

**LOYOLA
MEDICINE**

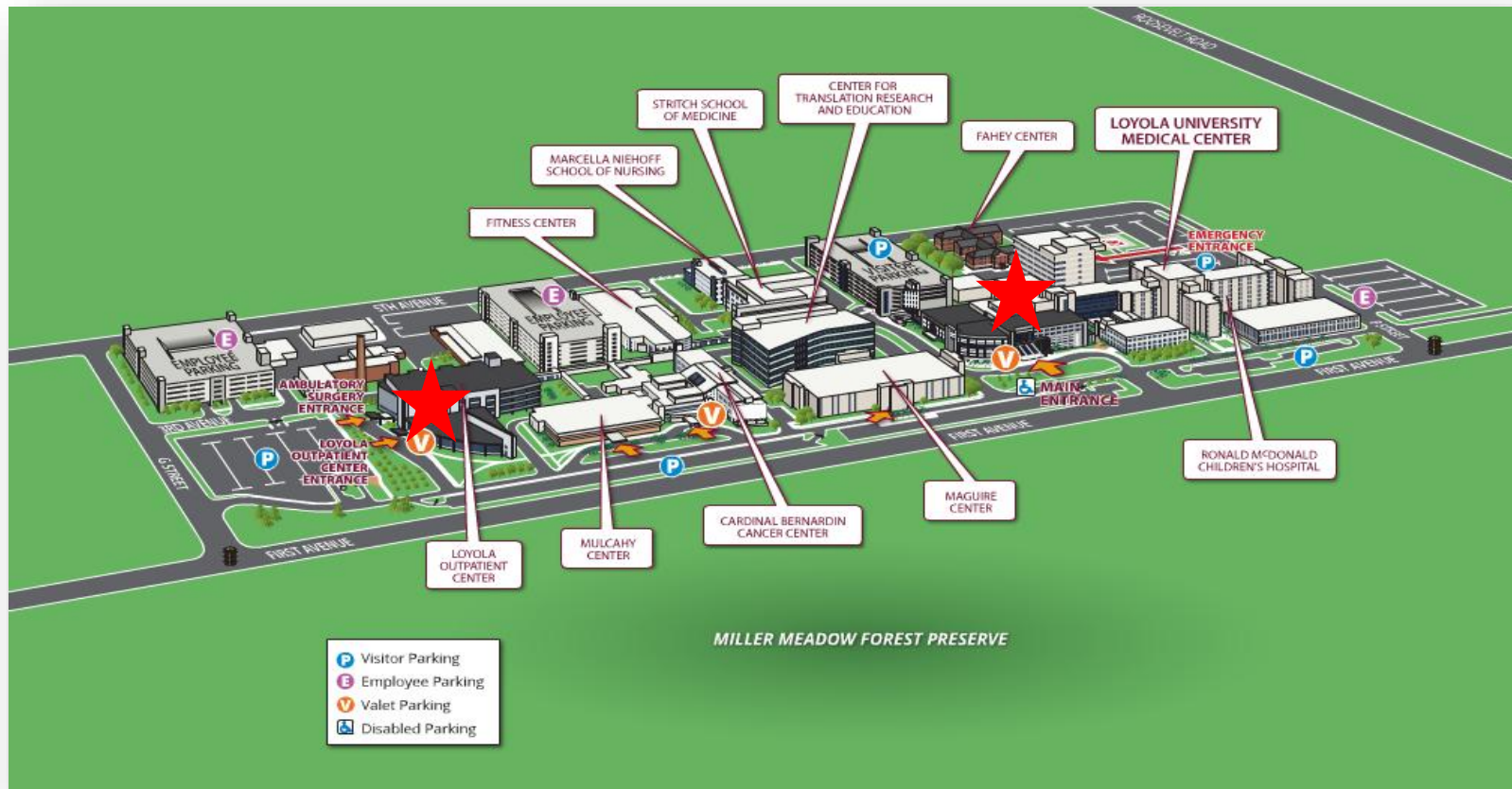


Medical Student

Operating Room Orientation

Operating Room Location:

- Russo - Russo Pavilion 2nd floor
- ASC – Outpatient building 2nd floor



Operating Room Traffic Patterns:



Unrestricted Areas

- **Attire:** Street clothes permitted
- **Locations:** Locker rooms, PACU, Pre-op

Semi-restricted Areas

- **Attire:** Surgical scrubs & bouffant hat
- **Locations:** Hallways leading to the ORs

