


Clinical Issues

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Purpose/Goal

To provide the learner with knowledge of AORN recommended practices related to allowing OR doors to remain open during and between procedures, negative pressure rooms, the definition of HEP-LOCK, and what antiseptic should be used for vaginal antiseptics if a patient is allergic to povidone-iodine.

Objectives

1. Discuss practices that could jeopardize safety in the perioperative area.
2. Discuss common areas of concern that relate to perioperative best practices.
3. Describe implementation of evidence-based practice in relation to perioperative nursing care.

Accreditation

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Approvals

This program meets criteria for CNOR and CRNFA recertification, as well as other CE requirements.

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Conflict of Interest Disclosures

Mary J. Ogg, MSN, RN, CNOR, and Amber Wood, MSN, RN, CNOR, CIC, CPN, have no declared affiliations that could be perceived as posing potential conflicts of interest in the publication of this article.

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This Month

■ Allowing OR doors to remain open during and between procedures

Key words: *open doors, positive air flow, negative air flow, traffic, surgical site infection, SSI.*

■ Negative pressure rooms

Key words: *negative pressure, negative air flow, airborne precautions.*

■ Definition of HEP-LOCK and the importance of clarifying instructions

Key words: *HEP-LOCK, competency, central venous catheter.*

■ Vaginal antiseptics for patients with povidone-iodine allergy

Key words: *vaginal antiseptics, vaginal prep, povidone-iodine, povidone-iodine allergy.*

■ Allowing OR doors to remain open during and between procedures

QUESTION:

Our new OR manager wants us to leave the doors to the ORs open between procedures. We have always kept OR doors closed both during and between procedures, but we cannot remember why. What is AORN's recommendation?

ANSWER:

AORN's "Recommended practices for a safe environment of care, part II" states, "Doors to the operating or invasive procedure room should be kept closed except during the entry and exit of patients and personnel."^{1(pe13)} The rationale has to do with maintaining positive pressure in the room and decreasing the risk of surgical site infection (SSI).

Pressure within a room may be positive, negative, or neutral. A positive pressure room has special air handling and ventilation to maintain positive air pressure in the room relative to the surrounding

area (eg, hallway, semirestricted areas).^{2,3} Operating rooms are designed to maintain positive pressure at all times.^{2,3} In a positive pressure air system, the air is unidirectional, meaning that it enters the OR from vents near the ceiling, moves downward over the patient and perioperative team, and then exhausts through vents near the floor of the room.^{2,3} The positive pressure airflow moves from the OR (ie, the cleanest area of the OR suite), into the hallway, and into the semirestricted areas. Keeping an OR door closed is important because when the door remains open for extended periods, the heating, ventilation, and air conditioning (HVAC) system cannot sustain critical environmental parameters, such as positive pressure, air exchanges, temperature, and humidity.⁴

The positive pressure air system is an important infection control measure to prevent SSI. There are several studies to support this.⁵⁻⁷ Andersson et al⁵

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