



SURGICAL ATTIRE

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Objectives & About Us

- 688 bed facility with 18 Operating Rooms
- Mid 2008 began a multi disciplinary council to address opportunities for further reduction of HAI's (CLABSI's, CAUTI's VAPS and SSI's
- Mid 2009 began specifically addressing SSI's
- Reviewed all established guidelines and references including CDC, ACS and AORN
- Self surveyed our policies and preventive measures against those written in above references



What we Learned & Did

- Survey results indicated our policies were in compliance but not our practice
- Addressed those not in compliance with improvement
- The last to be addressed was “Surgical Attire” which included but was not limited to hair not properly covered, masks worn improperly and scrubs worn in and out of facility
- A Surgical Attire Policy was developed and went through several drafts



Barriers & How we Resolved

- Surgeons and Anesthesiologists – involved leadership of both groups in reviewing and commenting on policy to get their buy in
- Policy to the Medical Executive Committee with support of some senior surgeons
- Addressed surgeon “complaints”
 - “No locker space” – made more available
 - “ Not enough scrubs, etc.” – increased par levels
- Spreading the word – education of staff utilizing actual staff



In today's dynamic healthcare environment, reducing the patient's risk for the development of a surgical site infection is a key clinical consideration for all members of the surgical team. The appropriate use of surgical attire within the OR environment is an effective infection prevention strategy. Scrub attire and head coverings are needed in order to provide the safest possible surgical environment. In addition, practices such as removing or containing jewelry and other garments also contribute to decreasing the risk for development of a surgical site infection. All members of the surgical team must understand the role of proper surgical attire in promoting the highest level of cleanliness and hygiene for the patient undergoing surgical intervention. Through this understanding and the implementation of effective practices related to surgical attire, positive patient outcomes can be achieved.

Personnel should don facility-approved, clean, freshly laundered surgical attire in a designated dressing area upon entry or reentry to the facility; scrubs worn into the facility from outside should be changed before entering semi-restricted or restricted areas to minimize the potential for contamination.



The top of the scrub suit should be secured at the waist and tucked into the pants with the warm up jacket closed



Rings should be removed from hands



Remove and properly discard mask upon exiting the semi-restricted area

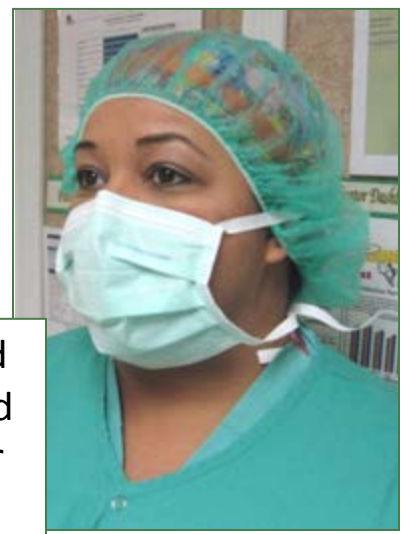


Other garments should be contained completely within or covered by the surgical attire

Watches, earrings, bracelets, necklaces, and piercings, should be removed or totally confined within the scrub attire



Fingernails should be kept short, clean, natural, and healthy



Surgical head cover or hood should cover all hair



Measures – What & How

- Document HA SSI's – Infection Control, Process improvement and Surgical Personnel review each case and discuss as indicated. A master xcel file is kept which allows for sorting for key processes (e.g. pre-op bath, etc.)
- Rates per type of surgery are reported to appropriate individuals, committees, leadership



Advice for others

- Involve key leaders from all involved areas
- Share with and learn from others
- Participate in collaboratives
- Don't give up
- Keep up with the literature
- Publish



Wrap Up & Next Steps

- Summary
- Questions?
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