Restricted Areas

- **Attire:** Surgical scrubs, bouffant hat, mask (when sterile supplies are open), & protective eyewear
- **Locations:** OR suites



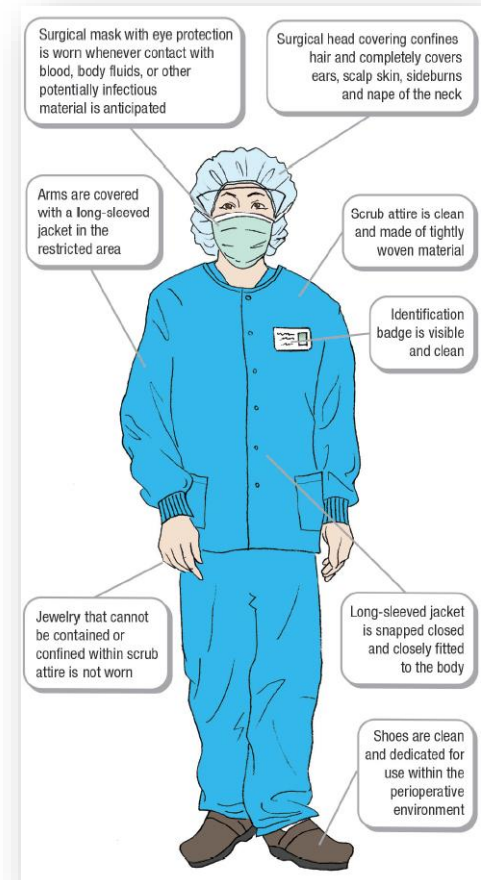
Surgical Attire:

- Use badge to obtain scrubs



Surgical Attire:

- Clean scrubs donned daily at the hospital
- No long sleeved/undershirts visible
 - Disposable long sleeve jackets are available for your use
- No rings/necklaces/jewelry
 - One set of studded earrings OK (if covered)
- No chipped nail polish
- Fingernails are to be trimmed and neat
- Dedicated pair of OR shoes
 - Shoe covers are available
- Bouffant surgical head coverings are to be worn
- Masks are to be worn



Masks & Eye Protection:

MASKS:

- Located at every scrub sink
- Masks are to be tied at the crown of the head and the base of the neck



EYE PROTECTION:

- OSHA, CDC, & the hospital mandate that staff in procedural areas wear eye protection in procedural or invasive areas
- Available to you: Disposable glasses or mask with attached shield



Bouffant Hat:

- Hair must be completely covered
- Located inside locker rooms
- Also available:
 - Beard covers
 - Hoods





Aseptic Technique:

Sources of Infection

Patient

Personnel

Equipment

Environment



Aseptic Technique:

SURGICAL ASEPSIS

- Designed to exclude all microbes
- Practiced in major diagnostic & procedural areas (including the OR)
- Demands the highest level of aseptic technique

MEDICAL ASEPSIS

- Designed to exclude microbes associated with communicable diseases

Principles of Aseptic Technique:



- Only sterile items are used within & on the sterile field
- Sterile persons are gowned and gloved
- Tables are sterile only at table level
- Sterile persons only touch sterile items or areas
- Unsterile persons will avoid reaching over the sterile field
- The edges of anything that encloses sterile contents are considered unsterile

Principles of Aseptic Technique:



- The sterile field is created as close as possible to the time of use
- Sterile areas are continuously kept in view
- Sterile persons keep well within the sterile area
- Sterile persons keep contact with sterile areas to a minimum
- Unsterile persons avoid sterile areas
- Destruction of the integrity of microbial barriers results in contamination
 - **The slightest break in sterile technique results in contamination**

The Sterile Field:



What is Sterile?

- Clavicle to the level of the sterile field
- 2" above the elbow to the cuff of the gown circumferentially
- Gloves circumferentially

 - **Sterile**

The Sterile Field:



What is Sterile?

- Top of the mayo stand
- Top of the back table
- Top of the draped patient
- Light handle covers

 - **Sterile**

The Sterile Field:



What is Unsterile?

- Everything else!!

