



Stony Brook Medicine Administrative Policy and Procedures

Subject: IC0023 Attire for Surgical and Procedural Areas	Published Date: 03/27/2024
Infection Control: Surveillance, Prevention and Control of Infection	Next Review Date: 03/27/2027
Scope: SBM Stony Brook Campus	Original Creation Date: 04/01/1980

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Responsible Department/Division/Committee:

Infection Control Committee

Policy:

All persons who enter semi-restricted or restricted area of the Hospital's designated surgical and invasive procedure areas wear approved attire to protect both patients and perioperative personnel.

Only hospital issued and laundered scrubs are worn in Operating Rooms (OR) and restricted Procedural areas. This attire is only worn by personnel who work in the designated restricted areas.

Definitions:

Restricted area - A designated space contained within the semi-restricted area and accessible only through a semi-restricted area. The restricted area includes the operating and other rooms in which surgical or other invasive procedures are performed.

Semi-restricted area - The peripheral support areas of the surgical/procedural suite. The area may include storage areas for equipment and clean and sterile supplies; work areas for processing instruments; sterilization processing room(s); scrub sink areas; corridors leading from the unrestricted area (i.e. Nursing stations) to the restricted areas of the suite. Access to the semi-restricted area is limited to authorized personnel and patients accompanied by authorized personnel.

Transition Area: Traffic is permitted to allow movement of personnel from unrestricted to semi-restricted or restricted areas. Personnel may enter in

street clothing and exit into the semi-restricted or restricted area in surgical attire.

Monitored unrestricted area: Permitted traffic includes authorized personnel, patient, and their families. Health Care Workers (HCW) in scrub attire use this area as a transition area for the purpose of patient management and hospital business.

Restricted and semi-restricted areas include the Labor & Delivery suite, all Operating Rooms, the Cardiac Catheterization Labs, Electrophysiology lab, Cerebral Vascular Center (CVC) and Interventional Radiology. **Areas are more specifically defined in the [Operating/Procedure Room Area Designations](#)** .

Hospital-issued and laundered scrubs – Surgical scrubs issued and laundered by the Hospital.

Procedures:

1. Personnel are to don clean hospital-issued and laundered scrubs daily. These are changed promptly if they become wet or contaminated. Home-laundering is not permitted.
2. Hospital-issued and laundered scrubs are **not** to be worn:
 - a. To and from work;
 - b. Between facilities;
 - c. Outside the facility.
3. Persons entering the semi-restricted or restricted areas (e.g. parents, spouses, facilities personnel, law enforcement officers, vendors) don either hospital-issued and laundered scrubs, single-use scrub attire, or a single-use jumpsuit designed to completely cover personal apparel.
4. **Hair**
 - a. **All persons** cover all head and facial hair when in the semi-restricted and restricted areas.
 - b. It is recommended that personnel should not remove surgical head coverings when leaving the perioperative area.
 - c. Head coverings are removed at the end of the shift or when contaminated.
 - d. Reusable head coverings must be clean and free of blood, body fluids and any visible contamination. They can be covered with a disposable bouffant to ensure all hair is covered.
 - e. Reusable head coverings that are visibly contaminated with blood or body fluids must remain at the facility and be laundered by SBUH.
5. **Masks**

- a. Masks are worn in the presence of scrubbed individuals, or when open sterile supplies or equipment are present.
 - b. Masks cover the nose and mouth completely, fitting snugly beneath the chin. Masks with ear loops are not intended for use as surgical masks as they do not provide a secure fit.
 - c. Masks are discarded after each use or when wet or soiled.
 - d. Masks worn in semi-restricted and restricted areas must be disposable.
 - e. Personnel remove masks when leaving the semi-restricted and/or restricted area.
 - f. Masks are not to be left dangling from the neck.
6. Fluid proof calf-length coverage boots are required when the risk of gross contamination is anticipated and are discarded immediately after use.
7. Clean personal clothing worn underneath hospital-issued and laundered scrubs must be short-sleeved and can be either v-neck or crew neck. If personal clothing becomes contaminated the items are to remain at the hospital for laundering.
8. **Cover jackets**
- a. Clean, hospital-laundered scrub cover jackets may be worn in the restricted areas by all non-scrubbed personnel.
 - b. Scrub cover jackets are worn by those preparing and packaging items in the clean assembly area of the Central Sterile Services.
 - c. Only clean, hospital-laundered coverings are permitted to be worn as cover jackets (Examples of acceptable hospital-laundered cover jackets include lab coats or scrub cover jackets.
Note: personal track jackets, sweatshirts or similar garments are not permitted.)
9. Head and neck jewelry is removed or contained during procedures in restricted areas.
10. Hospital-issued identification badges are visible if personnel are not scrubbed. Lanyards are not worn in the semi-restricted or restricted areas.
11. No personal bags including but not limited to purses, backpacks, and computer bags are taken into the semi-restricted or restricted areas unless placed in a clean, plastic bag.
12. **Religious head coverings**
- a. Religious head coverings (e.g. head scarves [hijabs], veils, turbans, bonnets) that are clean, constructed of tightly-woven and low-linting material, are without adornments, and fit securely with loose ends tucked in the scrub top may be worn to cover the hair and scalp in the semi-restricted and restricted area.
 - b. Religious head coverings that cover only a portion of the hair and scalp (e.g. kippahs, yarmulkes) may be worn under another head covering.

13. Shoe covers may be worn in the restricted and semi-restricted areas but must be removed when visibly soiled or when leaving the area.

Forms: (Ctrl-Click form name to view)

[Operating/Procedure Room Area Designations](#)

Policy Cross Reference: (Ctrl-Click policy name to view)

None

Relevant Standards/Codes/Rules/Regulations/Statutes:

TJC IC.02.01

References and Resources:

AORN Guidelines for Recommended Practice, 2024

Proceedings and recommendations from the OR attire summit: A collaborative model for guideline development, May 2019.

Mangram, A.J. (1999). Guideline for prevention of surgical site infection. *Infection Control and Hospital Epidemiology*, 20:4, 247-278.

⁶Smith, F.D. (2016). Caring for surgical patients with piercings. *AORN Journal*, June 2016, Vol. 103, No. 6, 583-593.

⁷Association of Surgical Technologists (AST). (2017) *AST guidelines for best practices wearing jewelry*. Revised April 14, 2017.

⁸Schoffl, H., Froshcauer, S.M. and Huemer, G.M. (2008). Phlegmonous infection of the hand after interdigital piercing. *Aesth Plast Surg*, 32:703-704.

⁹ OSHA. Toxic and Hazardous Substances: Bloodborne Pathogens, 29 CFR 1910.1030 (2012).

¹⁰ Healthcare Infection Control Practices Advisory Committee. 2007 CDC Guideline for Isolation Precautions: Preventing Transmission of Infectious Agents in Healthcare Settings.