered. It addresses personal and patient preparation, environmental concerns, and documentation requirements, and describes the wide range of specific technical skills needed by both circulating and scrub nurses. Each chapter introduces concepts and sets clear learning objectives. Also included is an overview of the most common surgical procedures. New perioperative nurses in orientation and their preceptors will find this book to be a welcome addition to the learning process.

Key Features:

• Provides must-have OR orientation information for new nurses and their preceptors
• Contains key information on patient preparation, aseptic technique, surgical procedures, anesthesia considerations, and documentation
• Based on the most up-to-date evidence in the literature
• Includes Fast Facts in a Nutshell feature to reinforce important information

Theresa Criscitelli, EdD, RN, CNOR
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FAST FACTS FOR THE OPERATING ROOM NURSE
Theresa Criscitelli, EdD, RN, CNOR, is a doctorally prepared nurse who has spent 26 years working in the operating room. Her career began as a certified surgical technologist when she learned to scrub on an array of surgical specialties, including neurosurgery, orthopedics, and cardiothoracic open heart surgery. She completed her nursing degree in order to care for surgical patients as their advocate and to be able to obtain other positions in the perioperative area that could help influence patient outcomes. She held numerous positions in the perioperative setting as a registered nurse, including staff nurse, assistant nurse manager, nurse educator, and director of perioperative education. Dr. Criscitelli is currently assistant director of professional nursing practice and education at Winthrop–University Hospital, Mineola, New York. She also serves as adjunct nursing professor at Adelphi University, Garden City, New York, and was a clinical instructor in the Surgical Technology Program at Nassau Community College, Garden City, New York. She also oversees nursing research projects at Winthrop–University Hospital.

Her love for the perioperative field does not cease at the end of the workday. She has published numerous articles in journals and has conducted research on the operating room that has been presented internationally. She oversees an operating room fellowship program and is beginning to work with a local university to provide a capstone experience in the operating room for undergraduate nursing students during their senior year. Engaging new nurses in the perioperative setting is her aspiration.
FAST FACTS FOR THE OPERATING ROOM NURSE

An Orientation and Care Guide in a Nutshell

Theresa Criscitelli, EdD, RN, CNOR

SPRINGER PUBLISHING COMPANY
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Perioperative nursing is a complex nursing specialty requiring specific, unique, and evidence-based practice skills and knowledge. Patient safety is paramount in the fast-paced surgical environment that demands critical thinking and immediate decisions to provide positive patient outcomes. Constructive and comprehensive orientation to the surgical environment is critical when introducing perioperative skills to the novice nurse or student. Vital to any perioperative orientation program is an all-inclusive reference book with content that’s easy to access and retrieve to enhance the skill level and knowledge of the nurse.

Fast Facts for the Operating Room Nurse: An Orientation and Care Guide in a Nutshell by Theresa Criscitelli, EdD, RN, CNOR, is a very handy reference book critical for novice perioperative nurses, skilled educators who are involved with perioperative orientation programs, and students in academia who are being introduced to perioperative nursing. This pocket-size book offers concise information for rapid reference, step-by-step instructions for perioperative practices, and evidence-based content based on current perioperative standards and recommended practices. Topics and practices are easy to access, retrieve, and understand, along with illustrations and diagrams that provide visual aids to enhance learning.
The three overarching themes of “Personal and Patient Preparation,” “Environment and Processing Considerations,” and “Surgical Basics” provide the framework for the organization of the book. The skills of perioperative nursing in both the scrub and circulating roles are described in detail while focusing on patient safety and specific perioperative nursing interventions.

This easy-to-read and easy-to-use reference book is vital for every perioperative orientation program. Novice nurses, students, and seasoned preceptors will be delighted to learn how easily this go-to guide will provide immediate reference to perioperative practices and information, all while fitting into a pocket for easy retrieval. This guide is a must for successful orientation to the perioperative setting!

