Recommended practices for prevention of transmissible infections in the perioperative practice setting

AORN Recommended Practices Committee.
2011 Perioperative Standards and Recommended Practices.

KEY POINTS
• The AORN Recommended Practices Committee has developed recommendations for the prevention of transmissible infections for health care workers
• The adoption of a series of simple processes can provide protection for surgical personnel

INTRODUCTION
Today’s health care environment presents significant challenges in terms of safeguarding health care workers from infectious agent transmission. The following is a set of recommended practices developed by the AORN Recommended Practices Committee.

RECOMMENDATIONS
1. Standard precautions
Standard precautions should be applied across all aspects of health care delivery as any individual may be colonized with pathogens sometimes without being symptomatic. Exposure to potentially infectious agents should be minimized by the use of protective equipment and work practices.

2. Hand hygiene
All personnel should practice general hand hygiene – the single most important measure to reduce the spread of microorganisms. An appropriate alcohol-based hand antiseptic and/or hand wash sinks should be provided in convenient locations.

3. Protective barriers
Appropriate gloves for the task should be utilised to provide an effective barrier against infectious materials (blood, body fluids) and chemicals. Health care workers must also wear masks, protective eye wear, face shields and/or fluid resistant attire when appropriate.

4. Double glove
Health care practitioners should use two pairs of gloves during invasive procedures. A systematic review of 18 clinical trials of gloving practices clearly demonstrated that double gloving minimizes the risk of exposure of health care workers to blood during invasive procedures.

5. Contact precautions for infected patients
Health care worker should take contact precautions – such as wearing gloves, gowns, masks, face protection – when caring for patients known or suspected to be infected with microorganisms that are transmitted by direct or indirect contact with patients or surfaces in patients’ environments. Equipment and surfaces should be routinely cleaned.

6. Droplet precautions
Droplet precautions such as wearing masks, positioning patients at a distance of at least three feet from others and placing surgical masks on patients, should be used when caring for patients infected with microorganisms that can be transmitted by infectious large particle droplets. Equipment should be cleaned after use.

7. Airborne precautions
For patients infected with microorganisms that can be spread in the air, precautions such as wearing a National Institute of Occupational Safety and Health NIOSH-approved N95 mask, placing surgical masks on patients, airborne isolation rooms and ventilation for areas outside the surgical suite, should be employed.
Recommended practices for prevention of transmissible infections in the perioperative practice setting

AORN Recommended Practices Committee.  
2011 Perioperative Standards and Recommended Practices.

8. Immunization
Health care workers should be immunized against epidemiologically important agents.

9. Precautions to minimize risk of exposure to pathogens
Work practices should be designed to minimize risk of exposure to pathogens. Activities involving hand-to-hand, hand-to-skin, hand-to-nose, hand-to-mouth, or hand-to-eye action e.g. eating, smoking, applying cosmetics or handling contact lenses, should be prohibited in the work area.

10. Precautions to prevent sharps injuries
Personnel should take precautions to prevent injuries caused by needles, scalpels and other sharp instruments. Health care organizations must have a comprehensive exposure control and work practice controls must be in place to minimize health care worker exposure when handling sharps.

11. Restriction of activities of personnel with infections
Activities of personnel with certain diseases or conditions [blood borne disease, exudative lesions or weeping dermatitis] should be restricted when these activities pose a risk of transmission of infection to patients and other health care workers. Identification, evaluation by a physician, and assessment of fitness for work performance should be required.

12. Biological attack policies
Policies that address responses to threats of intentionally released pathogens [e.g. anthrax, botulism] should be provided to health care workers.

13. Epidemic/pandemic policies
Policies that address responses to epidemic or pandemic pathogens [e.g. severe acute respiratory syndrome, avian flu, influenza] should be provided to health care workers.

14. Transmissible infection prevention
Health care workers should be knowledgeable about infection transmission, risks to patients and personnel, measures to minimize these risks and actions to be taken in the event of an exposure.

15. Policies
Policies and procedures should be written, periodically reviewed, and readily available within the practice setting.

CONCLUSION
Health care workers should be committed to ensuring their own, their patients’ and their colleagues’ safety through following recommended practices for prevention of transmissible infections.

For further information on any of the above, please contact your local representative or Mölnlycke Health Care directly at the address below.

This summary is provided as a courtesy by Mölnlycke Health Care. Mölnlycke Health Care has attempted to accurately summarise the significant issue discussed in the published study but makes no representation to the accuracy or competence of the summary. We refer the reader to the actual study for more information. Mölnlycke Health Care will provide reprints on request.