



## **AST Recommended Standards of Practice for Wearing Jewelry**

### **Introduction**

The following Recommended Standards of Practice were researched and authored by the AST Education and Professional Standards Committee and have been approved by the AST Board of Directors. They are effective April 13, 2008.

AST developed the Recommended Standards of Practice to support health care facilities' reinforcement of best practices related to wearing jewelry in the perioperative setting. The purpose of the Recommended Standards is to provide an outline that health care workers (HCWs) in the perioperative setting can use to develop and implement policies and procedures for the wearing of jewelry. The Recommended Standards is presented with the understanding that it is the responsibility of the health care facility to develop, approve and establish policies and procedures for wearing jewelry according to established health care facility protocols.

### **Rationale**

The following are Recommended Standards of Practice related to wearing jewelry in the perioperative setting. Overall, the transfer of microorganisms has long been a recognized source of nosocomial infection and therefore, the skin is a major potential source of cross-contamination in the perioperative environment. Hand hygiene is the number one, least expensive, most effective factor in preventing infections and should be diligently practiced by all.<sup>7</sup> This includes awareness of the consequences of wearing jewelry in the health care facility. Jewelry is a source for harboring organisms and has been found to be a reservoir for the fast colonization of microorganisms. Additionally jewelry presents challenges in wearing of nonsterile or sterile gloves. All members of the surgical team should be involved in the process of developing and implementing health care facility policies and procedures for wearing jewelry.

### **Standard of Practice I**

**It is the responsibility of each surgical department to follow recommended CDC standards for recommended O.R. attire.**

1. Every surgical department should develop policies and procedures regarding personal hygiene and proper O.R. attire.
2. Following CDC established guidelines and the health care facility's policies and procedures will aid in environmental control of the restricted and semi-restricted areas of the surgery department.<sup>3,4</sup>

### **Standard of Practice II**

**Hand hygiene, including hand washing and surgical scrub, are vital in the prevention and transmission of harmful microorganisms.**

1. The surgical scrub renders the skin surgically clean by reducing pathogenic colonization, decreasing the density of transient flora and providing a continuous antimicrobial action.
2. Wearing rings, watches, bracelets and similar hand and forearm jewelry reduces the efficacy of washing, scrubbing and disinfecting the hands and forearms.<sup>8</sup>

**Standard of Practice III**

**Jewelry may be a source of contamination and pose a risk of injury to the patient and surgical personnel.**

1. Surgical team members must remove all rings, bracelets, watches, earrings and similar jewelry, prior to entering the restricted areas. Necklaces, chains or other jewelry, including earrings, may increase skin desquamation and shedding. Additionally, exposed jewelry may become contaminated during a surgical procedure with aerosolized particles, blood, or other body fluids and be a source of nosocomial infection.
  - A. Removal of all jewelry from the hands and forearms allows the CST in the first scrub role and other surgical team members, who must perform the surgical scrub, to make contact with all surfaces of the skin with the surgical scrub brush and antimicrobial scrubbing agent.
  - B. Studies have demonstrated that the skin underneath rings has an increased colonization of microorganisms as compared to other areas of the skin on fingers where rings are not worn.<sup>5,6</sup> Additionally, studies have shown there is an increase exponentially in colonization when multiple rings are worn.<sup>9</sup>
  - C. Rings and forearm jewelry present difficulties in the proper donning of gloves and cause gloves to tear. Therefore, jewelry should not be worn in order to avoid interference with the ability to wear the correct size and possibly affect the integrity of the gloves.
2. AST recommends that no jewelry be worn by surgical team members in the restricted area.

**Competency Statements**

Competency Statements	Measurable Criteria
1. Certified Surgical Technologists (CSTs) and Certified First Assistants (CFAs) are knowledgeable of the importance of preventing microbial contamination.	1. Educational standards as established by the <i>Core Curriculum for Surgical Assisting</i> and the <i>Core Curriculum for Surgical Technology</i> . <sup>1,2</sup>
2. CSTs and CFAs are knowledgeable of the recommended methods of protecting themselves, other HCWs and the patient from microbial and environmental hazards	2. The subject area of hand washing and surgical scrubbing is included in the didactic studies as a student, and demonstrated in the lab/mock O.R. setting and clinical rotation.
3. CSTs and CFAs have the knowledge and	

<p>proper skills to perform the AST recommended standards of practice for hand washing and surgical scrub.</p> <p>4. CSTs and CFAs wear PPE as an integral part of their daily hospital routine</p> <p>5. CSTs and CFAs are knowledgeable of recommended CDC regulations and health care facility policy and procedures for the wearing of jewelry in the operating room</p> <p>6. CSTs and CFAs are knowledgeable of the possibility of contamination within the sterile field and surgical wound by skin shedding, aerosolization of blood and body fluids, and have the proper skills in implementing infection control practices.</p>	<p>3. The subject area of O.R. attire is included in the didactic studies as a student, and demonstrated in the lab/mock O.R. setting and clinical rotation.</p> <p>4. Surgical technology and assistant students demonstrate the AST recommended standards of practice for the wearing of jewelry in the surgical setting in the lab/mock O.R. setting and clinical rotation.</p> <p>5. CSTs and CFAs apply the concepts of aseptic technique and perioperative case management.</p> <p>6. CSTs and CFAs complete continuing education to remain current in their knowledge of recommended standards of O.R. attire.</p>
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### References

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