

THEATRE ATTIRE V5 (local sop)

Contents

Sections	Page
1.0 Procedure Statement (Purpose/Objective of the Procedure)	2
2.0 Accountabilities	2
3.0 Procedure/Guideline Detail/Actions	3
4.0 Equipment Required	6
5.0 Training	6
6.0 Financial Risk Assessment	7
7.0 Equality Impact Assessment	7 and 17
8.0 Maintenance	7
9.0 Communication and Training	7
10.0 Audit Process	8
11.0 References	8
12.0 Checklist for the Review and Approval of Procedural Documents	15
 Appendices:	
Appendix 1: Correct uniform	9
Appendix 2: Incorrect uniform	10

1.0 Procedure Statement (Purpose / Objectives of the Procedure)

Theatres are committed to provide a Standard Operating Procedure adhering to:

- The Personal Protective Equipment at Work Regulations 1992
- The Workplace (Health and Safety and Welfare) Regulations 1992 The Department of Health (2004) Standards for Better Health
- Uniforms and Work wear- an evidence base for developing local policy July 2007.

Theatres provide work wear and protective clothing to be used positively and constructively in order to: -

- Provide the wearer with mobility and comfort.
- Protect the wearer and patient by being durable enough to withstand decontamination and reduce cross infection risks.
- Contribute to the identification and security of staff.
- Contribute to the corporate image that the employer and their employees wish to present.
- Project a professional image to encourage public trust and confidence.
- Give consideration to ethnic preferences.

2.0 Accountabilities

There is an organisational responsibility to provide appropriate uniform within the theatre environment to abide by standards within section1.

It is the responsibility of Senior Theatre staff to ensure that there is appropriate, timely, communication to the uniform providers regarding sufficient stock levels and appropriate availability of theatre clothing.

It is the responsibility of staff working within the theatre environment to ensure that appropriate attire is worn, within the scope of hospital policy.

It is the responsibility of staff working in the theatre environment to promote appropriate attire and to respectfully challenge and educate those who do not comply with the correct theatre dress code.

It is the responsibility of all staff working in the theatre environment, to escalate those with repeat non-compliance to the theatre attire SOP and the Hospital uniform policy.

It is the responsibility of all staff to dispose of theatre attire in the correct laundry receptacle and not leave used theatre scrubs on the floors of changing rooms.

All staff are responsible for cleaning their own footwear.

It is the responsibility of the theatre staff to clean their own plastic eye protection goggles after each case, if they have been used.

3.0 Procedure/Guidelines Detail / Actions

Entering the theatre environment.

- All new personnel must report to the person in charge of theatres.
- Temporary visitors passes are available at West Wing reception and are issued on the authority of the person in charge of theatres. This is recorded in the visitor pass book to ensure a record is kept of who is in/out of the department.
- All valuables are to be locked away in a locker. A locker and key for long term staff may be obtained from theatre stores manager/personnel and must be returned on leaving the Trust (a deposit is to be paid to general office prior to the locker key being handed over and is refunded on leaving the Trust.)
- Personnel entering the theatre environment must wear full theatre attire.
- Trust identification must be worn at all times. This includes both a yellow name identification badge and Trust ID card.

Safety and security.

- All outer theatre doors must remain closed at all times. Access to the department is by swipe card access. Visitors may gain access by contacting the Emergency team leader via the hospital bleep system (4021).
- Staff must ask to see identification of all visitors or question personnel within the department.
- Staff will not give out personal information regarding patient or staffs over the phone.
- Staff must inform their team leader or person in charge when leaving the department in line with the Trust Fire policy.
- Staff going for a smoke/vape break must change into their own clothes, inform their team leader and leave the Trust property in line with the Trust and Theatres Smoke Free policy.

Theatre Attire.

Normal theatre attire consists of: -

- Theatre hat; blue for trained staff and yellow for trainees/visitors to avoid inappropriate expectations being placed on trainees. Disposable hats are to be removed when leaving the theatre environment and a clean one worn when returning.
- Hats are only effective if **ALL** hair, including fringes are covered.
- Hats should be donned before donning scrubs, to reduce the potential of hair and dandruff shedding onto scrubs (AfPP 2022)
- Reusable, cloth hats are not permitted in theatre. If staff suffer from allergies, they are permitted to wear a cloth hat, provided that it is covered with a disposable hat of the appropriate colour.
- Turbans and Kippots (skullcaps) may be worn if covered with a disposable theatre hood.
- Hijabs or head scarves are to be plain in colour, of a size that is easily concealed under a disposable theatre hood and changed daily. The Hijab **MUST** be concealed under the sterile scrub gown when the wearer is scrubbed. Disposable Hijabs are available for use in theatre.

