UMass Memorial Health
UMASS MEMORIAL MEDICAL CENTER

Policy

2534 Scrub Access

Effective Date: 11/18/2025	**Policy Owner:** Director of Environmental Services; VP of Surgical Services
Rescission: Supersedes policy dated: 11/30/2022	**Approved by:** _____ Justin Precourt, DNP, RN President, UMass Memorial Medical Center
Applicability: University, Memorial and Hahnemann campus Workforce Members who request and are granted access to Scrub Suits issued by the Medical Center.	
Keywords: access, credit limit, discipline, linen, scrub suit, scrubEx®, surgical attire, users, scrubs, scrub	

Policy

UMass Memorial Medical Center (UMMMC) uses an electronic dispensing system as described below for the issuance of the Scrub Suits. The Dispensing System will define Authorized Users, identify losses and provide a means to recapture lost or misused Scrub Suits.

Definitions

Authorized User: An Authorized User of the Scrub Suit shall be defined as an individual who has been granted access to the Dispensing System. Authorized users must work in or provide services within the UMMMC facilities located at University campus, Memorial campus or Hahnemann campus.

Authorized Users shall be classified into three groups:

1. Operating Room Departments
2. Non-OR Departments
3. Students.

Some Authorized Users may require access to more than one area.

Dispensing System: Scrub Suit dispensing devices, such as scrubEx®, that allow for access to UMMMC issued scrubs for Authorized Users, Scrub Suit return devices that allow for collection and accounting of used Scrub Suits, and the electronic infrastructure to support these devices.

Linen Director: UMMMC employee designated as responsible for oversight of scrub access.

OR Department User:

1. Users from Surgery (Surgeons, RNs, Advanced Practice Providers, Surgical Technologists, Surgical Aides, PCA's etc.), Anesthesiology, Pharmacy clean room, Heart and Vascular Interventional Lab (HVIL), Sterile Processing, Intraoperative Radiology and Perfusion.
2. Nursing staff who are actively engaged in duties within the restricted environments of OR and HVIL.
3. Radiology Department staff at Memorial Campus only.

Non-OR Department User: Users who belong to departments or roles outside of the OR Departments including: University Radiology, Labor and Delivery providers, nurses, and staff.

Scrub Suit: A Scrub Suit consists of a scrub shirt and pants.

Student:

1. Those individuals, including undergraduate students and high school students, who are in a program that has a formal agreement or contractual relationship with UMMMC or UMass Chan Medical School, and/or are part of an approved medical or other allied health educational program. Examples include but are not limited to: Nursing, Medical, Respiratory, Radiology, EMS, phlebotomy, medical assistant, etc.
2. Individuals in programs authorized by UMass Chan Office of Outreach Programs.

Workforce Member: All employees, contingent workers, volunteers, trainees (including medical students, interns, residents, allied health professional and business students), members of the medical staff including employed and private physicians, nurses inexpanded roles, physician assistants, temporary employees, and other persons employed, credentialed or under the control of UMMH whether or not they are paid by UMMH..

General Procedure

Access and Approval
Workforce Members require approval of their Department Head and the Linen Director to obtain Scrub Suits from the Dispensing System for their area. Request for access to Dispensing System may be completed through the User Registration Portal at www.umass-memorial.registerscrubex.com. Department heads and Linen Directors may appoint designees to approve access requests.

Access for students
Any Student on clinical rotation in a department with a Dispensing System will receive access for the duration of their rotation. Their access will be terminated at the end of their rotation.

Credit Limits
Credit limits for Scrub Suit issues shall be set by Dispensing System location or user type at the discretion of the designated department manager with approval from the linen manager.

Scrub Suit Color
The color of UMMMC issued Scrub Suits worn in OR departments shall be unique and different from color(s) issued and worn in non-OR departments.

Temporary and urgent use of scrub suits
Dispensing System access may be issued on a temporary basis at the discretion of a unit manager or their authorized delegate. Each OR Department shall have a process in place for providing Scrub Suits to individuals who have not been granted Dispensing System access and who require a Scrub Suit in urgent or unanticipated circumstances.

Downtime procedure
Each area serviced by a Dispensing System will develop a written downtime procedure in conjunction with the Linen Director. The downtime procedure shall be used in any circumstance where the Dispensing System in that area is not available.

Discrepancies and Malfunctions
In the event of a Dispensing System return discrepancy or system malfunction, the affected user may communicate via email to scrubs@umassmemorial.org to request assistance.

Communication
Environmental Services will notify the individual departments of the costs for any missing garments distributed to:

1. Students who have failed to return the Scrub Suits at the end of their rotation.
2. Former Workforce Members with accounts showing garments still in their possession.
3. Current Workforce Members who have failed to return Scrub Suits and have run out of credits.