 - Unsterile

Things to Avoid: 2 ft Distance



Mayo Stand



Back Table

Sharps Safety

- Neutral zones
 - Yellow or blue
 - Green magnetic
- Announce “sharp down”
- Don’t grab instruments off the mayo stand



Patient Transfers

• Steps:

- Have a minimum of 4 people
 - Head, both sides, feet
- Lock the OR table
 - Confirm it is locked
- Lock the patient cart/bed
 - Confirm it is locked
- Roll patient on side & place transfer board
 - Use draw sheet
 - Board typically should be placed between the patient's shoulder and hip/buttock
- Roll patient back to supine
- Gently push/pull the patient to the new bed



• Where you can help:

- Feet
- On the side **WITH** a RN or resident next to you



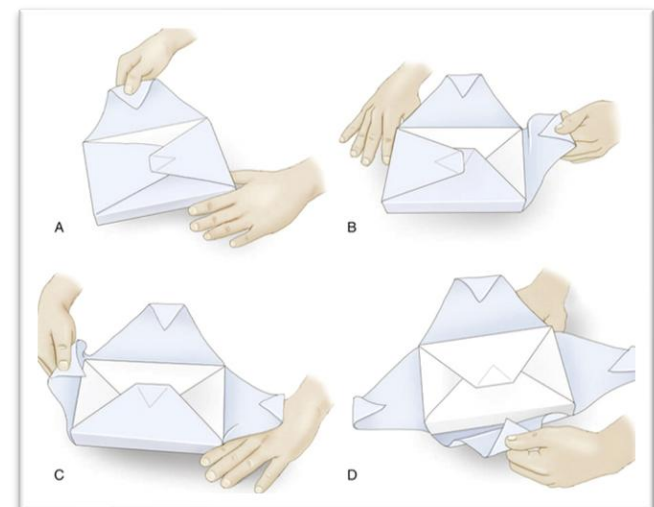
Surgical Hand Scrub:

- “Process of removing as many microorganisms as possible from the hands and arms by mechanical washing and chemical antisepsis before participating in a surgical procedure”
 - Despite mechanical action and chemical antimicrobial component of the scrub process, skin is never sterile



Surgical Hand Scrub:

- **Preparation:**
 - Don appropriate PPE
 - Mask
 - Eye protection
 - Shoe covers (if applicable)
 - Lead (if applicable)
 - Introduce self
 - Write name on whiteboard or leave ID on desk
 - Remove jewelry/Band-Aids
 - Open sterile gloves **x 2**
 - Open sterile gown



Surgical Hand Scrub:

- Traditional scrub:

- CHG scrub brush
- Counted strokes
- Requires drying with sterile towel
- 3 minutes