Kay Ball, PhD, RN, CNOR, FAAN
Associate Professor, Nursing
Otterbein University, Westerville, Ohio
Past President, Association of periOperative Registered Nurses
The role performed by the certified surgical technologist (CST) today was originally performed by operating room nurses. The succession of World War I, World War II, the Korean War, and the Vietnam War, which all occurred within a fairly narrow time frame, created a huge need for health care professionals. Veterans from World War I continued to need care when World War II was taking place, and so on. Due to the shortage of nurses, and partly because women were excluded from the battlefield, medical technicians began serving in the scrub role in the operating room. Around the time of the Korean War, physicians began regularly using these medical techs as scrubs rather than as nurses. So, over time, the role evolved into the field of surgical technology. Formal hospital-based programs were developed for surgical technologists in the late 1960s. These typically involved 3 to 6 months of on-the-job training. In the 1970s the education for surgical technologists became formalized and community colleges began to offer programs. During this time the Association of Surgical Technologists (AST; originally called the Association of Operating Room Technicians) was organized, and in 1981 AST published the first edition of the Core Curriculum for Surgical Technology. Today, surgical technology is part of the allied health field and CSTs are professionals who work closely with the registered nurses, surgeons, anesthesiologists, and other surgical personnel delivering quality patient care.
FOREWORD

When I heard that Theresa Criscitelli, EdD, RN, CNOR, was writing a book to guide seasoned preceptors, students, novice nurses, and novice CSTs through orientation in the perioperative setting, I was thrilled. Dr. Criscitelli has an impressive array of clinical, nurse, and CST education experience. She is the perfect resource to assist novice as well as seasoned nurses and CSTs through the perioperative journey. Patient safety and perioperative orientation is a unique and rewarding experience with many new and distinct challenges. Navigating these challenges with this very handy, all-inclusive reference book will assist the practitioner’s commitment, dedication, and desire to succeed. I thank her for this opportunity to share my appreciation of her contribution to perioperative education.

This Fast Facts book is well organized, evidence-based on current perioperative standards, purposeful, and easy to access from your pocket. It teaches you about patient safety, the surgical environment, critical thinking, immediate decision making, and perioperative skills. Take advantage of this book. Read it, highlight it, and keep it with you at all times!

Caroline Kaufmann, RN, CNOR  
Program Director and Clinical Coordinator  
Surgical Technology  
Nassau Community College  
Garden City, New York
Preface

Fast Facts for the Operating Room Nurse can be the perfect companion for the registered nurse, certified surgical technologist, or registered nurse first assistant. The Fast Facts series provides essential facts that are needed daily to provide the best practices to each and every patient. This book condenses volumes of operating room content into one handy book that can be tucked away and concealed in a scrub jacket pocket.

The new registered nurse who comes to the operating room for an orientation program can use this book to better understand complex skills and techniques, which are presented in a very simple and easy-to-follow format. The experienced perioperative nurse can also benefit from this book. Many practices have changed over the years, making it difficult to keep up with the current standards. Fast Facts for the Operating Room Nurse provides the up-to-date information necessary to practice in this evidence-based environment. Why cull over multiple textbooks, articles, and guidelines to find the information that you need? Let this Fast Facts series volume be your resource. Although this book is not a comprehensive resource, if more in-depth information is needed for any of the book’s topics, other sources can be consulted. There are many other excellent resources available to provide additional details.

Preceptors can recommend this book to their learners to provide an evidence-based approach to assist in ensuring competent nursing practice. It can also be utilized by new
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graduates, new hires, or even the onboarding of nurses to the operating room, which may be a new clinical setting for them. This book can provide the perfect content to reinforce safety and current knowledge relative to perioperative standards.

This book is divided into four sections, beginning with information on preparing yourself and your patient for surgery. Then it extends into all of the relevant facts related to the practice environment of the operating room and the processing of equipment and supplies. The next few chapters discuss surgical procedures and instrumentation. There is a great deal to understand about actual surgical procedures and the devices used during them. Finally, the additional operating room considerations section provides further information on other important aspects of operating room nursing.

Each chapter introduces concepts and sets clear, obtainable learning objectives. The Fast Facts in a Nutshell feature provides self-assessment questions to help test your knowledge as you go along and see how much you are really learning. Other Fast Facts in a Nutshell provide pearls of wisdom, critical pieces of information highlighted for easy access. The tables allow quick reference, so you can find common information quickly and easily when needed. The language of this book is simple and clear, so that complex facts can be easily understood by not only the seasoned nurse, but also the new operating room nurse.