- Boots, clogs or trainers for staff with foot problems are available to order from main stores. All footwears must be antistatic, waterproof and wipeable.
- Staff must ensure that their footwear is cleaned daily or when visibly contaminated.

ALL STAFF

- are responsible and accountable for decontaminating their own footwear.
- Wellington boots should be available for use if there is a risk of high volume of blood/fluid loss.
- Crocs® are not to worn as they do not comply with health and infection control standards and personnel who provide their own footwear may not be covered if there is an injury claim for compensation.
- Raspberry Theatre tunic and trousers, to allow for clear identification of theatre personnel. Other hospital departments that wear scrubs, have access to alternate coloured tunic and trousers.
- Clean fresh attire must be worn daily and changed when wet or soiled. Theatre tunic and trousers are put into the laundry skip after one use and not to be hung up in lockers for reuse.
- Long sleeved T-shirts are not to be worn under theatre tunics in accordance with the Trusts Bare below the elbow policy. Vests are permissible, if the neckline is not viable when wearing theatre scrubs.
- Short sleeved disposable warm up jackets may be worn but **MUST** be removed for all patient contact
- For staff that are scrubbed, the Sikh Temple and Sikh Forum advise that a baptized Sikh may wear the 5K's under their theatre attire. The Kara (iron bangle) is to be pushed up the arm and tapped so that hand washing is not impeded rendering the scrubbing technique ineffective.
- Lanyards should not be worn as they have been shown to be contaminated with pathogens (Round 2019).

Theatre attire must not be worn in the hospital canteens, shops, coffee bars, learning centre or outside of the hospital. Any personnel seen wearing theatre attire will be challenged. Personnel not adhering to the Trusts uniform policy may be disciplined.

Theatre scrubs are not to be loaned out to replace soiled uniforms.

Jewellery and Personal Hygiene.

- Personal hygiene contributes to prevention of wound infection and poor hygiene may influence a patient's perception on the standard of hygiene they will receive (NHS England & NHS Improvement 2020).
- Perfume and aftershave must be applied sparingly as asthma attacks in patients and staff may be triggered.
- All staff will be bare below the elbows.
- The only ring permitted is a plain wedding band.
- False nails, acrylics, Gel, polish and French manicures are not permitted as these could harbour microorganisms, impacting on effective hand hygiene.
- Nails must not be longer than the fingertip, to prevent glove puncture and patient injury during cricoid pressure.

- False/semi-permanent eyelashes are NOT permitted as they may detach, and consequently contaminate surgical wounds.
- Plain stud earrings only are allowed and must be covered by a theatre hat. Staff with stretched/gauged ears should keep them covered by a theatre hat.
- Cuts, burns or skin lesions must be covered with a sterile waterproof dressing and a new dressing must be applied prior to scrubbing.
- Personnel with infections must report to their line manager before entering the theatre environment.

PPE.

- All staff must wear the appropriate face mask, depending on the type of surgery and risk of infection.
- Scrub practitioners must wear a face mask for all surgery.
- Staff not scrubbed, at the discretion of the surgeon will wear facemasks, staff working in laminar flow theatres and during implant procedures will wear a mask at all times.
- A new mask must be worn for each patient; masks must be removed, and hands washed prior to leaving theatre. Care must be taken to handle masks by the strings so as not to contaminate the hands with biological matter.

Masks must be disposed of in accordance to the risk of cross contamination.

- Visor masks are available for staff working in close proximity to high risk of 'splash' areas.
- Staff working in laser theatres will read and sign local rules and wear laser goggles as required.
- Staff working with x-ray must wear a lead apron or be able to stand behind the portable x-ray screen. **ALL STAFF** are responsible for the cleaning and hanging up of their lead apron.
- All staff will wear an x-ray badge so that their radiation levels can be monitored.
- Green under gloves are available for scrub staff to identify if outer gloves are punctured.
- Nonsterile gloves should be worn for all patient contact, when handling bodily fluids and contaminated refuse.
- Plastic aprons are the first level of PPE and should be worn as above, and the wearer should select the type of plastic apron to suit the cross-contamination risk posed.
- Scrub staff will wear a full-length sterile gown, single use or reusable. Gowns are available in variety of protection levels to suit contamination risk.
- Scrub gowns **ARE NOT** to be worn as warm up jackets.

