



## **Applicable to staff and students in clinical placement and when attending labs/lectures**

### **Dress Code**

#### Hair

Long hair should be tied back during clinical placement. (Hair contains a heavy bacterial load, including *Staphylococcus aureus*, and any contact with patients must be avoided at all costs).

Hair should not be dyed unnatural colours and clasps or ornaments shall be moderate and in good taste.

Beards, sideburns, and moustaches should be closely trimmed and well-groomed and not be allowed to interfere with personal protective gear.

#### Headwear

Headwear, such as caps, beanies and bandanas should not be worn. An exception to this rule is headgear necessary for hygienic purposes or that pertaining to religious belief.

The Infection Control Unit authorises the use of freshly laundered turbans. An additional cap over the turban is not necessary.

#### Hygiene

Daily hygiene must include clean teeth, hair, clothes, and body, including use of deodorant when appropriate.

Clothing should be clean, pressed, and in good condition.

#### Nails

Nails should be short and clean – no gel nails, nail polish or extensions. (Long nails harbour bacteria, especially if they contain artificial materials).

#### Facial make up and scents

Men's and women's scents are permitted if mild and not used to mask body odour.

Extreme or excessive make-up should not be used. The only facial covering permissible is that which is necessary for medical and hygienic purposes.

#### Permissible Jewellery

Wrist watches, bracelets or other jewellery should not be worn around the wrist during clinical placement. (Watches and jewellery increase bacterial contamination of the wrist which can be transferred to hands when the watch is manipulated).

Visible body piercing is permitted in ears only.

Earrings should not be large or dangling, as these may be used as handholds by confused patients.

No rings with stones should be worn – one plain band (e.g. wedding ring) is permitted. (Jewelled rings contain openings where dirt and bacteria can accumulate).

### Skirts and Trousers

Skirt length shall be no shorter than knee-length and may not be tight fitting. Skirts which are trailing are unhygienic.

Skirts and trousers should not be low-riding.

Denim trousers of any colour, shorts, spandex, leggings, athletic wear, and sweat suits should not be worn.

### Tops

Strapless, backless, spaghetti-strap or halter-neck tops should not be worn.

Midriffs should be covered at all times.

Sleeves must be short during clinical placements. (It is impossible to wash hands or perform alcohol rub effectively with long sleeves).

### Jackets and cardigans

Jackets and cardigans should be left outside the 'clinical area'; if this is not possible, they should be removed and secured immediately on entering the patient room.

### Shoes

Shoes must be clean and in good condition and enclose the whole foot.

'Stiletto' and other excessively high heels should not be worn for safety reasons.

Casual sandals, flip-flops and canvas trainers shall not be worn.

### Other

Clean and pressed lab coats should be worn for lab sessions.

Revealing clothing is not permitted and proper undergarments should be worn.

Sunglasses are to be worn indoors only if medically necessary or if required for the job.

Tattoos shall be appropriately covered so as not to be visible during clinical placement.

For security reasons the access card should be worn and visible at all times during the clinical placements.

Handbags and other personal belongings should not be carried into clinical areas.


### NOTE:

For Standard Operating Procedure for Proper Dress Code and Traffic within the Operating Theatres, students are to refer to APPENDIX 1.

### Uniform

Students are required to wear a clean uniform for all clinical placements.

**APPENDIX 1: Mater Dei Hospital Standard Operating Procedure**

	<b>SOP:ICU 003</b>	<b>Version: 01</b>
	Date issued: 11/03/2014	

**Standard Operating Procedure for Proper Dress Code and Traffic within the Operating Theatres**

<b>Written &amp; reviewed by</b>	Infection Control in Operating Theatres Working Group: Prof. M.A. Borg; Dr. M. Zerafa; Mr. G. Caruana Dingli; Mr. C. Grixti; Ms. T. Vassallo; Ms. L. Sciberras; Ms. M. Debono; Mr. M. Curmi; Mr. R. Schembri; Mr. S. Borg; Ms. D. Xuereb	<b>Mater Dei Hospital</b>
----------------------------------	---	---------------------------

<b>Approved by</b>	Senior Executive Team	Mater Dei Hospital
--------------------	-----------------------	--------------------

**Change History**

Version No.	Revision Date	Change Description

**This document is not valid without all the number of pages specified**

*Copyright of this document and its contents rests solely with Mater Dei Hospital. Unauthorised reproduction of this document or communication of its contents to third parties without written permission is strictly forbidden.*

## 1. Purpose

1.1 This dress codes provides guidance to members of staff working in the operating theatres (including endoscopy theatres) [MOT], other hospital personnel as well as visitors to the MOT relating to proper dress code and traffic in the operating theatres.