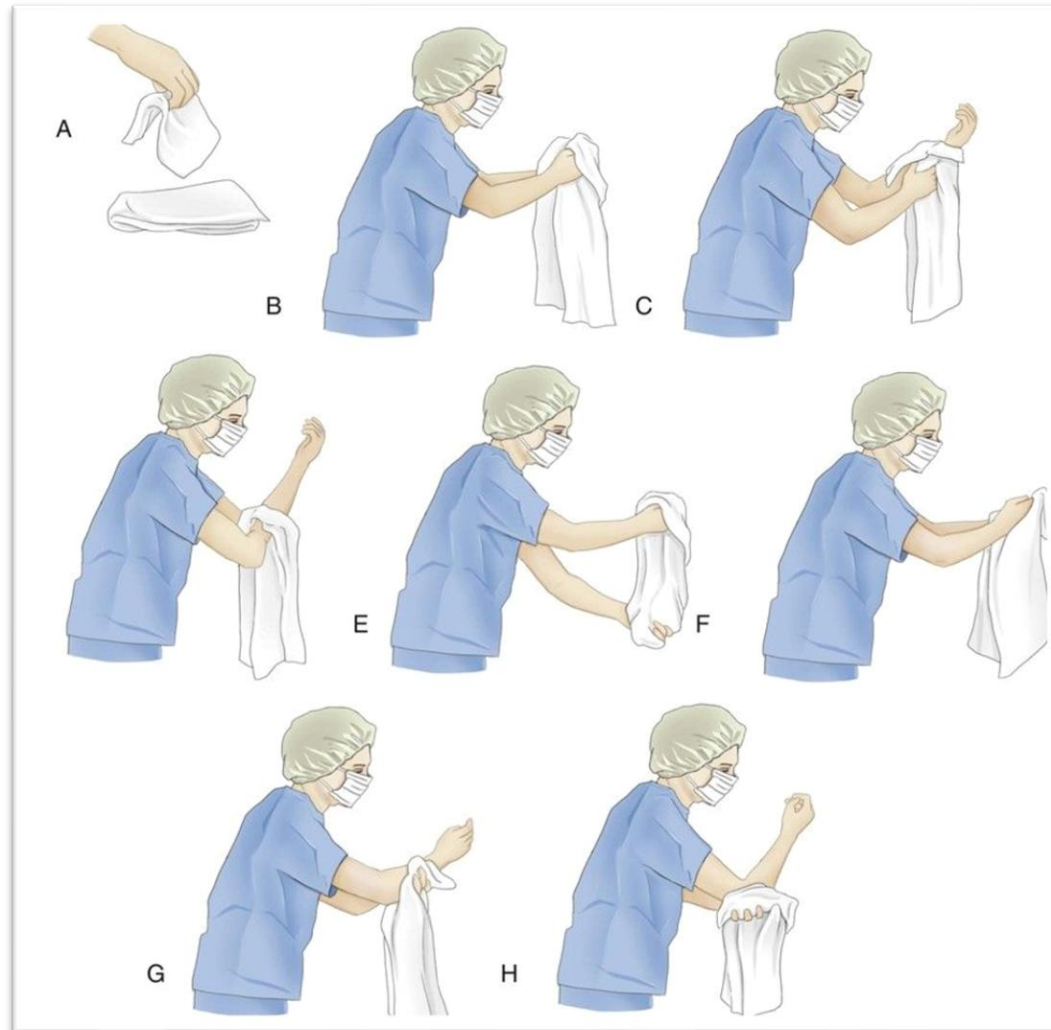


- Avagard:

- Before first scrub:
 - Clean nails
 - Wash hands
- 3 applications without water
 - Each forearm
 - Hands
- Dry without towel
 - Before gowning and gloving



Surgical Hand Scrub:



Traditional Scrub:



LOYOLA
MEDICINE



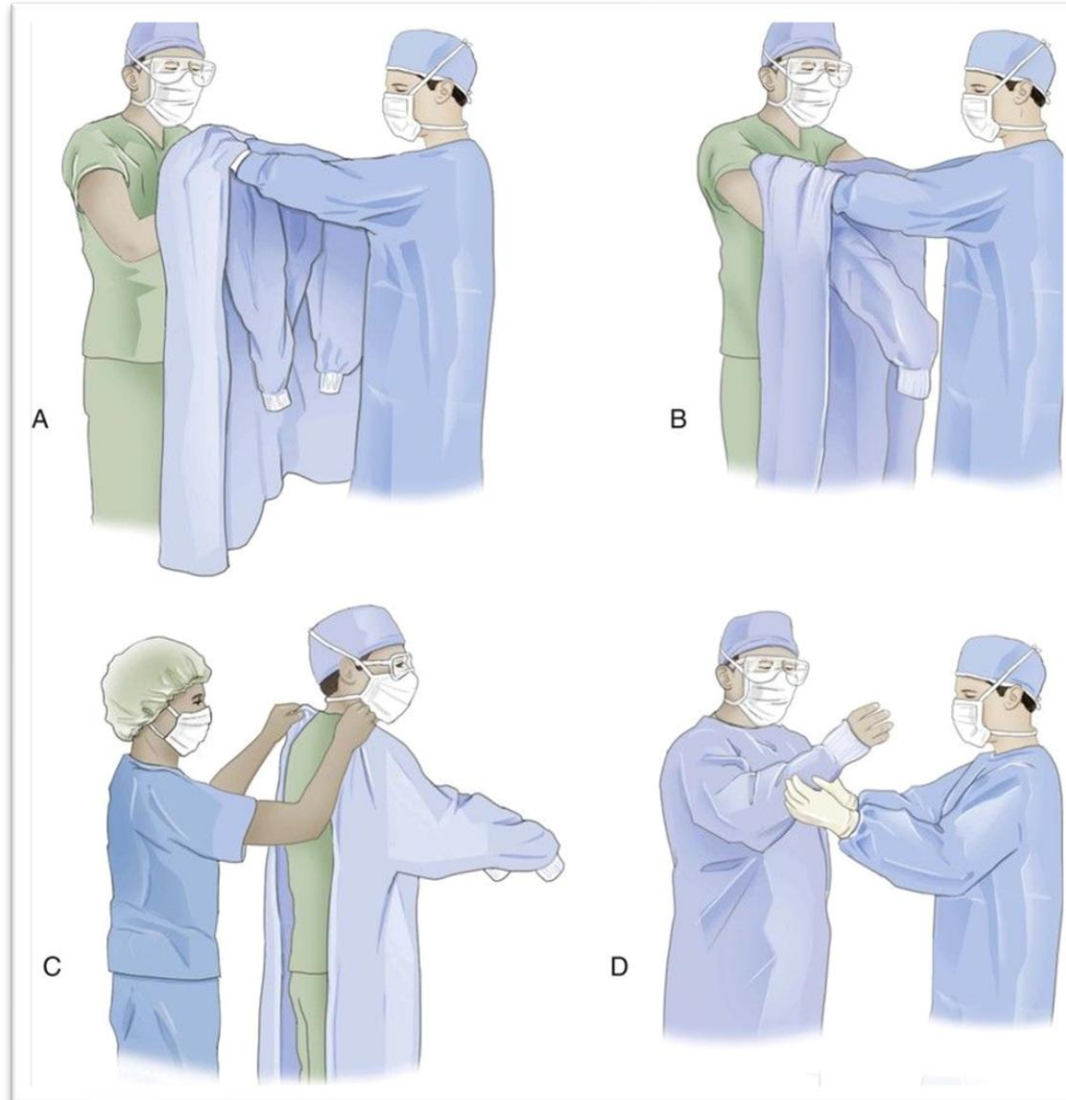
Avagard:



