



## Policy Document

### Provisional Guidance on of Wearing of a Headscarves and Long-Sleeve Tops for Staff Working in Operating Rooms.

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## **Background**

Guidance has been sought regarding theatre staff who wear headscarves and long sleeve tops under their scrub top while working in the operating room. This opinion provides guidance on this issue. The Guidance is intended for staff assigned to work in the operating theatre and who are accessing the operating rooms where surgical procedures are conducted. **The guiding principle is that all staff who work in any healthcare setting must accept that requirements for patient safety take priority over personal preference with respect to dress and appearance regardless of the basis for those preferences.**

The purpose of covering hair in the operating theatres is to prevent contact between hair and patients/equipment/contact surfaces and to reduce shedding of skin squames/hair and associated bacteria. The conventional theatre head covering is a disposable light fabric hat or hood. These covers are clean but are not sterile. There is some evidence that wearing a head covering reduces microbial shedding in the operative field. (Hubble *et al.*1996). A recent study showed no evidence for reduced incidence of infection related to wearing bouffant caps (elasticated) instead of traditional surgical caps (Shallwani *et al.* 2017). Thus there is no evidence to support a very prescriptive approach to type of head covering used.

The purpose of wearing theatre scrubs is to limit contamination of the operating theatre by ensuring that staff in the operating theatres wear clean comfortable clothes that ideally are not worn outside of theatre and are covered by an outer garment if staff leave theatre briefly. Short sleeves on theatre scrub tops are intended to facilitate good hand hygiene/surgical scrub.

For much of conventional operating theatre practice the evidence base regarding the importance of specific details of practice is weak. This is true of practice relating to headwear and scrubs. The following recommendation is therefore based on general infection prevention and control principles while allowing staff some freedom in relation to matters of dress that are very important for some healthcare workers and are not likely to impact on patient safety in most circumstances.

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## **Headscarves**

Personal headscarves may be worn in the operating theatre in most circumstances providing the healthcare worker conforms to the following requirements. A healthcare worker who wishes to wear a personal headscarf in theatre has a responsibility to ensure that these requirements are fully complied with.

1. The scarf must be made from a fabric that permits hot wash (60°C).
2. A freshly laundered scarf must be used each day when working in theatre.
3. The scarf(s) must be specifically for use in the operating theatre and must not be worn while travelling to or from work.
4. The scarf must be applied in a manner that ensures that it fits close to the skin at the margins; there are no trailing ends from the scarf (tucked in) and the hair and head are completely covered by the scarf.

If the staff member is working directly in the operative field (scrubbed in) then the personal scarf must be covered entirely with a disposable theatre hood to provide additional assurance that the scarf does not become loose and to avoid a risk of shedding of microbes from the scarf into the operative field.

## **Long sleeve tops**

Personal long sleeve tops may be worn under theatre scrubs in the operating theatre in most circumstances providing the healthcare work conforms to the following requirements. A healthcare worker who wishes to wear a personal long sleeve top under their scrub top in theatre has a responsibility to ensure that these requirements are fully complied with.

1. The top must be made from a fabric that permits hot wash (60°C).
2. The top must be freshly laundered each day of working in theatre.
3. The top must be specifically for use in the operating theatre and must not be worn while travelling to or from work.
4. The sleeves must fit closely to the forearm at least 10 cm above the wrist to ensure that it does not interfere with correct performance of hand hygiene and does not become wet when performing hand hygiene.

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5. If the staff member is working directly in the operative field (scrubbed in) the sleeve length of the top must not interfere in any way with the pre-operative scrub and must not become wet during scrubbing. If the sleeves of a long sleeve top become wet during scrub it must be removed and surgical scrub repeated.

References.

1. Hubble MJ et al. Clothing in laminar-flow operating theatres. J Hosp Infect 1996; 32:1-7
2. Shallwani H et al. Mandatory change from surgical skull caps to bouffant caps among operating room personnel does not reduce surgical site infections in class 1 surgical cases: a single-centre experience with more than 15 000 patients. Neurosurgery 2017.  
<https://doi.org/10.1093/neuros/nyx211>

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