

# Recommended Practices for Prevention of Transmissible Infections 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, 2007.

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 types of 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, and all other areas where operative and other invasive procedures may be performed.

## Purpose

The rapidly changing health care environment presents health care workers with continuing challenges in the form of newly recognized pathogens and well known microorganisms that have become more resistant to today's therapeutic modalities. Protecting patients and safeguarding health care workers from potentially infectious agent transmission continues to be a primary focus of perioperative registered nurses.

## Recommendation I

**Health care workers should use standard precautions when caring for all patients in the perioperative setting.**

1. Standard precautions should be applied across all aspects of health care delivery.<sup>1</sup> Any individual (eg, patient, family member, significant other, visitor, or health care provider) may be transiently or chronically colonized with pathogenic microorganisms and may be asymptomatic, display active infection, or be in the incubation period of the infectious disease.<sup>1</sup>

2. Additional precautions may be needed for specific organisms encountered, but at a minimum, standard precautions should be used for all surgical patients.

- ◆ Standard precautions apply to exposure or the potential for exposure to blood and all body fluids, secretions, and excretions (except perspiration) whether or not they contain visible blood; nonintact skin; and mucous membranes. Standard precautions are designed to protect patients and health care workers from contact with recognized and unrecognized sources of infectious agents.<sup>1</sup>
- ◆ Infectious agents can be transmitted via direct and indirect contact, respiratory droplets, and airborne aerosols.

3. Exposure to potentially infectious agents should be minimized by the use of personal protective equipment (PPE) (eg, gloves, gowns, aprons), work practices, engineering controls, and other measures tailored to the specific work environment.<sup>2</sup>

## Recommendation II

**Hand hygiene should be performed before and after each patient contact.**

1. All personnel should practice general hand hygiene. Prompt and frequent hand antisepsis is the single most important measure to reduce the spread of microorganisms.<sup>1-3</sup> Hand hygiene should be performed
  - ◆ at the beginning of a work shift,
  - ◆ before and after patient contact,
  - ◆ after removing gloves,
  - ◆ before and after eating,
  - ◆ before and after using the restroom,
  - ◆ any time there is a possibility that there has been contact with blood or other potentially infectious materials, and
  - ◆ any time when hands may have been soiled or any time the practitioner believes his or her hands may have been soiled.
2. An appropriate alcohol-based hand antiseptic agent should be available in convenient locations (eg, wall, bedside).<sup>3</sup> Frequency of health care providers' hand hygiene can be increased by convenient access to hand wash sinks or hand sanitation stations.<sup>4</sup>