American Society of Anesthesiologists™

1061 American Lane | Schaumburg, IL 60173-4973 | (847) 825-5586
905 16th Street N.W., Suite 400 | Washington, D.C. 20006 | (202) 289-2222

February 22, 2019

Amber Wood
Editor-in-Chief, Guidelines for Perioperative Practice
Association of PeriOperative Registered Nurses (AORN)
2170 S. Parker Rd, Ste. 400
Denver, CO 80231

RE: Public Comment on AORN Draft "Guideline for Surgical Attire"

Submitted Electronically ***and*** via www.aorn.org.

Dear Ms. Wood,

On behalf of the over 53,000 members of the American Society of Anesthesiologists® (ASA), I am pleased to offer comments on the Association of periOperative Registered Nurses (AORN) draft Guideline for Surgical Attire. The revised guideline offers necessary changes to the previous guideline and addresses many concerns expressed by physician anesthesiologists in recent years. ASA thanks AORN for the collaborative and constructive discussions between our societies and we appreciated AORN leadership and staff welcoming ASA feedback on this important topic.

AORN has produced a more accurate document that shows greater attention to levels of evidence and allows local facilities and stakeholders to openly discuss how these recommendations may be implemented. In several areas of the guideline, AORN proactively identifies areas where evidence is either of low quality or inconclusive, clearly labeling those areas for local decision-making. We also recognize how AORN has sought solutions for common questions ASA has received, especially in the elements of hats, sleeves and laundering. For laundering attire in particular, the revised guideline could be used by office-based surgical suites or endoscopy centers (as opposed to larger hospitals or surgery centers) where commercial or facility-level laundry may not be a viable option.

As local facilities and stakeholders analyze this guideline and the strength of evidence, we request that AORN subject matter experts and staff carefully review and edit inconsistencies within the new strength rankings and evidence. First, users of this guideline would benefit from a discussion on how the new rankings align with established and validated evidence assessment tools. Second, we request a careful review of evidence and recommendations within the guideline. In the notes below, we identified one area in particular where we believe the evidence points to a "Conditional Recommendation" rather than a "Recommendation." Last, we believe that the term "Recommendation/Regulatory" coupled with "'Must' be implemented" is confusing as recommendations are oftentimes not required to be implemented. If the recommendation is a regulatory requirement, we believe users would benefit from using the term "Regulatory Requirement" with a citation of the pertinent regulation (e.g. Centers for Medicare & Medicaid Services, Centers for Disease Control and Prevention, specific accrediting organization requirements) for provenance and research purposes.

Our comments below indicate three general themes aimed at acknowledging the changes AORN has judiciously made and offering recommendations on improving the clarity of the guideline. There are many areas where AORN has simplified language, acknowledged evidence limitations and offered solutions – all of which are welcomed by anesthesiologists. We have also identified in our review and comments certain locations where unintended consequences could emerge if certain recommendations were vetted

or implemented by local stakeholders. Last, our comments offer constructive feedback for AORN, anesthesiologists and other stakeholders to consider when implementing this guideline.

Line 37: AORN cited recommendations from the Association of Surgical Technologists for this particular recommendation. We believe this recommendation on laundering could be further enhanced by reference to the Association for the Advancement of Medical Instrumentation (AAMI) and the American National Standards Institute, Inc. (ANSI) work in surgical attire (as cited later in the guideline). Expanding the scope of recommendations will present local departments with appropriate options.

Line 129: ASA recommends AORN either provide additional clarification for the term "Protect" or revise the statement to "*Develop policies for the protection* of laundered surgical attire during transport to the practice setting."

Line 131-136: ASA is concerned that requirements for using "enclosed carts or cabinets" may lead to increased facility costs. We are likewise concerned about the evidence to support this recommendation since the reference indicates a low level of evidence rating – IVC. AORN language indicates conditional recommendation status by using the term "may" in this section. Personnel workflows would also benefit from AORN providing a conditional recommendation for this action.

Should AORN finalize this recommendation, AORN should include guidance or recommendations on designating responsible persons within the facility to routinely clean and disinfect such carts, cabinets and other storage locations.

Line 139: AORN recommends that when excessive contamination of "scrub attire," including any penetration "by blood, body fluids or other potentially infections materials" occurs that the healthcare professional "take a shower or bath before donning fresh attire." Although we recognize the need for such action to take place, we nonetheless note that this solution may be difficult to implement – many operating rooms, especially in ambulatory surgery centers, do not have showers or baths available. AORN should provide guidance to facilities and personnel on appropriate actions to take that would meet the intent of this "Recommendation/Regulatory" action.