Mobile phones, I-pads, I-pods, handheld computers & Ear pods/ headphones

- Consultants, Doctors, Theatre Matron & Lead Practitioners will use mobile phones within the theatre environment **only** in relation to work related issues, otherwise they should use the coffee or changing rooms.
- For all other staff/trainees' mobile phones, ear pods / headphones are not permitted in the theatre environment unless special permission has been granted.
- Staff **must not** use mobile phones in the presence of patients.

- The taking of pictures, recording or videoing via personal mobile phones or any other such personal technology within theatres is **strictly forbidden**.
- Employees using social networking sites such as Facebook, WhatsApp, Twitter remember that any comments made relating to Walsall Healthcare NHS Trust, staff, colleagues, patients etc. that are deemed to be defamatory or inappropriate will be subject to the Trust disciplinary process up to and including dismissal.
- Social networking sites **are not** to be accessed whilst on duty.
- Please be aware that all internet use is monitored on a regular basis and employees found to be non-compliant with the Internet Policy and Procedures will be subject to the Trust disciplinary process up to and including dismissal.
- I-pads, I-phones, , ear pods / headphones (personal earphones) and laptops (unless encrypted/issued by the Trust) are to be used in the user's free time within the rest area **only**.
- Memory sticks must only be used if encrypted by the IT department.
- Staff bringing in such items do so at their own risk of any damage or loss to the item whilst on Trust property.

Please see appendix 1 and 2 for correct and incorrect uniform

4.0 Equipment Required

Raspberry Theatre scrubs of a variety of sizes, are available in the male and female changing rooms.

Aprons and gloves are available in the operating theatre.

Additional PPE, including FFP3 masks, and surgical visor masks are available in the operating theatre.

Re-usable plastic goggles are allocated to each member of theatre staff.

5.0 Training

Theatre attire is discussed and explained to all new staff during their induction to the department. It is reiterated on a daily basis by senior staff, non-compliance with policy is respectfully challenged by all levels of staff. The SOP is readily available on the hospital intranet.

6.0 Financial Risk Assessment

1	Does the implementation of this document require any additional Capital resources	No
2	Does the implementation of this document require additional revenue resources	No
3	Does the implementation of this document require additional manpower	No
4	Does the implementation of this document release any manpower costs through a change in practice	No
5	Are there additional staff training costs associated with implementing this document which cannot be delivered through current training programs or allocated training times for staff.	No
	Other comments	

7.0 Equality Impact Assessment

An initial equality analysis has been carried out and it indicates that there is no likely adverse impact in relation to Personal Protected Characteristics as defined by the Equality Act 2010. This sop mitigates against the impact of protected characteristics and ensures that they are all taken into account and assessed and addressed as part of the review of the patient. All patients are provided with the same care and treatment. Please refer to the completed EIA form on page 17.

8.0 Maintenance

The maintenance of the document will be the responsibility of the Theatre Management, and will be updated every three years, unless there is a change in national guidance.

9.0 Communication and Training

Theatre attire is discussed and explained to all new staff during their induction to the department. It is reiterated on a daily basis by senior staff, non-compliance with policy is respectfully challenged by all levels of staff. The SOP is readily available on the hospital intranet.

10.0 Audit Process

Criterion	Lead	Monitoring method	Frequency	Evaluation
Theatre attire standards are made clear and observed daily by all levels of theatre staff. Individuals are respectfully, challenged if noncompliance occurs and are asked to change if necessary.	Theatre Lead Practitioners	Staff are monitored daily. If noncompliance persists, this is escalated, and incident reported.	Constant monitoring. Any incident reports are answered. If required, issues are discussed during monthly IPC meeting	Discussions in: - DQB meeting IPC meeting Governance meeting Theatre team meeting

11.0 References - Legal, professional or national guidelines

The Association for Perioperative Practice (AfPP) 2022 Standards and Recommendations for Safe Perioperative Practice

Association for Perioperative Practice (AfPP) 2021 Infection Prevention and Control Recommendations

https://www.afpp.org.uk/news/Infection_Prevention_and_Control_Recommendations

Stevens M. 2018 Guide to infection control in the hospital. Chapter 22. The operating room Round A. 2019 Identity crisis-are lanyards the safest way to say hello? The bmj.com

NHS England & NHS Improvement 2020 Uniforms and workwear: guidance for NHS employers