## 2. Scope

2.1 The scope of proper apparel within the MOT is to avoid the cross transmission of infection to patients being operated in this department.

## 3. Procedures

3.1 The risk of infection within any operating theatre relates to the actual area where procedures directly relevant to the surgical operation are performed. This is obviously the operating room itself but also the scrub room (where gowning is undertaken) and sterile instrument preparation room. However for ease of policy compliance, it has been deemed feasible and practical to delineate the whole individual theatre Annexes in this category.

### Restricted areas:

3.2 Therefore, for the purposes of this SOP, the RESTRICTED (high risk) areas include the:

- operating room itself,
- scrub room,
- sterile instrument preparation room
- anaesthetic room
- dirty utility room

#### 3.2.1 *Dirty utility room*

Only members of staff performing duties within and / or processing used surgical instruments and other decontamination practices should enter into this room. Under no circumstance, should other individuals enter the operating room through the dirty utility.

3.3 The main risk for infection in the MOT is airborne contamination. Bacteria disseminated into the air can then settle onto the open wound of the patient being operated. The main source of this contamination is invariably the individuals present. It is for this reason that staff are required to change from their outdoor clothing into full theatre apparel.

No one should therefore enter the restricted area of a theatre unless wearing the full indicated theatre apparel, which includes:

- theatre greens (both tunic and trousers),
- designated theatre footwear (clogs),
- cap and
- mask

### **3.3.1 Face Masks**

Surgical masks in the operating theatre serve to contain the micro-organisms expelled from the mouth and nose, provide a barrier for airborne organisms and also to protect against blood and body fluid splashes. Masks also offer some protection from inhalation of surgical smoke and laser plume.

Although outcome studies related to mask use have been somewhat inconclusive, the use of a mask offers added protection to the patient on the table from aerosols that can be emitted during talking (or involuntary sneezing) by individuals up to 1 metre away onto the sterile field. Therefore all personnel present in the operating room during a surgical procedure should wear a surgical mask to completely cover the nose and mouth and reduce shedding of bacteria on the surgical field. This is especially important during prosthetic implant surgery.

Masks should be changed if it has become contaminated or damp. They should not be worn outside theatre area or left tied around the neck. After surgery, the mask should be removed and disposed of. Hand hygiene should be performed following mask removal.

When the patient has or is suspected to have infectious tuberculosis (TB) in a body organ to be explored during surgery, an N95/FFP2 respirator mask must be worn by ALL personnel before they enter the operating room and kept on at all times.

### **3.3.2 Theatre Caps**

Theatre caps reduce contamination of the surgical field by organisms shed from the hair, scalp and ears. Anyone entering the restricted zone should therefore tie back any long hair and put on headgear. Caps should cover all the hair, which should be secured in a way that it does not drop from under the cap when the head is bent forward. After use, headgear should be disposed of and should not be worn outside the MOT. Reusable headwear should be kept clean and washed after each duty.

Hijab head covers can be worn in the restricted areas of the operating theatre as long as a disposable theatre cap is worn on top of the hijab. The hijab ends should be inserted inside the theatre vest.

### 3.3.3 Gowns and Scrub suits

Disposable gowns are not satisfactory as protection within the operating room since the outdoor clothes would still shed skin scales from beneath the gown.

Theatre attire should be

- ☐ made of a close-knit material with antistatic properties
- ☐ resistant to bacterial penetration
- ☐ flame resistant
- ☐ lint-free, as lint can increase the number of airborne particulates
- ☐ coloured to reduce glare
- ☐ cool and comfortable with maximum skin covering
- ☐ professional in appearance
- ☐ provided freshly laundered and in good condition

Sterile gowns and drapes should be compliant with the Medical Devices Directive and conform to the standards set in MSA/ISO 13795 made of waterproof material. They should cover sufficient area to avoid possible contamination to the operating team from the patient's body fluids. Scrub suits should be changed if penetrated by blood or body fluids.

### 3.3.4 Warming Jackets

Since the low temperatures in operating theatres may cause discomfort to staff, cotton warming jackets should be provided. Cardigans made of linting material such as jersey/wool are not allowed within the operating theatres as they increase airborne particulates

### 3.3.5 Shoes and overshoes

Anyone entering the restricted zone in the operating theatres must be wearing designated theatre footwear. Theatre personnel must change into their own shoes when leaving the theatre area and entering an unrestricted zone.