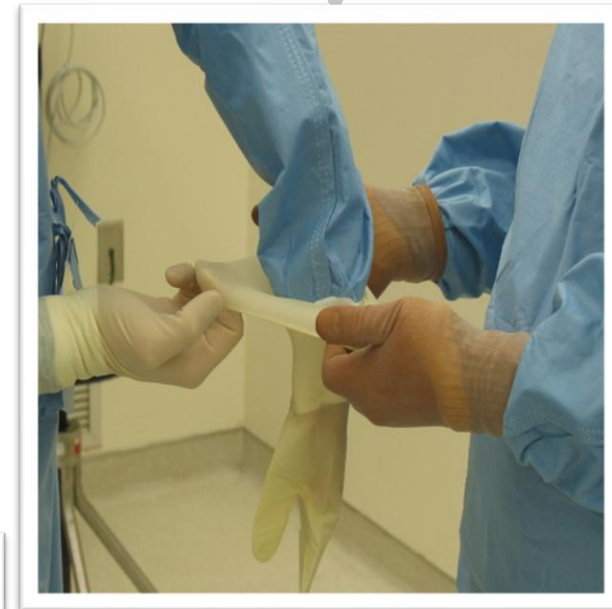
LOYOLA
MEDICINE



Assisted Gowning:



Assisted Gloving:



Assisted Gloving:

Double up

Glove breach dangers

Did you know.
385,000
sharp injuries
occur each year¹



1 drop = 1,000



Up to **83%**
of glove breaches
may go unnoticed²



Double-gloving

Protection
to the power of
two

Reduces the volume
of blood on a solid
suture needle
by as much as

95%

reducing your
exposure to
bloodborne pathogens³

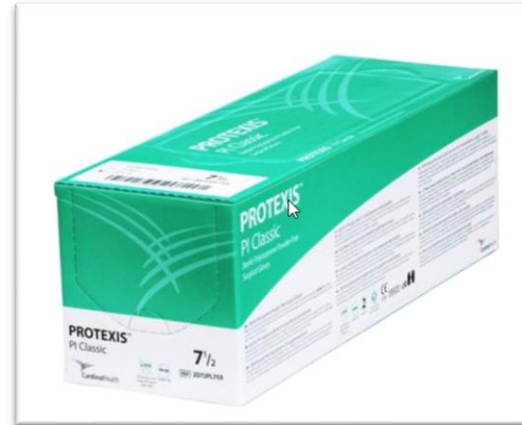
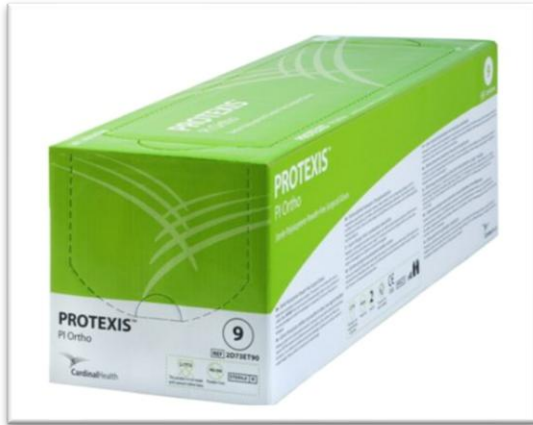


