



Rancho Los Amigos National Rehabilitation Center

DEPARTMENT OF NURSING

OPERATING ROOM

POLICY AND PROCEDURE

SUBJECT: INFECTION CONTROL: MAINTAINING SANITATION
DURING THE INTRAOPERATIVE PHASE

Policy No.: OR39
Supersedes: ALL
Revised Date: 02/2016
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Purpose of Procedure: To control and reduce the possibility of cross infection of the surgical patient and personnel.

Performed By: All personnel

Equipment: Gloves
Hospital approved disinfectant

Procedural Steps:

1. Personnel within the sterile field should wear caps, masks, and sterile gowns and gloves to prevent microorganisms from being transferred to the surgical site during the surgical procedure.
2. The circulating nurse will cleanse any non-sterile field area contaminated by organic debris (such as blood or body fluids) during the surgical procedure using a hospital approved disinfectant with gloved hands.
KEY POINT: This will prevent the tracking of organic debris throughout the surgical suite.
3. All surgical instruments dropped by the scrub team should be picked up by the circulator with gloved hands immediately. The instrument should be cleansed immediately with hospital approved disinfectant. The instrument will be placed on the second shelf of the case cart if no longer needed for the surgical procedure.
KEY POINT: This will prevent the organic debris from drying and becoming airborne.
4. If the instrument is needed immediately, it will be washed in the substerile room and then flashed autoclaved by established procedure.
KEY POINT: The instrument is to be cleansed of blood and organic debris before autoclaving. Blood cannot be sterilized.
5. The scrubbed person should keep gloves and instruments clean of organic debris. This is accomplished with a damp sterile towel or sponge.
KEY POINT: This prevents the organic debris from drying and becoming airborne.
6. The scrub person will discard all used sponges in a plastic lined kick bucket provided by the circulator.
7. Using gloved hands or an instrument the circulator will contain the soiled sponges in the counter bags.
8. After counting the sponges with the scrubbed person, the nurse will roll the counter bag. This is done in such a manner to contain the sponges. The circulator will then place the counter bag into another impervious receptacle. These sponges are to remain in the room until the surgical procedure is finished.

KEY POINT: All sponges must remain in the OR until the end of the surgical procedure in the event of a count discrepancy.

9. The surgical nurse is accountable for traffic control in the room. All unnecessary traffic should be discouraged.
KEY POINT: Traffic control is done to minimize human bacterial shedding and curtail air turbulence. Continuously or frequently opening the doors will increase the level of microbial contamination. Opened doors dilute the air pressure. There is a 10% positive pressure in each room.
10. The circulating nurse should discourage talking and laughter during the surgical procedure.
KEY POINT: Face masks decrease dispersal by filtration and alter the direction of dispersal from the upper respiratory tract during talking, coughing and breathing.
11. The scrubbed person is not to throw wrappers, towels, etc. across the room. The scrubbed persons are to use the buckets provided.
KEY POINT: Throwing causes air turbulence.
12. The circulator is to keep the lids in a closed position on all hampers.
KEY POINT: This prevents dissemination of contaminants by air currents.
13. All articles opened that have come in contact with the patient or sterile field are considered contaminated and will be discarded. This includes towels, gowns, and gloves. etc.

Revised By:

Cristina Euler-Wiggs RN, BSN

References:

Guidelines for Perioperative Practice 2015 Edition
Essentials of Perioperative Nursing, Fifth Edition

12/02 – Revised
04/06 – Reviewed
06/09 - Reviewed
12/12 – Reviewed
02/16 - Reviewed