Appendix 1: Correct uniform



Appendix 2: Incorrect uniform



Part A - Document Control

Procedure/ Guidelines number and version: 4	Title of Procedure/ Guidelines Theatre Attire local sop	Status: Final		Author: L. Faulkner Lead Practitioner, Theatre For local procedures and guidelines Lead Sponsor (either clinical/ managerial lead) Louisa Adams Clinical Theatre Services Manager
Version / Amendment History	Version	Date	Author	Reason
	V3	November 22	J. Paintain	Renewal
	V4	February 24	L. Faulkner	Review of Sop
	V5	Jan 24	L . Gardener	Amendment
Intended Recipients: Any member of staff working in, or visiting the operating theatre department				
Consultation Group / Role Titles and Date: TMG				
Name and date of group where reviewed		TMG		
Name and date of final approval committee(if trust-wide document)/ Directorate or other locally approved committee (if local document)		Theatre Management Group Dec 23		
Date of Procedure/Guidelines issue		2/5/2024		
Review Date and Frequency (standard review frequency is 3 yearly unless otherwise indicated – see section 3.8.1 of Attachment 1)		2/5/2027 3 Years		

Training and Dissemination: Standards and expectations of theatre attire will be discussed at induction and monitored daily
Publishing Requirements: Can this document be published on the Trust's public page: Yes
To be read in conjunction with: Theatre operational policy Hand Hygiene and Personal Protective Equipment Policy V4 Theatre traffic SOP v1. Theatres smoke free SOP V2. Trust Smoke Free policy V3. Communications and Information Security Policy V1

Initial Equality Impact Assessment: Completed Yes.	
Contact for Review	L Faulkner
Monitoring arrangements	Document to be updated every 3 years or if a change in guidance occurs.
Document summary/key issues covered. Theatre attire standards and expectations	
Key words for intranet searching purposes	Theatre attire

(Part B) Ratification Assurance Statement

Name of document: **Theatre Attire local sop V5**

Name of author: **L. Gardener** Job Title: **Theatre Matron**

I, Lisa Faulkner the above named author confirm that:

- The Sop presented for ratification meet all legislative, best practice and other guidance issued and known to me at the time of development of the said document.
- I am not aware of any omissions to the said document, and I will bring to the attention of the Executive Director any information which may affect the validity of the document presented as soon as this becomes known.
- The document meets the requirements as outlined in the document entitled Governance of Trust- wide Strategy/Policy/Procedure/Guidelines and Local Procedure and Guidelines(OP01).
- The document meets the requirements of the NHSLA Risk Management Standards to achieve as a minimum level 2 compliance, where applicable.
- I have undertaken appropriate and thorough consultation on this document and I have detailed the names of those individuals who responded as part of the consultation within the document. I have also fed back to responders to the consultation on the changes made to the document following consultation.
- I will send the document and signed ratification checklist to the Policy Management Officer for publication at my earliest opportunity following ratification.
- I will keep this document under review and ensure that it is reviewed prior to the review date.

Name of Author: Lisa Faulkner

Date: 07.02.24

Name of Person Ratifying this document (Chief Officer or Nominee): Louisa Adams

Job Title: Clinical Theatre Services Manager

Date: 07.02.24

- I Louisa Adams, the named Chief Officer (or their nominee) am responsible for the overall good governance and management of this document including its timely review and updates and confirming a new author should the current post-holder/author change.

IMPLEMENTATION PLAN

To be completed when submitted to the appropriate committee for consideration/ approval

Procedure/Guidelines number and version V5	Title of Procedure/Guidelines Theatre Attire local sop	
Reviewing Group	DQB	Date reviewed: December 2023
Implementation lead: Print name and contact details Theatre Senior management		
Implementation Issue to be considered (add additional issues where necessary)	Action Summary	Action lead / s (Timescale for completion)
Strategy; Consider (if appropriate) 1. Development of a pocket guide of strategy aims for staff 2. Include responsibilities of staff in relation to strategy in pocket guide.	Photographs to be taken, laminated and displayed in department to illustrate correct uniform expectations.	L.Gardener Jan 2025
Training; Consider 1. Mandatory training approval process 2. Completion of mandatory training form	N/A	
Development of Forms, leaflets etc.; Consider 1. Any forms developed for use and retention within the clinical record MUST be approved by Health Records Group prior to roll out. 2. Type, quantity required, where they will be kept / accessed/stored when completed	N/A	
Procedure/Guidelines communication; Consider 1. Key communication messages from the policy / procedure, who to and how?	Key communication in induction of all new staff and daily by theatre leads	All Staff to respectfully challenge noncompliance to theatre attire SOP
Financial cost implementation Consider Business case development		
Other specific issues / actions as required e.g. Risks of failure to implement, gaps or barriers to implementation		

