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GUIDELINE FOR A SAFE ENVIRONMENT OF CARE, PART 2

The Guideline for a Safe Environment of Care, Part 2 has been approved by the AORN Guidelines Advisory Board. It was presented as a proposed guideline for comments by members and others. The guideline is effective May 15, 2014. The recommendations in the guideline are intended to be achievable and represent 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 guideline can be implemented. AORN recognizes the many diverse settings in which perioperative nurses practice; therefore, this guideline is adaptable to all areas where operative and other invasive procedures may be performed.

Purpose

The physical design and environment of the perioperative suite should support safe patient care, workplace safety, and security. This document provides guidance for the design of the building structure; movement of patients, personnel, supplies, and equipment through the suite; safety during construction; environmental controls (eg, heating, ventilation, air conditioning [HVAC]); maintenance of structural surfaces; power failure response planning; security; and control of noise and distractions. Disaster response and recovery are outside the scope of this document.

Evidence Review

A medical librarian conducted a systematic review of the MEDLINE®, CINAHL®, and Scopus® databases and the Cochrane Database of Systematic Reviews for meta-analyses, randomized and nonrandomized trials and studies, and systematic and nonsystematic reviews. Search terms included *restricted area, semirestricted area, nonrestricted area, transition zone, traffic patterns, traffic, foot traffic, traffic flow, door swings, hospital design and construction, hospital construction, facility design and construction, Aspergillus, aspergillosis, spores, mycoses, fungi, dust, debris, operating rooms, operating theatres, operating suites, surgicenters, ambulatory surgery centers, hospitals, air microbiology, filtration, indoor air pollution, infection control, surgical site infection, surgical wound infection, Health Insurance Portability and Accountability Act, HIPAA, privacy, confidentiality, controlled environment, heating, ventilation, air conditioning, HVAC, equipment contamination, cardboard, ventilation, heating, laminar flow, laminar airflow, Staphylococcus, enterococcus, enterococci, Staphylococcaceae, microbial colony count, security measures, violence, ultraviolet disinfection, ultraviolet rays, ultraviolet, disinfection, terminal cleaning, company representatives, industry representatives, sales representatives, equipment manufacturers, humidity, temperature, health personnel, surgical attire, clothing, clothes, textiles, fabric, lighting, illumination, electricity,* and *electric power supplies.*

Articles specific to animals and the topics of refuse disposal, waste management, sanitary engineering, waste products, and the food industry were excluded. In addition, the librarian reviewed the search results related to laminar airflow and removed from them articles that were not relevant to infection or the environment. The lead author and the medical librarian identified and obtained relevant guidelines from government agencies, other professional organizations, and standards-setting bodies.

The initial search was conducted in February 2011; an April 2012 follow-up search included additional topics. In both cases, search results were limited to literature published in the five years prior to the date of the search. The lead author also consulted the results of a 2013 literature search on distractions in the perioperative environment for recent studies on this topic. The librarian established continuing alerts on the topics included in this guideline and provided relevant results to the lead author.

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Recommendation I

The health care organization should establish a multidisciplinary team that is responsible for the oversight of any surgical suite construction or renovation project.

A multidisciplinary team can provide expertise on functional design, the functional needs of the users, infection prevention, sustainability, and regulatory requirements.[1-3]

I.a. The multidisciplinary team should consist of
- representatives of the health care organization, including perioperative nurses and an infection preventionist[1,2];
- representatives from all affected disciplines;
- external representatives including the design team (eg, architects, interior designers, engineers); and

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