Hospital ward staff, relatives and occasional visitors entering the operating department can enter semi restricted areas in their own shoes. However anyone entering the restricted zone must remove outdoor shoes and change into theatre footwear.

Theatre footwear should be well fitting and protective, with enclosed toes and upper surface. They should provide protection from spillages, accidentally dropped sharps and have antistatic properties. It should be made from a material which allows cleaning and decontamination. Theatre footwear should be regularly cleaned to remove splashes of blood and body fluid. Theatre footwear should not be stored in a contaminated state.

Overshoes are absolutely not fit for purpose within operating theatres because they often tear during use; additionally there is a significant risk that individuals contaminate their hands when putting on overshoes and then spread these bacteria to anything they touch. The use of overshoes is **not** recommended as they have no impact on reducing environmental contamination and may actually contaminate the hands when applied or removed. Overshoes have never been shown to reduce risk of surgical site infection or to decrease bacteria counts on the operating room floor.

Similarly tacky (sticky) mats placed outside the entrance to an operating theatre have not been shown to reduce the number of organisms on shoes or stretcher wheels, nor do they reduce the risk of surgical site infection. They should not be used.

### **Semi restricted areas**

3.4 The corridor, recovery area, holding bay, staff rooms, changing areas and offices are semi-restricted areas. In this zone, it is permissible to have both individuals in theatre apparel as well as those wearing normal outdoor clothing. Studies have shown that in this setting individuals with outdoor clothes (unless grossly soiled or dirty) pose no risk of contamination to members of staff already wearing theatre apparel or to high risk areas.

3.4.1 All individuals within semi-restricted areas should be Bare Below the Elbows. This requires that all jewellery - including wrist watches - are removed and placed in lockers and long sleeves sufficiently rolled up to above the wrist to allow unhampered hand hygiene. False/gel nails or nail polish should not be worn. Long hair should be tied back. Alcohol hand rub should be applied to the hands before entering the theatre from the reception area or changing rooms.

3.5 The semi-restricted nature of this area stems from the need to:

- Reduce traffic in what is probably one of the busiest places within a hospital. For this reason, non-essential or unauthorised individuals should be discouraged from entering these areas.
- Ensure that staff wearing theatre apparel do not exit the theatre whilst wearing theatre apparel.

3.6 All staff wearing theatre apparel should not leave the semi-restricted area into the other areas of the hospital without changing back to outdoor clothing before exiting. This also applies for staff going to smoke in designated smoking areas outside the hospital.

3.6.1 If there is an urgent clinical need to exit the theatre (e.g. to visit a patient in the ward who has deteriorated suddenly), then individuals should put on either a white coat or a properly closing disposable gown, before leaving the theatre and change their theatre footwear into proper outdoor shoes. This needs to be done through the changing rooms where the footwear is changed and the white coat donned. Theatre staff should not visit wards or other parts of the hospital wearing any theatre footwear and especially if this is soiled. Putting overshoes over theatre shoes to leave the theatre is not acceptable.

3.6.2 In the event of an emergency in which there is no time for a doctor to change, s/he must then change completely on returning back to the theatre, including a new change of theatre footwear.

3.7 Patient beds constitute an even greater risk of contamination than individuals' outdoor clothing. Entry of patient beds into the holding bays or recovery areas does not pose a significant risk for the same reason as that mentioned for clothing. However, taking a bed directly into an operating theatre can potentially lead to contamination unless proper precautions are taken. Therefore patient beds should never be taken into a theatre *before* an operation except in genuine emergency procedures (e.g. ITU/CICU patients). It is acceptable for a patient to be transferred from the operating table directly to the bed *after* the operation has ended. In such circumstances, the beds should be wheeled in through the single access exit door (not through the anaesthetic room). Once the bed has left the operating room, a full terminal cleaning should be done and the room left idle for 15 minutes in order for the necessary air changes to take place.

### **3.8 Guidance in common scenarios**

#### **3.8.1 Operating theatre staff**

Hospital staff whose duties involve work within the operating theatres should access the department through level -2 and change into proper theatre attire in the changing rooms.

#### **3.8.2 Visitors to the operating theatre**

Unauthorised visitors to the operating theatres should make themselves known to a receptionist/member of staff and wait until they are authorised to enter. They should be preferably accompanied by a member of staff within the theatre complex. If they will not be actually entering any restricted areas, they do not need to change their outdoor clothing, unless the receptionist notes that they have grossly dirty clothes or shoes. In such cases, they will not be given access but asked to leave and return when they have changed into a clean set of clothes and/or shoes.