12. Checklist for the Review and Approval of Procedural Documents

To be completed and attached to any procedural document that requires ratification

	Title of document being reviewed: Theatre Attire local sop V4	Yes/No	Comments
1.	Title		
	Is the title clear and unambiguous? It should not start with the word policy.	Y	
	Is it clear whether the document is a guideline, policy, protocol or standard?	Y	
2.	Rationale		
	Are reasons for development of the document stated? This should be in the purpose section.	Y	
3.	Development Process		
	Does the policy adhere to the Trust policy format?	Y	
	Is the method described in brief? This should be in the introduction or purpose.	Y	
	Are people involved in the development identified?	Y	
	Do you feel a reasonable attempt has been made to ensure relevant expertise has been used?	Y	
	Is there evidence of consultation with stakeholders and users?	Y	
4.	Content		
	Is the objective of the document clear?	Y	
	Is the target population clear and unambiguous?	Y	
	Are the intended outcomes described?	Y	
	Are the statements clear and unambiguous?	Y	
	Are all terms clearly explained/defined?	Y	
5.	Evidence Base		
	Has a comprehensive literature search been conducted to identify best evidence to inform the policy?	Y	
	Have the literature search results been evaluated and key documents identified?	Y	
	Have the key documents been critically appraised?	Y	
	Are key documents cited within the policy?	Y	
	Are cited documents referenced?	Y	
6.	Approval		
	Does the document identify which committee/group will approve it?	Y	
	If appropriate have the joint Human Resources/staff side committee (or equivalent) approved the document?	Y	
	For Trust wide policies has the appropriate Executive lead approved the policy?	Y	

	Title of document being reviewed: Theatre Attire local sop V4	Yes/No	Comments
7.	Dissemination and Implementation		
	Is there an outline/plan to identify how this will be done?	Y	
	Does the plan include the necessary training/support to ensure compliance?	Y	
8.	Document Control		
	Does the document identify where it will be held?	Y	
	Have archiving arrangements for superseded documents been addressed?	Y	
9.	Process to Monitor Compliance and Effectiveness		
	Are there measurable standards or KPIs to support the monitoring of compliance with and effectiveness of the document?	Y	
	Is there a plan to review or audit compliance with the document?	Y	
10.	Review Date		
	Is the review date identified?	Y	
	Is the frequency of review identified? If so is it acceptable?	Y	
11.	Overall Responsibility for the Document		
	Is it clear who will be responsible for co-ordinating the dissemination, implementation and review of the documentation?	Y	

Reviewer			
If you are assured that the correct procedure has been followed for the consultation of this policy, sign and date it and forward to the Policy Management Officer.			
Name	L Gardener	Date Approving Committee	Jan 2025TMC

Ratification Committee Approval TMG
Minute number: TMG

Equality Impact Assessment Form – Initial Assessment Stage 1

For each of the protected characteristics listed answer the questions below using Y to indicate Yes and N to indicate No	Sex	Age	Race	Disability	Religion & Belief	Sexual Orientation	Gender reassignment	Marriage and Civil Partnership	Pregnancy & Maternity	Carers rights	Human Rights	Please provide a summary below of any potential positive or negative impact
1.Does the policy/strategy/ project have the potential to affect individuals or communities differently or in a negative way?	No	No	No	No	No	No	No	No	No	No	No	This sop mitigates against the impact of protected characteristics and ensures that they are all taken into account and assessed and addressed as part of the review of the patient.
2.Is there potential for the policy/strategy /project to promote equality of opportunity for all / promote good relations with different groups – Have a positive impact on individuals and communities.?	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Standardization of attire ensures equality for all
3.In relation to each protected characteristic, are there any areas where you are unsure about the impact and more information is needed?	No	No	No	No	No	No	No	No	No	No	No	If yes: Please state how you are going to gather this information.

If you have answered yes to question 1 across any of the protected groups you must complete a stage 2 impact assessment

Name: L Faulkner	Job title:	Division/department:	Date:	Senior Manager name/ Signature
Title of policy /project /service/ to be assessed Theatre Attire	Lead Practitioner	Surgery	07/02/2024	Louisa Adams