Rituals and behaviours in the operating theatre

What is needed for effective infection prevention and control - and what is not







Preventing contamination of the environment

- Clean all hand and body contact surfaces between patients. In addition, disinfect after dirty/ contaminated procedures. Keep the operating room tidy. Ensure cleaning/disinfection also includes the clinical care equipment (e.g. anaesthetic machines) and the anaestetic room.
- No need for complicated trolley systems. Patients can walk to the theatre or can be brought on clean beds or chairs.
- No need to place any type of patient at the end of an operating list for infection prevention and control reasons.
- Allow patients with isolation/contact precautions to recover in the operating room or in a designated section of the recovery area, before transfer back to a ward.
- Limit non-essential staff movement during surgical procedures to minimise bacterial air counts.

Preparation before surgery

- Encourage patients to shower/bathe before surgery, but do not delay operations for those who are not able to do this. Instruct patients not to shave the area where the surgery will be carried out.
- Refer to NICE guidelines for advice on choosing appropriate skin preparation and hand scrubbing solution.
- Lay up the instruments and prosthetic materials as close as possible to the time when they will be required, and preferably under the ultraclean ventilation (UCV) canopy.

Staff attire

- It is preferable for staff not to wear jewellery below the elbows. Do not allow staff to wear nail polish or artificial nails.
- It is preferable for staff to wear a head covering and a face mask.
- Change or cover operating theatre attire if leaving the operating theatre complex.

Patient and visitor attire

- No need for patients to remove their jewelery, artifical nails or to wear a head covering for infection prevention and control reasons.
- Ask all visitors to wear the same attire as the operating theatre staff.