Theresa Criscitelli
Acknowledgments

I would like to thank all of the operating room friends and students I have met along my journey. Special thanks to Dr. Gary Sher, who has always been there through many of my life events to encourage me and assist in guiding my viewpoint on life. I would also like to thank Fredi Estevez, BSN, RN, CNOR, for not only being a great colleague and friend, but for always making me laugh and enjoy my time in the operating room. A special thanks to Richard Ceo for his time and expertise in the creation of the photographs contained in this publication. This book would not have been possible without the love and support from my husband, Perry, who encourages me every step of the way, and is my best friend.
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Introduction

The operating room is a fast-paced, technological environment wherein the perioperative registered nurse must be able to think quickly and accurately, as well as advocate for the patient while the patient is under anesthesia. Working in the operating room is a privilege, and it should always be looked upon as an honor to be the nurse providing optimal care to the surgical patient. This requires the nurse to use not only his or her basic nursing skills, but additional skills, such as aseptic technique, knowledge of surgical procedures, and understanding of specialized equipment that are many times learned on the job.

The orientation to the operating room can be an overwhelming experience, filled with anxiety, unexpected events, and sometimes even tears; however, those experiences can be mitigated. Therefore, a comprehensive orientation is necessary to nurture and guide the new operating room nurse in this exciting environment. So, if you do not know where operating room nurses came from, how would you know where they are going? Therefore, understanding the history of the operating room nurse can help define where they are today and where they are going in the future.

In the early 18th century, operating rooms were basically large, crowded rooms with sick patients and a great deal of cluttered medical supplies. This resulted in high infection rates, so a drastic change took place in the late 18th century
when operating rooms became separate spaces and the operating theater came to be. The operating theater was an amphitheater that allowed people to watch the surgeries as they took place, and then in the 1870s and 1880s this was a form of entertainment for the wealthy.

In the 1890s, the position of surgical nurse evolved, which is now considered the operating room nurse position. The surgical nurse was given specific lectures on preparing a patient for surgery, assisting the surgeon during surgery, surgical emergencies, and the preparation of dressings. Surgeons realized the value that a nurse could provide in the operating room setting. Someone who knew the procedures, the instruments, and the necessary dressing was a welcome addition to this environment.

As time went on, in the early part of the 20th century, little was known about bacteria and germs, and in an effort to reduce infection, nurses spent many hours cleaning and sterilizing instruments and surgical items for reuse. The Spanish flu pandemic of 1918 brought about the use of cotton masks in the operating room. Until then, doctors and nurses wore only aprons to protect their clothing or uniform from being soiled. Gowns and gloves were cleaned and then sterilized after each use.

Operating room attire was originally white to represent cleanliness, but changed to green by the 1960s when it was discovered that the white scrubs caused eyestrain for the surgeons. Also, instruments were washed in soap and water, and then placed in carbolic acid to soak. This sterilized the instruments and it was found to reduce postoperative infections. Sutures before 1960 were made from sheep or cattle intestines and called “gut” sutures. These were the most popular and were hand threaded onto a free suture needle.

Times have changed, and now the operating room is a highly restricted area with numerous regulatory guidelines, specialized technology, and a myriad of opportunities for both the new operating room nurse and the seasoned professional. Working in the operating room is an interprofessional collaboration involving many roles. Within the scope of the registered nurse, the nurse can take part either as the scrub or as the circulating nurse.
INTRODUCTION

The scrub nurse is responsible for:

- Preparing the room for surgery, including maintaining the sterile field
- Passing instruments to the surgical team
- Preparing medications and other items on the sterile field
- Assisting in the safe transfer of the surgical patient to the postanesthesia care unit

The scrub nurse is gowned and gloved during the procedure and many times assists the surgeon. The certified surgical technologist can also perform the role of the scrub nurse and some circulating nursing roles in certain states. It is important to know the policy of the institution regarding the job description of each role.

