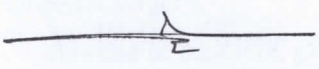




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පළාත් මහ රෝහල - බදුල්ල

දිනය	2023.08.22
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ගොනු අංකය	BD/GH/CPMA/1/2013
<p>ගලයාගාර වල ආසාදන පාලනය හා වැළැක්වීම සඳහා කාර්ය මණ්ඩලය ක්‍රියාකළ යුතු ක්‍රමවේදය පිළිබඳව ක්ෂුද්‍රීය විශේෂඥ වෛද්‍ය විසින් නිකුත් කර ඇති මාර්ගෝපදේශ මේ සමඟ අමුණා ඇති අතර එයට අනුව කටයුතු කරන ලෙසත් අදාල කාර්ය මණ්ඩල දැනුවත් කිරීමට පියවර ගන්නා ලෙසත් කාරුණිකව දන්වා සිටිමි.</p>	



**Director**  
Teaching Hospital,  
Badulla.

# **Infection Prevention and Control in Operation Theatre**

## **Staffing and Theater Discipline**

### **Theatre attire**

01. All personnel who enter the restricted areas (clean and sterile zones) of the theatre suite should remove outdoor clothing before donning the freshly laundered attire intended for use within the surgical environment. During the shift, any soiled theatre attire should be changed as early as possible.
02. Sufficient supplies of theatre clothing should be provided daily.
03. Footwear with impervious soles should be worn. They should fit properly and provide adequate cover. Dedicated personalized footwear for all regular staff should be available.
04. The theatre staff should keep the hair clean and tidy. All the staff in the operating room should wear disposable caps, completely covering hair.

### **Attire of scrub team**

#### **1. Sterile theatre gowns**

- The scrub team should wear sterile theatre gowns.
- Theatre gowns should be made of waterproof, disposable material or tightly woven material of appropriate quality. Currently used conventional cotton clothing givesome protection against contact contamination if they are dry, but skin scales carrying bacteria can escape through the large pores in cotton fabric. If cotton gowns are used, they must be changed whenever become soaked with blood or other liquids.
- Gowns should be wrap-around and back fastened.

#### **2. Plastic aprons**

Plastic aprons should be worn under the sterile theatre gowns by the scrub team for additional protection.

### 3. Face masks

- The scrub team should wear standard splash proof disposable surgical masks which act as filters.
- The mask should completely cover the nose and the mouth and fit tightly.
- Tying or removing should be done touching only the tapes. Avoid touching the mask with gloved hands.
- The mask should be changed after each operation, and whenever it becomes contaminated or damp.
- Face masks are single-use items and must be disposed of as clinical waste immediately after removal. Following removal and disposal, hand hygiene should be performed.
- Masks should not be left around the neck or put into pockets for future use.

### 4. Visors and Goggles

Full-face visors or protective goggles/glasses should be worn for surgery with a high risk of blood or body fluids splashes.

### 5. Sterile gloves

- Double gloves should be worn whenever required for surgeries with a high risk of trauma such as orthopedic surgery.
- On the appearance of a visible tear or puncture, gloves must be removed and replaced with new ones after cleaning the hands with an antiseptic. The gown should also be changed when changing the gloves.

### **On leaving the operating theatre**

- All theatre personnel should change into outdoor clothing before leaving the theatre environment.
- Members of the scrub team who leave the theatre for urgent matters (e.g., crash calls, ICU calls), should change their theatre clothing on return.

### **Patient attire**

The patients should wear clean, light-colored clothes, a cap and leggings.



## **Scrubbing and dressing**

Scrubbing and dressing should be done in designated places.

### **Surgical hand scrub**

- Remove all jewelry before scrubbing (rings, watches, bracelets).
- Fingernails must be kept short and free from nail polish. Artificial nails must not be worn.
- Autoclavable nail brush/ nail file should be used only for the first-hand wash of the day to remove debris underneath nails.
- The scrubbing process must be thorough and systematic, covering all areas of the hands and forearms.
- Apply 3-5 ml of antiseptic scrubbing solution (e.g., 4% chlorhexidine or 7.5% povidone iodine) to the hands and forearms before scrubbing. The initial scrub should last 3-5 minutes and in between cases scrubbing should last for 2-3 minutes.
- Scrub each side of each finger, between the fingers and the back and front of the hands. Proceed to scrub the arms, keeping the hand higher than the arm at all times. Wash each side of the arm from wrist to the elbow.
- Rinse hands and arms by passing them through running water in one direction only, from fingertips to elbows.
- Hands should be dried using a sterile towel before donning sterile gown and gloves.
- After performing the surgical scrub, members of the surgical team should keep hands up and away from the body so that the water runs from the tips of the fingers toward the elbows.
- If hands or arms accidentally touch the taps, sink or other unsterile object during any phase of the scrub cycle they are considered contaminated and the scrub cycle must begin again.
- Hands and forearms should be dried using a sterile towel and the proper technique should be followed when donning gown and gloves.

### **Theatre behavior**

- The number of people inside the theatre should be kept to a minimum as shedding of 10,000 skin scales/person/minute is known to occur.
- Unnecessary movement of staff within as well as in and out of the theatre during operations should be avoided.
- Doors should be kept closed and door opening and closing should be minimized.
- Restrict conversation in the theatre.

### **Visitors**

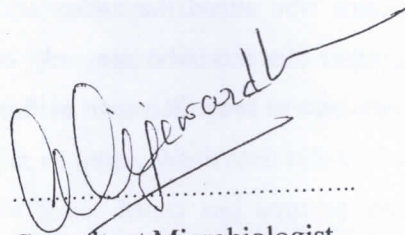
- Restrict visitors.
- Visitors who enter the operating theatre e.g., parents who accompany children until they are anaesthetized, pediatricians who attend the babies after caesarian sections should change into theatre attire. Parents who are only entering the anesthetic room/recovery room may continue to wear their own clothing but must wear a theatre gown and footwear.

### **Surgery on patients with infectious diseases or carrying multidrug resistant organisms**

- Ward staff should notify the in-charge of the theatre in advance if there is a risk of transmission of infection from a patient (e.g. MRSA, HIV, HBV, chickenpox, open TB). Patients with MDR TB should not be sent to the theatre without discussing with the surgical and IPC teams.
- Patients with such infections should be sent to the theatre as the last patient.
- Patients having infections with a risk of air borne transmission (e.g., open TB, chickenpox) must be recovered in the operating room itself.
- Surgical masks must be worn by all staff when attending to patients with TB and other respiratory tract infections. When performing aerosol generating procedures a N95 mask or equivalent must be worn.
- Theatres need not be closed or fumigated after surgery on patients with tetanus and gasgangrene.

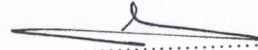
### Handling of equipment and consumables

01. Equipment should be kept to a minimum.
02. Sterile packs should be kept in a stainless-steel cabinet which can be easily cleaned.
03. Laying-up of trolleys should not be done in advance.
04. Wrappings to be removed in the operating room immediately before use.
05. Theatre trolley should remain in operating theatre and ward trolley should not enter into operating theatre.



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Copies to,

01. Consultants in relevant surgical units
02. Theater in charge nursing officers
03. Infection control unit