Although visitors remaining in the semi-restricted area can stay in outdoor clothes, they should be Bare Below the Elbows. Therefore such visitors should be asked to take off any jacket and hang it in reception, remove jewellery and put it in their pockets and roll up any long sleeves to just below the elbow. In addition they should apply alcohol hand rub to the hands before entering the theatre.

If visitors need to enter a restricted area where operations are/will be taking place, they should be accompanied to the changing rooms at level -2 and given a full set of theatre apparel to change into, before accessing the operating rooms.

### 3.8.3 Maintenance personnel

If maintenance personnel need to access the theatre during an actual operation, or just before an operation is due to start, then they need to change into full theatre apparel. This includes theatre designated footwear. If the work requires the use of ladders etc. or any intervention which cannot safely be done with theatre clogs, then safety shoes that are specifically designated only for theatre use should be worn.

If the maintenance will be done at the end of the theatre session, or there is time to perform terminal cleaning after the engineering works, then there is no need for these staff members to wear specific theatre apparel. Once the maintenance has been completed, the theatre should then be terminally disinfected and again at least 15 minutes left before any new operation. Maintenance staff should enter the operating room through the exit door - not through the anaesthetic room (unless they need to do work in that room).

### 3.8.4 Parents accompanying children or partners present during C-Section

Accompanying parents should be given a pair of disposable 'hotel type' slippers as well as a disposable gown and cap. They will be also asked to perform hand hygiene using alcohol hand rub. In these unique situations, parents can be allowed into the operating room itself. It is important that their stay within the operating room is as short as possible. Once this is done, they will be asked to leave and accompanied out of the operating theatre department. The same procedure should be applied to partners accompanying women delivering by Caesarian Section.

Similar procedures can be applied for any policemen accompanying prisoners into the operating room or authorised individuals accompanying a patient into restricted theatre areas. However they should be allowed only until the anaesthetic room. If they insist that they need to enter into the theatre, then they should be accompanied to the changing rooms, provided with a full set of theatre apparel and asked to change.

3.8.5 Nurses bringing or taking patients to and from the wards

By the same principles outlined above, nurses bringing patients into holding bays and taking them back from the recovery areas do not need to undertake any change of clothing or additional precautions other than applying alcohol hand rub when entering the semi-restricted areas.

3.8.6 Doctors or other individuals seeking consultations with surgeons present in the operating theatres

If meetings or consultations with surgical staff will take place in offices or in other areas of the semi-restricted zones, then the doctors do not need to change from their outdoor clothing. If, on the other hand, they need to actually enter into restricted areas then, as indicated above, they need to change into full theatre apparel and footwear before entering to speak with the surgeon.

**3.9 Restricting personnel within active operation rooms**

Although theatre apparel is important to reduce the risk of contamination within the theatres, in order to be fully effective it is essential that personnel within the theatre are kept to a minimum. No more than **10 persons** should be present within any operating room at any one time. If this number is reached, then non-essential personnel (such as medical students) should be asked to leave. It is strongly encouraged that operations are videotaped so that medical and other undergraduate students do not need to enter into theatres but will be able to learn about the operation remotely.

Since the act of eating and drinking involves contact of fingers to the mouth and face (which is a contaminated area of the body), no food or drink should be consumed in restricted areas. Furthermore, although not strictly an infection risk as proper hand hygiene is performed, eating and drinking in corridors and near nursing stations gives an unprofessional image to patients and should be avoided; refreshments should be consumed in the available coffee rooms.

## 4. Responsibilities

- 4.1 All individuals – both those working in the theatres as well as visitors – are obliged to follow this guidance.
- 4.2 All line managers, namely the Senior Nurse Manager in charge of the Operating Theatres and the Clinical Chairs of the surgical specialties, are responsible to ensure that this guidance is disseminated to all staff under their charge and to make it clear issued that compliance is expected and non-compliance will be subject to possible disciplinary measures.
- 4.3 Operating Theatre Charge Nurses have the delegated executive authority from the CEO to stop any individual who is not complying with this SOP and insist on the necessary corrective action. Refusal must be reported directly to the CEO.
  - 4.3.1 They should also ensure that sufficient signage is in place to guide staff entering restricted and semi-restricted areas.
- 4.4 The Infection Control Dept is responsible to support this SOP through adequate training and education.
  - 4.4.1 Training sessions must be organised in such a way that all theatre staff can attend.
  - 4.4.2 Attendance is mandatory for all staff – medical, nursing and allied professionals – who work in the theatres. Attendance records must be kept and forwarded to the Human Resources Dept.
  - 4.4.3 Induction sessions should be held for all new theatre personnel.