The circulating nurse is responsible for:

- Preparing the patient and the room for surgery
- Assisting in the positioning of the patient
- Assisting the anesthesia care provider
- Completing the nursing documentation
- Acquiring any additional items that need to be provided for surgery

The circulating nurse may leave the operating room for short periods of time to get things that are needed, but the nurse is responsible, along with the surgical team, for the patient.

Other members of the surgical team include but are not limited to:

- Attending surgeon
- Additional surgeons
- Anesthesiologist
- Nurse anesthetist
- Registered nurse first assistant
- Certified surgical technologist
- Residents
- Medical school students
- Physician assistants
- Nurse practitioners
- Unit support personnel
It is important to know exactly who is in the operating room and to try to keep the amount of personnel as low as possible. The surgical suite can become very crowded at times.

It is essential to realize that surgery does not always take place in the hospital. There have been more and more surgical procedures performed in ambulatory care units and centers over the past decade. Also, doctors have opened up operating rooms in their offices that must also adhere to strict sterile techniques to prevent surgical-site infections. Many of the basic concepts within this book apply to the very different environments in which an operating room can now be found.

The Association of periOperative Registered Nurses (AORN) is the national organization for operating room nurses. It is important to be part of the national organization in order to:

- Stay current on specific issues
- Effect legislation within your state
- Stay connected to a network of nurses across the country
- Engage in educational opportunities

It is not only important to be part of an organization, but furthering your knowledge within your specialty is equally as important. A specialty nursing certification can be obtained called CNOR. This is the gold standard of operating room nursing. CNOR is not an acronym but is considered “the documented validation of the professional achievement of identified standards of practice by an individual registered nurse providing care for patients before, during and after surgery” (Competency & Credentialing Institute, 2014). CNOR certification can be obtained by sitting for an examination after completing a minimum of 2 years or 2,400 hours of experience in perioperative nursing, with a minimum of 50% (1,200 hours) in the intraoperative setting.

The pathway to certification and the importance of membership in a nationally recognized organization such as AORN are exciting, and support the RNs’ practice in the operating room. The benefits of belonging to AORN range from the opportunity for grants and scholarships, to connecting
with other operating room nurses around the world. As you embark upon your journey as an operating room nurse, remember to stay engaged in not only what is going on at your personal institution, but what is going on around the nation and the world.

REFERENCE

PART

Personal and Patient Preparation
Surgical Attire

Surgical attire is the first aspect of preparation for a day in the operating room. It is important to adhere to specific surgical attire standards that will promote a safe environment and ensure cleanliness. Personnel should change into surgical attire in a dressing room that is close to the semirestricted and restricted areas of the operating room. This will prevent contamination of attire and limit the amount of traffic with those in street clothing or anyone from the external environment.

During this part of your orientation, you will learn about:

1. The acceptable attire to wear and why
2. What not to wear and why
3. Related concerns regarding safety and transmission of microorganisms
The surgical environment is a controlled-traffic area that is monitored regarding patients, family, personnel, and materials. Signage should clearly define the surgical attire required.

**Restricted area:** This is an area restricted to specific personnel and patients because a sterile field is established in this area and must be monitored. Also, there is specialized equipment that is delicate and expensive. Scrubs must be worn, hair covered, and masks worn if a sterile field is opened. Examples of restricted areas include operating room suites and scrub sink areas.

**Semirestricted area:** This is an area that is restricted to specific personnel and patients, but not where sterile fields are established. Scrubs must be worn and hair covered. Examples of semirestricted areas include storage areas, areas for the processing of instruments, and utility areas.

**Transition area:** This is an area adjacent to the semirestricted or restricted area where staff can enter in street clothing and then exit in scrubs. An example of a transition area is the locker room.

**Monitored unrestricted area:** This is an area where patients, families, and staff are permitted. The staff would be in scrubs, the patient in a gown, and the family in street clothing. Examples of monitored unrestricted areas include the preoperative holding area and the postanesthesia care unit.

