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September 19, 2016

Martha Stratton, MSN, MHSA, RN, CNOR, NEA-BC AORN President 2170 South Parker Road, Suite 400 Denver, CO 80231

Dear Ms. Stratton,

Association for Professionals in Infection Control and Epidemiology (APIC) members have identified the potential for confusion among healthcare personnel and regulatory agencies due to discrepancies between the August 4, 2016 American College of Surgeons (ACS) on-line consensus statement on operating room attire (ACS Statement) and the Association of periOperative Registered Nurses (AORN) Guideline for Surgical Attire, 2014 revision (AORN Guideline).

The ACS Statement and AORN Guideline agree on the following topics: changing surgical attire when soiled and at least daily, removing masks rather than leaving masks dangling at the neck, removal or covering of ear, head, and neck jewelry, and not wearing surgical scrubs outside of the hospital. However, the two professional organizations disagree on frequency of changing head coverings (hats), wearing a lab coat or cover-up over surgical scrubs outside the operative environment, and allowing ears and hair on the nape of the neck and sideburns to remain uncovered.

Covering of the ears and neck/facial hair is perhaps the most controversial part of this debate, since the traditional skull cap has been favored by surgeons for decades. It is pertinent to note, the AORN Guideline does not require wearing of bouffant hats in operative areas, but does recommend covering of ears, neck and facial hair. At this time, the ACS Statement does not contain a reference list or resources reviewed that would warrant taking a different approach to this issue.

The Association for Professionals in Infection Control and Epidemiology (APIC) supports adherence to the AORN Guideline, which was approved by the National Guideline Clearinghouse, based on rigorous standards of evidence appraisal prior to publication. We also recommend that each healthcare facility include a risk assessment related to compliance with perioperative issues as recommended by current AORN guidelines and APIC implementation guides.

APIC is concerned that failing to follow the AORN Guideline may have a potential impact on surgical site infections (SSI) due to locally introduced contamination during the perioperative period from uncovered hair and ears. Once contamination with microbes has occurred there is potential for biofilm formation, especially during hardware or implant surgical procedures. Grampositive organisms predominate in orthopedic SSIs, with coagulase-negative *Staphylococcus* historically being the most common microorganism, followed by *Staphylococcus aureus*, both

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methicillin-resistant and susceptible.¹ These gram-positive organisms often constitute the normal flora of skin. Outbreaks of SSI caused by Group A *Streptococcus* and *Staphylococcus aureus* have been associated with colonized and infected healthcare personnel. The organisms were likely transmitted by friction and movement through air currents created by traffic in the operating room (OR).² The use of observation tools such as the <u>OR Infection Control</u> <u>Observation Checklist</u> includes a category for surgical attire to ensure all hair is covered for every person in the OR and is designed to measure compliance with aseptic technique and to quantify observed behaviors.³

Thank you for the opportunity to bring this issue to your attention. We look forward to further discussion on this issue as well as other issues of mutual interest. For questions, contact, Silvia Quevedo, Director of Practice Guidance at squevedo@apic.org

¹ APIC Implementation Guide to the Elimination of Orthopedic Surgical Site Infections, 2010 p.15.

²Sheretz, RJ, Bassetti, S, Bassetti-Wyss, B, "Cloud" Healthcare Workers. Emerg Infect Diseases 2001; 7(2):241-244.

³ APIC Implementation Guide for the Prevention of Mediastinitis Surgical Site Infections Following Cardiac Surgery, 2008, Appendix A: A Checklist for Cardiac OR Infection Control Observations.

Sincerely,

Susan Dolan

Susan Dolan, RN, MS, CIC, FAPIC 2016 APIC President



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