

<b>Name of Policy: Operating Room Sanitation</b> <b>Policy Number:</b> 3364-124-11 <b>Approving Officer:</b> Chief Executive Officer <b>Responsible Agent:</b> Chief Nursing Officer <b>Scope:</b> The University of Toledo Medical Center Operating Room (OR)/Perioperative Services		 <b>Effective date:</b> 12/2025 <b>Original effective date:</b> April 1, 1981	
Key words: Operating Room, Sanitation, Infection Control, Precautions, Surgical Procedure			
	New policy proposal		Minor/technical revision of existing policy
	Major revision of existing policy	X	Reaffirmation of existing policy

(A) Policy statement

Rigid criteria for sanitation will be followed in the operating room (OR) following each and every surgical procedure. Standard precautions will be followed at all times per policy [3364-109-ISO-404 Infection Control Precautions](#).

(B) Purpose of policy

To contain and confine potentially harmful organisms on all surgical procedures, prevent cross contamination within the operating room suite, and to provide protection for all patients and personnel.

(C) Procedure

- (1) Damp dusting, using a hospital-approved detergent/disinfectant and a clean cloth, will be done daily by 11pm–7am personnel between 5am-6am. All unnecessary tables and equipment will be removed from the room prior to damp dusting.
- (2) Areas contaminated by organic debris (i.e., blood, sputum) during the operative procedure are to be immediately cleaned up by the RN circulator or designee using a hospital-approved detergent/disinfectant disposable wipe.
- (3) Infectious waste (i.e., soiled sponges) must be contained in red garbage bags for disposal at the end of the case. All trash will be sent to sterile processing

department (SPD) for disposal. Trash generated in the Isaac Surgery Center will be placed in the soiled utility room to be picked up by environmental services.

- (4) Strict adherence to hand-washing will be carried out before and after entering a patient-occupied operating room, before and after wearing gloves, before and after each patient contact, and after environmental cleaning according to policy [3364-109-GEN-102 Hand Hygiene](#).
- (5) Once the procedure has started, all instruments, linen, basins, etc. will be kept in the room until completion of the surgery. At the completion of the case, linen will be disposed of in appropriate receptacle. Instruments will be contained in the case cart and transported to SPD for processing. Instruments on an open case cart will be covered by a biohazard bag and transported to SPD.
- (6) Prior to leaving the OR, all gowns and gloves are to be removed inside-out and placed in the appropriate receptacle for disposal.
- (7) All cases will be considered contaminated, thus all linen from opened packs, used and unused, will be handled by the same method:
  - (a) Place all linen in water resistant hamper bags - no more than 2/3 full.
  - (b) Place hamper bags in case cart for transport to SPD at end of the case and place in the appropriate receptacle. Linen hamper bags generated in the George Isaac Surgery Center will be placed in the soiled utility room to be collected by linen services.
- (8) All instruments are to be opened and placed in perforated washer trays by the gloved scrub person and then placed in the case cart to be sent to SPD for reprocessing or the OR soiled utility room for processing in the OR.
- (9) Solutions are to be contained in the suction system, unless contraindicated (i.e., hydrogen peroxide). Fluid waste management system (Neptune) to be docked emptied at the end of each day if used.
- (10) At the completion of the surgical procedure, dirty case carts are to be taken to the soiled utility room for processing as follows: red infectious waste trash bags are tied securely then placed in red plastic trash bins with lids, non-infectious trash in plastic bags is placed in trash bins.
- (11) Between cases, horizontal surfaces of furniture and equipment that have been involved in the procedure are cleaned using a hospital approved

- detergent/disinfectant and a disposable wipe. Spot-cleaning of walls is to be done at time of contamination.
- (12) If OR floors are contaminated with visible liquid or body fluids, they will be mopped using a hospital-approved detergent/disinfectant and a clean mop head.
  - (13) Environmental services personnel do terminal cleaning at the completion of the day's schedule.
    - (a) All furniture is to be thoroughly scrubbed using a hospital-approved detergent/disinfectant and good mechanical friction.
    - (b) Wheels and casters are to be cleaned and kept free of debris.
    - (c) Spotlights and tracks are to be cleaned.
    - (d) The floors are to be mopped using approved mopping procedure.
    - (e) Cabinet and OR doors are to be cleaned using a hospital-approved detergent/disinfectant, paying special attention to handles and push plates.
    - (f) Scrub sinks are to be thoroughly cleaned daily.
    - (g) Cleaning equipment is to be thoroughly cleaned and dried before storage.
    - (h) A record of cleaning will be kept by environmental services.
  - (14) At least weekly, all air conditioning grills are to be vacuumed. Cabinet shelves are to be wiped with a hospital-approved detergent/disinfectant and autoclave interiors cleaned according to the recommendations by the manufacturer.

<p>Approved by:</p> <p>/s/</p> <hr/> <p>Daniel Barbee, MBA, BSN, RN, FACHE Chief Executive Officer</p> <p>12/19/2025</p> <hr/> <p>Date</p> <p>/s/</p> <hr/> <p>Kurt Kless, MSN, MBA, RN, NE-BC Chief Nursing Officer</p> <p>12/18/2025</p> <hr/> <p>Date</p>  <p><i>Review/Revision Completed by: Operating Room Management</i></p>	<p><b>Policies Superseded by this Policy:</b></p> <ul style="list-style-type: none"><li>• 4-11</li></ul> <p>Initial effective date: April 1, 1981</p> <p>Review/Revision Date:</p> <p>1982 1983 1984 1985 1986 1987 1988 1989 August 1990 March 1993 June 1996 January 1999 July 2002 August 2005 July 29, 2008 October 28, 2011 September 28, 2012 February 1, 2016 August 1, 2019 December 1, 2022 December 2025</p> <p>Next review date: 12/2028</p>
---	---