Reduces
needlestick injuries
by as much as

82%⁴



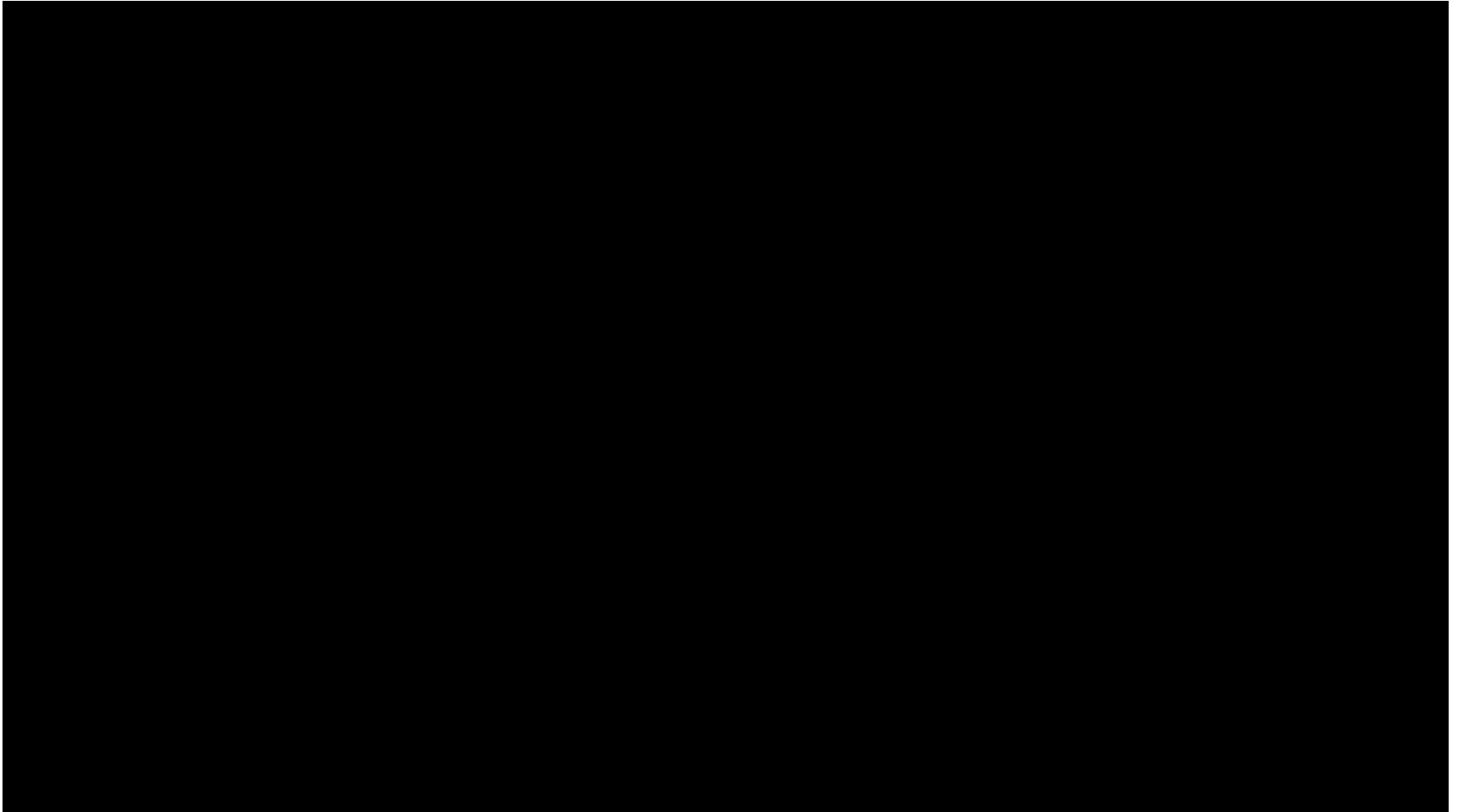
Assisted Gloving:



Assisted Gowning & Gloving:



LOYOLA
MEDICINE



Gown & Glove Removal:

