Procedure Number: S0033
Procedure Title: S0033 Procedure - Traffic Control in Surgical Services
Chapter Location: Patient Care & Clinical Guidelines

Owner: Manager - Surgical Services	Date Created: 10/1987
Approver(s): VP of Hospital Operations and Nurse Executive	Date Last Approved: 2/2025
	Date of Next Review: 2/2026

Printed copies are for reference only. Please refer to the electronic copy for the latest version.

Procedure Statement:
To provide guidelines for the movement of patients, personnel, supplies, equipment, and biohazardous waste in the surgical suites.

Purpose:
The purpose of this procedure is to maintain environmental room controls during surgery aiding in the protection of patients, healthcare team members, supplies, and equipment from potential sources of cross-contamination and to safeguard patient privacy and provide security.

Environmental room controls may include but are not limited to decreasing operating room traffic with increased efficiency, ensuring surgical team encounters are purposeful and increase general preparedness for surgical cases and help reduce bacteria and particulates in the operating room.

Traffic flow in the surgical service department is based on the principles of asepsis and infection control, which covers patients, health care team members, supplies, and equipment with the operating room suite. When closely followed, these principles are instrumental in decreasing surgical site infection rates by preventing cross-contamination. Increased traffic in the operating suite is a contributing factor to post-operative wound infections. A designated restricted area allows access only to perioperative team members and patients essential to the operative procedure.

Scope:
Perioperative Services

Oversight:
Infection Prevention Committee

Definitions:

- Operating Room Traffic: Movement of staff, observers, vendors, and other personnel in and out of the operating room suite.
- Laminar Flow: Ventilation system utilized in the operating room to provide “ultra clean” air at the surgical bed cycling the total operating room air 20-25 times within each hour.

Procedure Number: S0033
Procedure Title: S0033 Procedure - Traffic Control in Surgical Services
Chapter Location: Patient Care & Clinical Guidelines

Procedure:

1. Badge access is granted to those allowed in the semi-restricted and restricted areas that are identified by signage for designated areas.

2. Required/expected behaviors for the semi-restricted and restricted surgical zones are as noted in Table 1; below.

3. The circulating nurse/surgical team within the operating room suite oversees the room traffic in the surgical suite. They will help designate where the observers/vendors are positioned during the procedure. If personnel count reaches 5-6 during a procedure, the circulating nurse may confer with surgeon to reduce to necessary personnel in the OR and at sterile field.

4. Observers, visitors, or non-essential team members may be asked to utilize the observation deck when applicable to minimize room traffic.

5. Ancillary department personnel working in surgical services will be educated on traffic awareness during the orientation process, when working within each surgical services department zone.

6. Prior to opening the sterile field, ensure you have all of the equipment, supplies and instruments available in the room to reduce unnecessary trips.

7. All staff outside the operating room suite are expected to use modes of communication that promote the reduction of OR traffic in and out of the room.

8. Once the sterile field is open, traffic in and out of the OR should be limited.
    a. All team member traffic should be routed to enter and exit through the core.
    b. Only patient and essential equipment should enter or exit through the main OR double doors.

9. During total joint arthroplasty, traffic should cease while the capsule is open.

10. Soiled supplies, equipment and waste should not flow back into the clean supply core area. Flow should occur from the operating or procedure room to the peripheral semi-restricted corridor to designed soiled or sterile processing areas.

Procedure Number: S0033
Procedure Title: S0033 Procedure - Traffic Control in Surgical Services
Chapter Location: Patient Care & Clinical Guidelines

Table 1. Peri-Anesthesia & Surgical Services Traffic Zones and Expected Behaviors

Zone	Location	Traffic Goals
Unrestricted	• Pre-Op • PACU • Corridor to Central OR Desk • Locker Room • Break Room	• Traffic limited to official business. • Vendors to follow Materials Management visit/check in process.
Semi-restricted	• Sterile Processing Department • The Surgical corridors • All clean, dirty, storage and office areas are considered semi-restricted past the red line, including the sterile core.	• Awareness of surgeries in progress by personnel in semi-restricted corridors. • Awareness of sterile supplies in storage.
Restricted	• Operating Rooms	• Minimize air flow disruption. • Limit number of times suite door opens/closes. • Staff movements during all surgeries, especially when performing joint or implant surgery, should be minimized and controlled. • Limit non-essential conversation in the presence of sterile field.

References:

Association of periOperative Registered Nurses. (2023). *Guidelines for Perioperative Practice: Design and Maintenance.* Association Of Perioperative Registered Nurses (AORN).

Association of periOperative Registered Nurses. (2024). *Guidelines for Perioperative Practice: Sterilization*. Association Of Perioperative Registered Nurses (AORN).

Cahn, J., & Kyle, E. (2024). *AORN Guidelines for Perioperative Practice. Sterile Technique.* Denver, Co Association for Perioperative Registered Nurses.

Procedure Number: S0033
Procedure Title: S0033 Procedure - Traffic Control in Surgical Services
Chapter Location: Patient Care & Clinical Guidelines

McLaurin, C. (2022, June). Decreasing Traffic In and Out of the OR (C. Stanley, Interviewer) [Interview]. In *AORN Journal*. https://doi.org/10.1002/aorn.13704

Phillips, Nancy Marie. (2021) Chapter 15; Principles of aseptic and sterile techniques. In Berry & Kohn's Operating Room Technique (14th ed., pp1 69-188). St. Louis: Elsevier.

Rezapoor M, Alvand A, Jacek E, Pazuik T, Maltenfort MG, Parvizi J. Operating room traffic increases aerosolized particles and compromises the air quality: a simulated study. J Arthroplasty. 2018;33(3):851-855

Rothrock, Jane. Alexander's Care of the Patient in Surgery.

Sadrizadeh, S. and others. (2018). Airborne particle dispersion to an operating room environment during sliding and hinged door opening. Journal of Infection and Public Health, 11(5), 631-635.

Wathen C, Kshettry VR, Krishnaney A, et al. The association between operating room personnel and turnover with surgical site infection in more than 12,000 neurosurgical cases. Neurosurgery. 2016;79(6):889-894.

THIS PROCEDURE SUPERSEDES ANY PREVIOUS GILLETTE POLICIES OR PRACTICES.