

## OPERATING THEATRES

### KEY POINTS

Theatre dress code

Discipline

Theatre clothing

Hats and masks

Wearing theatre clothes outside theatre is prohibited

### Infected cases in theatre

Perform a risk assessment

Do it last on the list

Recover patient in theatre

Cleaning afterwards

### DRESS CODE

### NOTES

- Personnel wishing to enter the theatre suite must report to reception.
- The "operating room" (OR) includes the lay-up area but not the anaesthetic room.
- Nurses, relatives, interpreters and designated visitors accompanying the patient to the anaesthetic room need not change. Similarly nurses collecting patients from recovery need not change.
- Those not entering an operating room need not change into theatre dress.
- Those passing through corridors within the theatre suite on business (e.g. to rest or conference rooms or offices) must not loiter in these corridors.

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## THE CLOTHING TO BE WORN BY ALL STAFF WORKING IN THE OPERATING THEATRE COMPLEX AND ALL THOSE ENTERING THE OPERATING ROOMS IS AS FOLLOWS:

- 1 Approved theatre **suit**.
- 2 Disposable **hat or hood** to completely enclose the hair.
- 3 **Jewellery:** The wearing of jewellery is a hazard in theatres. Wrist watches and jewellery of any kind (dress rings, bangles) **must not be worn**.

**Note Earrings are dangerous in that they may fall into a wound. Wedding rings harbour bacteria so should be removed when scrubbing. They may be kept on a simple chain necklace, worn under the dress.**

- 4 **Masks:** The scrubbed personnel should wear surgical masks to completely obscure the mouth and nose. The mask should be removed by the tapes and discarded in the OR at the end of a case. A fresh mask should be used for each case. The mask must not be touched other than by the tapes.

**Note Circulating personnel and anaesthetic team and surgeons performing certain operations need not wear a mask. This is at the discretion of the surgeon. Visors can be worn to prevent splashing blood into the eyes and mouth.**


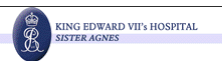



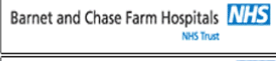





- 5 Full face **visors or protective goggles/glasses** will be available and should be worn for all operative procedures.
- 6 **Scrub gowns:** Sterile gowns will be of a non-woven water-repellent material. Disposable gowns may also be worn. Plastic aprons may be worn under these gowns if additional protection is required (eg urology).
- 7 **Footwear:** Dedicated personalised footwear is available for all regular staff in the theatre complex. Boots should be available and worn if there is a high risk of contamination of the feet with body fluids. Visitors (eg students) need not wear special theatre shoes even in the OR. Overshoes will not be available.

Note Theatre staff are responsible for keeping their footwear clean.

### EXCEPTIONS TO THESE RULES

1 For **short urgent visits** to OR during an operation, maintenance staff, medical photographer and others **must** wear a jumpsuit over outdoor clothing with mask, hat **or** change fully.

2 **In an emergency.** For urgent immediate attendance to a sick patient, crash staff need not change, but should put on disposable gowns or aprons as soon as conveniently possible.

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## WHEN LEAVING OPERATING THEATRE

Staff must not leave the operating theatre without changing into ordinary clothes or uniform, except:

- Theatre personnel who collect patients for operations, collect blood, deliver urgent pathology specimens (etc), must wear a buttoned white coat over the theatre suit, with hat, but no mask. Outside shoes should be worn.
- **CRASH CALLS** and supervised transfer of ill patients to ICUs: Theatre staff who have to leave the theatres under these circumstances should change their theatre clothing on return.

## THEATRE SUITS IN OTHER AREAS

- Personnel who wear OT style uniforms at work (eg in ICU or A/E) should wear a suit of a different colour to that used in the operating theatres.

## INFECTED CASES IN OPERATING THEATRES

- Assuming that **any patient** may unknowingly have a blood-borne virus infection or be colonised with any communicable pathogen (such as MRSA), STANDARD PRECAUTIONS will be taken to prevent the transmission of infection in operating theatres.
- This policy relates to those patients prior to surgery who are **known** to be infected with multiple drug-resistant bacteria (eg MRSA) and those in whom there is an accumulation of pus, even though the patient has been on antibiotics. In practice, it refers to anyone in Source Isolation on the ward.
- Operations on the gastro-intestinal tract or cases of gas gangrene are not considered to be "dirty".
- Ward staff will inform theatre staff about the infectious risk before the patient is considered for surgery.
- **Where possible, infected cases should be placed at the end of the operating list.**
- In some hospitals, a special designated theatre may be used (eg Princess May theatres at the Middlesex Hospital).

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## THEATRE PROCEDURE


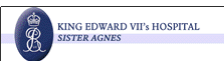



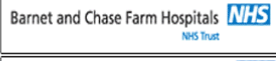




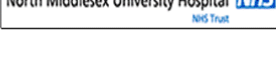
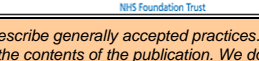
- In addition to STANDARD PRECAUTIONS,
- Unnecessary equipment should be removed from the operating room (OR)
- The minimum necessary number of people should be in the OR.
- **The operating (scrub) team**
  - Should wear water repellent/proof gowns
  - Eye protection (visors and goggles) must be available for scrub personnel and should be worn for any operation by all those in the vicinity of the operating table.
- **The circulating nurse, anaesthetist and anaesthetic nurse/ODA**
  - should wear plastic aprons and disposable gloves and should use eye protection.
- **Other personnel**
  - It is **not** necessary for anyone entering the OR, who does not go to the immediate vicinity of the operating table, to take any special precautions.

## ANAESTHETIC EQUIPMENT

- Disposable or fully-autoclavable anaesthetic machine circuits must be used.

## EQUIPMENT DISPOSAL

- All **linen** from theatres is bagged in a red alginate stitched bag and an outer clear or green plastic bag. Clinical waste for incineration must be put in yellow bags. Fluid waste is put in a rigid container.
- Instruments must be returned to CSSD in the normal way, or decontaminated using local procedures. Place usual return bag into outer clear plastic and label "Danger of Infection".

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## THEATRE CLEANING


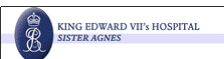



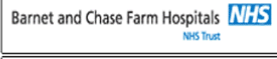




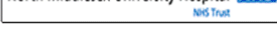
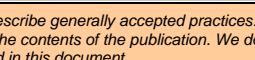
- **After the operation**, all surfaces which may have become contaminated should be cleaned with General Purpose detergent. Surfaces which are known to have become contaminated with infected material should be cleaned promptly with fresh chlorine-releasing agent (dichloroisocyanurate 10,000 ppm) or Phenolic (Hycolin). Proper protective clothing must be worn (Plastic apron, domestic quality rubber gloves and visor). Equipment in the immediate vicinity of the operating table which is to be used again should also be wiped over with detergent and then with disinfectant if contaminated during the procedure.
- Protective clothing should be removed before leaving the OR.
- As soon as theatre cleaning is complete, it will be ready for use again.

## STAFF DRESS

- If the case is known to be colonised with multiply resistant bacteria, and is not at the end of the operating list, theatre dress should be **completely changed** by all members of the operating team and anaesthetists and hands properly cleansed before proceeding to the next operation.

## RECOVERY

- Patients who are in **Source Isolation on the ward** (ie those who may be infectious to other patients) should be recovered in the OR and then sent straight back to the ward. All other patients may be sent to the recovery room.

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