

## Recommended Practices for Traffic Patterns in the Perioperative Practice Setting

The following recommended practices were developed by the AORN Recommended Practices Committee and have been approved by the AORN Board of Directors. They were presented as proposed recommended practices for comments by members and others. They are effective January 1, 2006.

These recommended practices are intended as 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 numerous settings in which perioperative nurses practice. These recommended practices are intended as guidelines adaptable to various practice settings. These practice settings include traditional operating rooms, ambulatory surgery centers, physicians' offices, cardiac catheterization suites, endoscopy suites, radiology departments, emergency departments, labor and delivery units that have OR suites, and all other areas where operative and other invasive procedures may be performed.

### Purpose

These recommended practices provide guidance for establishing traffic patterns in perioperative practice areas. Traffic control patterns suggest movement into and out of the surgical suite as well as movement within the suite. Clearly defined and enforced traffic control practices protect personnel, patients, supplies, and equipment from potential sources of cross contamination; safeguard the privacy of patients; and provide security.

The building design of the surgical suite often predetermines traffic patterns. Implementation of all elements of these recommended practices may not be feasible within every facility because of the physical limitations of the setting.

### Recommendation I

**Traffic patterns should be designed to facilitate movement of patients and personnel into, through, and out of defined areas within the surgical suite. Signs should clearly indicate the appropriate environmental controls and surgical attire required.**

1. The surgical suite should be divided into three designated areas that are defined by the physical activities performed in each area. Increasing environmental controls and surgical attire as progression is made from unrestricted to restricted areas decreases the potential for cross-contamination.

The **unrestricted** area includes a central control point that is established to monitor the entrance of patients, personnel, and materials. Street clothes are permitted in this area, and traffic is not limited. The entrance to the surgical suite should be restricted to authorized personnel based on organizational policies.

The **semirestricted** area includes the peripheral support areas of the surgical suite. It has storage areas for clean and sterile supplies, work areas for storage and processing of instruments, scrub sink areas, and corridors leading to the restricted areas of the surgical suite. Traffic in this area is limited to authorized personnel and patients. Personnel are required to wear surgical attire and cover all head and facial hair.<sup>1</sup>

The **restricted** area includes ORs, procedure rooms, and the clean core area. Surgical attire and hair coverings are required. Masks are required where open sterile supplies or scrubbed persons are located. All persons entering the restricted area should follow the AORN "Recommended practices for surgical attire."<sup>1</sup>

Persons entering the semirestricted or restricted areas of the surgical suite for a brief time for a specific purpose (eg, law enforcement officers, parents, biomedical engineers) should cover all head and facial hair and may don either freshly laundered surgical attire or a single-use coverall suit (eg, jumpsuit) designed to totally cover outside apparel.

2. Movement of personnel from unrestricted areas to either semirestricted or restricted areas should be through a transition zone. A transition zone exists where one can enter the area in street clothing and exit into the semirestricted or restricted zone in surgical attire. Locker rooms serve as transition zones between the outside and inside of a surgical suite and may serve as a security point to monitor people admitted to the suite.