



# Rancho Los Amigos National Rehabilitation Center

## DEPARTMENT OF NURSING

### OPERATING ROOM

### POLICY AND PROCEDURE

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**SUBJECT:** OPERATING ROOM ENVIRONMENTAL SANITATION

**Policy No.:** OR59  
**Supersedes:** ALL  
**Revised Date:** 03/2018  
**Page:** 1 of 3

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**Purpose of Procedure:** Sanitation practices should provide a safe, clean environment for the surgical patient and personnel. A basic premise of these practices is that all surgical procedures should be considered potentially contaminated.

**Performed By:** Housekeeping personnel, RN, Surgical Technician, Facilities staff.

#### **Procedural Steps:**

- A. Before the first scheduled procedure of the day:
1. The OR is ventilated by air drawn from outdoors which is filtered and flows to various rooms. Operating rooms require fifteen (15) minimum air changes per hour with maintenance of temperature of 68 - 73 degrees and a relative humidity of 20-60 percent. Records are maintained and filed in the Facilities Management Department.
  2. Furniture, surgical lights and equipment will be damp dusted with a clean, lint free towel moistened with a hospital approved disinfectant.  
**KEY POINT:** Proper cleaning of these surfaces will help to control airborne microorganisms that travel on dust and lint.
  3. A visual inspection of the room for total cleanliness is done by the RN or Surgical Tech. before the case cart is brought into the room.
- B. During the surgical procedure, efforts should be directed at confining contamination.
1. Areas outside the sterile field contaminated by organic debris should be cleaned promptly using a towel and a hospital approved disinfectant.
  2. All blood soaked disposable items should be discarded into an impervious container.  
**KEY POINT:** Used sponges will be discarded into Red plastic lined containers.
  3. Contaminated items will be handled using protective barriers including gowns, gloves, masks and protective eyewear.  
**KEY POINT:** Personnel will use gloves and/or instruments to handle used sponges and instruments.
  4. All blood, body fluids and tissue specimens should be placed in a clean, impervious container for transport. Exterior surfaces of specimen containers received from the operative field should be cleaned with a hospital approved disinfectant before they are removed from the operating room.

5. Contamination of documents such as laboratory slips, x-rays, and charts that will leave the patient care area should be prevented.  
**KEY POINT:** Paperwork will be handled only with clean hands.
  6. Blood tubes and culture tubes will be placed in biohazard plastic bags for transport.  
**KEY POINT:** Lids of specimen container will be tightened to prevent leakage.
- C. After the procedure, all items that have come into contact with the patient or the sterile field should be considered contaminated and disposed of properly.
1. Gowns and gloves are removed (inside out) and placed into impervious containers prior to leaving the operating room.
  2. Soiled reusable linen is handled as little as possible and with minimal agitation. It is placed in a lidded hamper and then the hamper bag is closed and transported in an approved container.
  3. All disposable sharps are placed in puncture resistant containers.
  4. Until terminally sterilized, disinfected or disposed of, contaminated instruments, trays, basins, and other items are handled by gloved personnel only.  
**KEY POINT:** Gloves reduce the risk of cross contamination of hands when handling items soiled with blood or body fluids.
  5. All instrumentation contaminated with blood or body fluids are placed in an appropriately sized basin with instrument transport gel applied. The basin must be covered when transported to the work room or in an enclosed cart for transport to Central Processing.
  6. All blood soaked disposable items will be placed in a red plastic biohazard waste bag. Suction canisters are emptied into the hopper prior to disposal. All other disposable items are placed in a clear bag for disposal.
  7. The Neptune waste management system will be wiped down and docked for internal cleaning.
  8. Horizontal surfaces of furniture, overhead lights and equipment that have been involved in the surgical procedure are cleaned with lint-free clean cloth moistened with a hospital approved disinfectant.
  9. Spot cleaning of walls and ceiling is done as necessary.
  10. Floors will be cleaned with a hospital approved disinfectant using a clean mop head after each case.
- D. At the conclusion of the day's schedule, operating rooms, scrub/utility areas, corridors, furnishings and equipment are terminally cleaned.
1. Furniture and equipment are thoroughly cleaned with a hospital approved disinfectant and mechanical friction. Wheels and casters are cleaned and kept free of debris.
  2. Spotlights and tracks are cleaned.
  3. Handles of cabinets and push plates of doors are cleaned.

4. All wall and ceiling mounted equipment is cleaned.
  5. Kick buckets and waste receptacles are cleaned.
  6. Scrub sinks are thoroughly cleaned daily.
  7. Floors are flooded with a hospital approved disinfectant and mechanically scrubbed and the disinfectant removed with a wet vacuum system or a clean mop head for each area cleaned.
  8. All rooms in the Operating Room Suite will be mopped daily using a clean mop head for each area. Horizontal surfaces will be cleaned using an approved disinfectant..
  9. Cleaning equipment is disassembled, cleaned with hospital approved disinfectant and dried thoroughly prior to storage. Used mop heads will be placed in the appropriate container and sent to be laundered.
- E. Designated areas of the operating room are cleaned on a routine basis and documented on the appropriate record.
1. Air conditioner vents will be cleaned on a monthly basis in conjunction with Building Crafts changing of the filter.
  2. Offices are cleaned weekly as needed.

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**Revised by: Wilda Tafoya, RN, BSN, CNOR**

**References:**

Guidelines for Perioperative Practice 2017 Edition  
Essentials of Perioperative Nursing, Fifth Edition

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