Line 140: ASA recognizes that contaminated garments worn by healthcare personnel under their scrub or surgical attire will need to be cleaned and decontaminated in a careful and deliberate manner. We ask for additional details on this "Recommendation/Regulatory" element, including the regulatory citation, and further discussion of the burden hospitals and

facilities may face in collecting, cleaning and returning such garments to the involved personnel.

Line 210: ASA agrees with AORN's Conditional Recommendation regarding "Arms may be covered during performance of preoperative patient skin antisepsis." We expect that local facilities will need to consider this recommendation with regard to individual clinicians and settings. ASA believes that facilities, and not AORN, will need to develop policies to address loose clothing such as scrub jackets.

Line 258, 313:

AORN's revised recommendation of head coverings illustrates the extent to which AORN has worked with multiple specialties and stakeholders on common solutions. AORN has carefully detailed the evidence used to support the recommendation. ASA recognizes that the recommendations only state that hair and beards be covered but does not indicate the type of covering to use or whether the hair and beards should be completely covered. This is an important distinction because the extent of hair and beard coverage and its relationship to shedding has not been studied. We agree with AORN's prudent decision to allow local facilities to determine policy, including the type and extent of beard, hair, scalp and ear coverage required as per the multi-disciplinary and policy-making team at each individual facility.

Line 314: We recommend removing or significantly revising the recommendation "Perioperative team members may select the type of hair covering based on the patient's risk of developing an [Surgical Site Infection] and the team member's risk of exposure to blood, body fluids, and other potentially infectious materials." The evidence cited and discussed by AORN in this guideline concludes that Surgical Site Infections (SSI) are not tied directly to hair coverings. Therefore, perioperative teams should not be basing their selection of hair coverings on the risk of developing an SSI. The criteria used to determine head and beard coverings should be based on evidence, when available, or local workflow and preference considerations.

Our members have identified other factors that a facility may consider when identifying proper hair coverings. One member noted the importance of reducing waste and felt that disposable bouffant hats were environmentally unfriendly. Another anesthesiologist noted that surgical attire, including hats and face coverings should not prevent physicians, nurses and others from developing rapport with patients. She felt that excessive use of various types of covering "is bad for patient care, as covering more of staff's faces takes away from facial expressions that are

important in building trust and rapport with patients as they roll into the very foreign and scary environment of an operating room."

Line 376: AORN appropriately draws attention to soiled badges and we agree that facilities and stakeholders should determine policies for routine cleaning of these badges.

Line 421: ASA recommends removing "with a low-level disinfectant" from the recommendation. Electronic items such as tablets, smartphones and other personal communication equipment are imperative to providing safe, quality care perioperatively and in ensuring care coordination between different members of the patient's healthcare team. Many electronic items cannot be exposed to low-level disinfectants. For instance, Apple recommends wiping their products with a clean, slightly damp cloth – no household cleaners or low-level disinfectants such as 70% isopropyl alcohol with or without a quaternary ammonium. AORN should also put this in a similar perspective with other materials located within the operating room that present similar issues, such as computer keyboards and display monitors.

Glossary ASA recommends that AORN further define or provide links to appropriate resources for the following information that will be used when local practices consider and implement this guideline:

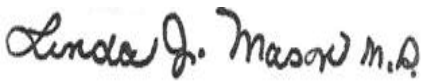
- In the surgical field
- Non-experimental
- Not in the surgical field
- Quasi-experimental
- Restricted Area
- Semi-restricted Area

As with nearly all documents posted with hyperlinks, our review found broken links and expired pages. We recommend that AORN routinely check on and maintain links to online resources. Providing those links are valuable to our members and other stakeholders as it shows not just a high level of transparency in how the guideline was developed but also allows for our members and others to expand their knowledge of surgical attire and infection prevention.

ASA congratulates AORN on the significant and meaningful changes that were made to its Guideline on Surgical Attire. The revisions point toward an increasingly inclusive deliberation process between specialty societies that will benefit the facility policy-making process, healthcare personnel and patient safety in the delivery of quality care. We thank AORN for its consideration of our past comments and our constructive feedback when finalizing its revisions later this Spring.

Thank you for the opportunity for the ASA to make comments on this draft AORN guideline. Please contact Cassie Dietrich, M.D., ASA Physician Representative to AORN at cvolkermd@gmail.com or (913) 242-1610 or Matthew T. Popovich, Ph.D., ASA Director of Quality and Regulatory Affairs at m.popovich@asahq.org or (202) 591-3703 for further discussion.

Sincerely,



Linda Mason, M.D., FASA
President
American Society of Anesthesiologists