**SCRUBS**

**Description of Scrubs**

- Scrubs consist of a scrub top and scrub pants.
- The top should be tucked into the pants to prevent skin cells from shedding.
- The drawstring waist should be tied and tucked in to prevent the strings from flapping around and contaminating the sterile field.
• Scrubs should be made of a low-lint material that is tightly woven.
• Scrubs should be made of material that is stain resistant, durable, and has a low flammability rate.
• Fleece material is not recommended. Fleece may be warm, but it is highly flammable, can shed lint, accumulates dust and skin, and harbors moisture.
• Disposable scrubs are another alternative and must be discarded at the end of the day.
• Scrubs should also fit not too loosely and not too tightly. This will ensure a professional look.

The Do Nots of Scrubs

• Scrubs should not be in a locker where they may be exposed to personal clothing, pocketbooks, food, or any outside items.
• No undergarments should extend out of the neckline or sleeve line of the scrub top.
• Soiled or wet scrubs should not be worn. They should be changed as soon as possible to prevent exposure to pathogens.

Laundering of Scrubs

• Laundering should occur at a health care–accredited laundry facility (Table 1.1).
• It is important to know the type of washer, the water temperature, the laundry soap strength, and the rinse cycle; this will ensure that the scrubs that are placed against the perioperative personnel’s skin are clean and free of microorganisms.
• Due to the increasing number of resistant bacteria and their ability to survive, the home laundry cycle can transfer bacteria or pathogens to other fabrics and subsequent loads.
1. SURGICAL ATTIRE

TABLE 1.1 Health Care–Accredited Laundering Requirements

<table>
<thead>
<tr>
<th>Cycle</th>
<th>Temperature</th>
<th>Time</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Wash</td>
<td>At least 160°F (71°C)</td>
<td>At least 25 minutes</td>
<td>Mechanical, thermal, chemical</td>
</tr>
<tr>
<td>Chlorine bleach or oxygen-based bleach</td>
<td>135°F–145°F (57.2°C–62.7°C)</td>
<td>Until chlorine residual of 50–150 parts per million (ppm)</td>
<td>Mechanical, thermal, chemical</td>
</tr>
<tr>
<td>Rinse</td>
<td>pH 5–12</td>
<td>Dictated by manufacturer</td>
<td>Neutralizes alkalinity</td>
</tr>
<tr>
<td>Dry</td>
<td>At least 180°F (82°C)</td>
<td>Dictated by fabric</td>
<td>Thermal</td>
</tr>
<tr>
<td>Press/iron</td>
<td>State regulated</td>
<td>Dictated by fabric</td>
<td>Thermal</td>
</tr>
</tbody>
</table>

Home laundering of scrubs is not recommended. Remember, the operating room is a source of microbial transmission and contamination.

**FAST FACTS in a NUTSHELL**

**Question:** Why should surgical attire be laundered by an accredited laundry facility?

**Answer:** It establishes quality controls and monitoring and prevents contamination of personnel’s own washers and dryers.

**HEAD COVERINGS**

Head coverings, such as a bouffant hat (Figure 1.1), should cover the perioperative personnel’s hair. If there is facial hair, sideburns, or neck hair, it must also be covered. This will prevent the shedding of hair and skin cells from the scalp and
other areas that can potentially contaminate the surgical environment. Head covers must be changed daily, and if the head cover is made of scrub material, it must be laundered daily at a health care–accredited laundry facility.

The Do Nots of Head Coverings

- Skull caps (Figure 1.2) are not recommended because they do not cover well.
- Never wear a head covering that is too small so that hair protrudes.
- Never re-wear cloth hats without proper washing at a health care–accredited laundry facility.

FIGURE 1.1  Bouffant style.

FIGURE 1.2  Skull cap style.
SCRUB JACKETS

Scrub jackets should be made of the same material as scrubs and be limited to one day of use. The scrub jacket should have long sleeves and snaps. Nonscrubbed personnel are encouraged to wear a scrub jacket, not only because the operating room may be cool, but to prevent skin shedding from the arms. This will also protect the nonscrubbed personnel from liquids or body fluids splashing onto their bare arms. Another option is a disposable scrub jacket that can be thrown away at the end of the day.

The Do Nots of Scrub Jackets

- Do not wear fleece scrub jacket materials.
- Do not home launder scrub jackets.
- Do not leave the scrub jacket unsnapped whereby the edge of the jacket can flap and contaminate the sterile field.

