

# Recommended Practices for Surgical Attire

The following Recommended Practices for Surgical Attire have been approved by the AORN Recommended Practices Advisory Board. They were presented as proposed recommendations for comments by members and others. They are effective November 15, 2014. These recommended practices are intended to be achievable recommendations representing what is believed to be an optimal level of practice. Policies and procedures will reflect variations in practice settings and/or clinical situations that determine the degree to which the recommended practices can be implemented. AORN recognizes the many diverse settings in which perioperative nurses practice, and as such, these recommended practices are guidelines adaptable to all areas where operative and other invasive procedures may be performed.

## Purpose

These recommended practices provide guidance for surgical attire including scrub attire, shoes, jewelry, head coverings, and masks worn in the semi-restricted and restricted areas of the perioperative practice setting. This document also provides guidance for personal items such as stethoscopes, backpacks, briefcases, cell phones, and tablets.

The human body and inanimate surfaces inherent in the surgical environment are major sources of microbial contamination and transmission.<sup>1</sup> Surgical attire and personal protective equipment (PPE) are worn to provide a high level of cleanliness and hygiene within the perioperative environment and to promote patient and worker safety. Reducing the patient's exposure to microorganisms that are shed from the skin and hair of perioperative personnel may reduce the patient's risk for surgical site infection (SSI). Patient safety is the primary consideration for perioperative personnel.

This document does not address patient clothing or linens used in health care facilities. A complete discussion of the use of PPE and sterile attire worn at the surgical field is outside the scope of this document. The reader should refer to the AORN Recommended Practices for Sterile Technique,<sup>2</sup> Recommended Practices for Prevention of Transmissible Infections in the Perioperative Practice Setting,<sup>3</sup> and Recommended Practices for Sharps Safety<sup>4</sup> for additional information. The use of nail polish, artificial nails, or other nail enhancements and the recommended fingernail length for perioperative personnel is outside the scope of this document. The reader should refer to the AORN Recommended Practices

for Hand Hygiene<sup>5</sup> for additional information. Ensuring and monitoring personnel compliance with policies and procedures for surgical attire and personal hygiene is a responsibility of the facility or health care organization administrators.

## Evidence Review

On June 25 and June 27, 2013, a medical librarian conducted a systematic search of the databases MEDLINE® and CINAHL® and the Cochrane Database of Systematic Reviews for meta-analyses, systematic reviews, randomized controlled and non-randomized trials and studies, case reports, letters, reviews, and guidelines. The librarian also searched the Scopus database, although not systematically. The search was limited to literature published in English from January 2008 through June 2013.

Search terms included *surgical attire, clothing, personal protective equipment, protective gloves, respiratory protective devices, masks, eye protection, goggles, scrubs, surgical gown, jumpsuit, head covering, surgical cap, hoods, coveralls, bunny suit, textiles, bedding and linens, privacy curtain, hospital laundry service, laundering, laundry, washing machine, tie, backpack, fanny pack, fleece, briefcase, purse, stethoscope, lanyard, badge, patient attire, patient clothing, colonization, fomites, tattooing, body piercing, jewelry, ring, wedding band, fingernails, eyelashes, facial hair, beard, groin, armpit, scalp, skin, squames, dandruff, epithelial cells, seborrheic dermatitis, computers, mobile communication device, mobile phone, cell phone, cellular phone, tablet computer, smartphone, iPad, iPhone, text messaging, pollen, dust, fungi, mold, equipment contamination, nosocomial, cross infection, infectious disease transmission, surgical wound infection, bacterial load, and infection control.*

At the time of the search, the librarian established weekly alerts on the search topics and until March 2014, presented relevant results to the lead author.

Prior to the search, the medical librarian provided to the lead author the results of literature searches conducted for the 2010 edition of these recommended practices. These articles had no time restriction. During the development of this edition, the authors also requested supplementary literature searches and additional literature that either did not fit the original search criteria or was discovered during the evidence-appraisal process. The time restriction was not considered in these subsequent