

References

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Theatre Attire

The purpose of theatre attire is to provide a barrier that protects the patient from micro-organisms, which are shed into the environment from the skin and hair of theatre personnel, and to protect the outside environment from theatre contaminants.

'All personnel entering restricted areas of the operating department wear designated theatre attire, thus decreasing the potential for wound infections in surgical patients. The National Institute for Health and Clinical Excellence (NICE 2008) concluded that all staff should wear specific non-sterile theatre wear in all areas where operations are undertaken.'

(AfPP 2011 p186)

The recommendations included on this poster are based on those published in Standards and Recommendations for Safe Perioperative Practice 2011.

Reference

Association for Perioperative Practice 2011 Standards and Recommendations for Safe Perioperative Practice 3rd Edition Harrogate, AfPP



Theatre Attire

Preparation of personnel

All personnel entering restricted areas of the operating department should wear designated theatre attire. The National Institute for Health and Clinical Excellence (NICE 2008) concluded that all staff should wear specific non-sterile theatre wear in all areas where operations are undertaken.

Personnel are able to influence the environment by maintaining personal hygiene, wearing theatre attire correctly, reporting potential health problems and monitoring visitors. Local policy needs to show consideration for the issues surrounding cultural and religious beliefs in the wearing of theatre attire (AfPP 2007).

All departments must have written procedures stating the correct preparation for staff and visitors entering and leaving all areas of the perioperative environment. Staff must be made aware of these policies and procedures (DH 2010).

Theatre attire

It is essential that all staff receive instruction as to the correct manner of dress within the operating department, including information about the need for strict personal hygiene, good health and the implications of these to patient care. Theatre attire is also a means of identifying theatre personnel.

Theatre attire is designed to minimise the transfer of micro-organisms from the mucous membranes, skin and hair of the surgical team to the patient. It also provides the surgical team with some protection from the patient. When selecting theatre clothing (reusable or single-use), it is important to consider the quality of material in relation to the dissemination of airborne bacteria and bacterial strike-through.

All personnel who enter the restricted area of the theatre suite should don the attire intended for use within the surgical environment.

Sufficient supplies of theatre clothing should be provided daily and clean theatre clothing should be protected from possible contamination during transfer and storage.

Theatre attire should consist of a two-piece trouser suit. It should also be:

- made of a close-knit material with antistatic properties
- resistant to bacterial strike-through
- flame resistant
- lint-free, as lint can increase the number of airborne particulates
- coloured to reduce glare
- cool and comfortable with maximum skin covering
- professional in appearance
- Provided freshly laundered and in good condition

Hands should be washed before and after donning theatre attire.

Theatre attire should be removed when it becomes wet or soiled, and placed into containers specially designed for contaminated laundry, to reduce the potential for cross-contamination.

Theatre attire should be changed following environmental cleaning of the operating theatre and before the commencement of a new operating list.

Cover gowns/laboratory coats

Ideally, all theatre personnel should change into outdoor clothing before leaving the theatre environment; however AfPP recognises that this is not always feasible. If theatre personnel are required to leave the theatre environment without changing, fully fastened and clean over jackets may be worn, as determined by the individual practice setting. However, if this is accepted and authorised practice, then there must be arrangements made to ensure that there is a sufficient supply of clean cover gowns available.

Theatre attire should be removed before leaving the theatre environment and placed into an appropriate container. When leaving the clinical area, personnel should change into their outdoor clothes.

- Fresh, clean attire should be donned on return to theatre.
- Used theatre attire should not be stored in lockers for further use.
- Theatre attire should not be worn outside the clinical area or in public places.

Laundering of theatre attire

The home laundering of theatre attire is not recommended. The rationale for laundering in an approved hospital facility is to prevent soiled clothing from spreading contaminants into the home environment and to ensure that laundering of clothing is in accordance with relevant standards (DH 1995, AfPP 2011). Hospitals have approved laundry facilities or have contracts with laundry companies in which laundry processes are monitored and assessed and laundry can be handled in conjunction with standard precautions.

Headwear

All head and facial hair should be covered completely by a head cover/cap - surgical site infections have been traced to organisms isolated from the hair and scalp.

Disposable headwear is preferable, however cloth hats are permissible if laundered and inspected for holes/imperfections in an approved facility.

Headwear should be donned prior to donning the scrub suit. This eliminates the possibility of hair or dandruff being shed onto scrub clothing.

Headwear should be changed daily, unless it becomes soiled, when it should be changed immediately.

Headwear should always be worn in laminar flow theatres during prosthetic implant operations (ICNA 2002).

Masks

The rationale for wearing masks in a surgical setting is to contain the micro-organisms expelled from the mouth and nose. They also protect the wearer from potential splashes of body fluids and blood. Masks may offer some protection from inhalation of surgical smoke and laser plume. Filtration levels vary according to manufacturer's specification and masks should be selected according to the level of protection required, for example, exposure to mycobacterium tuberculosis.

The wearing of masks in theatre is questionable, except during prosthetic implant operation (Hospital Infection Society 2002).

Facilities should develop their own policies and guidelines in relation to the wearing of masks.

Protective face shields should be worn whenever activities could place personnel at risk of splashes or aerosol contamination. Occasionally filtration masks may be required when dealing with certain patients such as those with pulmonary tuberculosis – see EN 14683 Type II or IIR Standards for Masks (BSI 2006).

Masks should cover the nose and mouth, fitting the contour of the face and should be tied securely.

The user should avoid touching the mask once it is applied. A used mask should be handled by the tapes only. Used masks should be discarded into an appropriate container for disposal after each case or if soiled.

Masks should not be left around the neck or put into pockets for future use. Hands should be washed following mask removal.

Jewellery

Jewellery should be removed as it has been shown to increase surface bacterial counts when left in situ.

Finger nails should be clean, short and free from nail varnish. Short nails are less likely to puncture gloves and therefore reduce the risk of harming the patient through transfer.

False finger nails, including acrylic or gel-coated nails should not be worn. These have been shown to harbour micro-organisms such as fungi and Gram-negative bacteria even after hand washing; they can also inhibit hand washing (Hedderwick et al 2000, McNeil et al 2000, NICE 2008).

Footwear

Footwear in theatres should provide adequate protection and a risk assessment should be done to determine whether the type of footwear is suitable for decontamination. The purpose of such footwear is to provide antistatic properties in accordance with BS EN ISO 20347 (BSI 2004).

Footwear that is not supplied by the employer may not meet all the necessary standards.

Footwear should be well fitting, supportive and protective. Shoes should provide protection from spillages and accidentally dropped equipment.

Footwear worn in theatres should be for that use only and should be cleaned regularly (using appropriate PPE) to remove any contaminants. The use of washer-disinfectors or autoclaves is preferable for the decontamination of footwear (ICNA 2002). Autoclavable footwear should therefore be available to personnel. It is each individual health worker's responsibility to ensure that their footwear is decontaminated.