FAST FACTS in a NUTSHELL

Question: How should scrub jackets be worn?
Answer: Scrub jackets should be snapped closed, cuffed at the wrists, and only worn for one day.

SHOES

Shoes that are worn in the operating room should be worn only in that setting. No one should wear the same shoes outside and/or at home. Wearing those shoes in other settings would spread microorganisms and debris to outside areas and would also introduce microorganisms and debris from the outside.

Shoes should have a closed toe and closed back, have a low heel, and the sole should be made of a nonskid material
to prevent slipping or tripping. The top surface of the shoe should not have any holes or perforations, to prevent blood and body fluids, liquids, or sharp objects from penetrating the perioperative personnel's skin.

The Do Nots of Shoes

- Cloth shoes should not be worn in the operating room because they are porous.
- Clogs without a secure back should not be worn, due to the potential for tripping.
- Crocs™, although fashionable, should not be worn, due to the lack of support and the fenestrations on the top surface.

SHOE COVERS

Shoe covers come in different lengths, beginning with covers that just cover the shoe. They may also be longer and cover up to the knee. They are made of an impervious material to prevent fluid penetration and absorption. Shoe covers are recommended when the surgical procedure may result in extensive fluid release. Shoe covers should be worn over any shoes that are worn outside of the hospital or health care facility.

The Do Nots of Shoe Covers

- Shoe covers should not be worn outside of the transition area into the overall hospital setting.
- Shoe covers should not be worn when visibly soiled or saturated with fluids.
- Shoe covers should not be taken off with bare hands; utility gloves must be worn when discarding shoe covers.
1. SURGICAL ATTIRE

ADDITIONAL ITEMS

Jewelry

Jewelry including but not limited to earrings, necklaces, watches, bracelets, and body piercings should not be worn in the operating room due to the high risk of contamination. The cracks and crevices in jewelry harbor bacteria that can spread in the health care setting and between patients. Another safety concern is the chance of injury as jewelry may become caught on equipment, fabric, or patients.

FAST FACTS in a NUTSHELL

Research has shown that bacterial counts are nine times higher on the skin beneath rings than on skin that does not have any jewelry on it.

Stethoscopes

Stethoscopes, although essential for some operating room personnel, should not be worn around the neck. They must be cleaned between patients. They are an inanimate object that can transmit pathogens by indirect contact.

Identification Badges

The identification badge should be worn in order to identify all personnel and to determine if they are authorized to be in the surgical area or even the hospital. This practice will help maintain a safe environment and deter unauthorized visitors. Vendors and visitors may be provided with a one-day pass or be required to use an automated badge terminal. This terminal will check the vendor’s credentials and health records before printing out an identification pass.

   One-day identification badges should contain:
   • Date
   • Time
1. SURGICAL ATTIRE

• Photo
• Company information
• Name
• Areas of access

Masks

The surgical mask protects the patient and the perioperative personnel from being exposed to germs. Wearing a mask prevents droplets greater than 5 microns from being inhaled or exhaled.

• Masks should cover the nose and mouth.
• Masks are secured behind the head and at the neck.
• A mask should be tight enough to prevent space at the sides.
• A mask should not be worn around the neck or have the strings hanging.
• Masks should be removed at the end of the surgery and replaced.
• Masks should be changed when they are soiled or wet.
• After changing a mask, hands should be washed with soap and water to prevent contamination.

Because eye protection is recommended, a mask with an attached fluid shield (Figure 1.3) is one option that can be disposed of after each surgery. It also provides protection around the sides of the face.

**FIGURE 1.3** Mask with fluid shield.
It is difficult for beginners to get used to wearing a surgical mask. You may feel as though you cannot breathe or that you are going to pass out. Stay calm. You will get acclimated to its use in a few weeks.

INFECTION CONTROL CONCERNS

Surgical personnel who must leave the operating room area may be asked to wear a cover jacket. This protocol should be regulated by the institution’s infection control department. Doctors and nurses who go to patient rooms, the cafeteria, or another department within the hospital may have to don a cover coat.

If surgical personnel need to travel to another health care facility, they must change from surgical attire into street clothing and don clean surgical attire at the next facility. This will prevent the transfer of pathogens.