The designated department administrators will be responsible for communicating to Environmental Services any changes in a Scrub Suit user's employment status that may affect the need for Scrub Suits. For a list of designated administrators by department please reach out to scrubs@umassmemorial.org

Past Due Scrub Suits
Any user with outstanding Scrub Suit issues over 60 days may be held accountable for the return of the Scrub Suits. Failure to return Scrub Suits may result in the user's department being notified of the cost for the unreturned items. Environmental Services will notify the department accordingly.

Compliance
Failure to comply with the requirements of this policy may result in discipline based on the UMMH Policy: Performance Management/Discipline, discipline as delineated under the Medical Staff Bylaws or revocation of the authorization to provide services at UMass Memorial.

No changes to this policy may be made in isolation or independently.

Clinical/Department Specific Procedures

N/A

Supplemental Materials

N/A

References

UMMMC Policy 2533: Attire for Surgical & Interventional Departments

UMMH Policy: Performance Management/Discipline

UMass Memorial Medical Center
Perioperative Services

PROCEDURE

Procedure Name: Labeling and Documentation of Specimens in the Operating Room (OR)

Approved: 7/11/23
Effective: 7/14/23

I. PURPOSE:

To ensure proper labeling and documentation of specimens obtained in the operating room.

II. SCOPE:

OR Nurses, Surgical Technologists, Surgeons, Perioperative Core Techs collecting specimens in the OR at University, Memorial, Hahnemann and Marlborough Campuses.

III. RELATED POLICY (S)

Policy #2222 Specimens to be Submitted to Pathology and Specimens Exempt from Microscopic Examination

IV. PROCEDURE:

1. All specimens from the procedure are to be prepared separately, labeled separately, and placed in separate containers. Specimen containers going to the same location are placed in the same biohazard bag.
2. Once a specimen is collected the surgeon passes it to the scrub tech/RN indicating what specimen, i.e., Source (location, laterality), Description (if applicable), Type e.g., aspirate fluid, tissue, washing, etc.…, and Test e.g., culture, cytology, tissue exam etc.…, has been collected. The scrub tech/RN repeats back to the surgeon confirming the specimen Source, Description (if applicable), Type and Test.
3. The Circulating nurse will electronically document the specimen and apply the printed specimen label to the appropriate type of container with appropriate medium.
4. The Circulating nurse will verify that the correct patient's name and MRN are on the specimen label using the electronic medical record. The circulating nurse will then read the label, including Source, Description (if applicable), Type, and Test to the scrub tech/RN. The scrub tech/RN will verify and verbally confirm the Source, Description (if applicable), Type, and Test, then place the specimen in the container.
    a. If the specimen container is a sterile container on the field the circulating nurse and scrub tech/RN will verify the label information as stated above. The specimen container will be handed to the circulating nurse and the circulating nurse will immediately apply the verified label to the specimen container.
5. The specimen is then placed in a biohazard bag and placed on a designated surface in the OR.

6. If a specimen is not being handed off the sterile field immediately it will be labeled on the field and placed on the sterile orange specimen mat by the scrubbed person.
7. Before the attending surgeon leaves the room, during the debriefing, they must validate each specimen by reviewing the specimen's ID, Source, Description (if applicable), Type, Test, and Disposition with the circulating nurse. This will be done by reviewing the patient's name/MRN and the specimens listed in epic on the circulator's workstation.
8. If a team member has questions regarding the number of specimens, labeling of specimens, or specimen disposition a safety pause should be initiated to obtain clarification.

V. RESCISSION

Perioperative Procedure "Specimens in the Operating Room" October 2020

VI. REFERENCE:

Cahn, Julie. Specimen Management. *Guidelines for Perioperative Practice.* 2021 Edition. Denver, Colorado. pages 897-942.

VII. MONITORING:

The Perioperative Policy Committee is responsible for monitoring this policy.

Keywords: Frozen sections, formalin, fresh, frozen section, formalin, pathology, specimen

Developed By:	Perioperative Policy Committee		5/23/23
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	Authorized Signature	Chief Nursing Officer	Date

UMass Memorial Medical Center
Department of Psychiatry

POLICY

POLICY NAME: Surgical Count: Sponges, Sharps, Miscellaneous Items, and Instruments

Approved: April 2025
Effective: May 2025

I. **POLICY STATEMENT:**

This policy will provide a framework for accounting of surgical items and team communication. The expected outcome is that the patient will remain free from unintentionally retained surgical items or foreign objects.

II. **SCOPE:**

The UMMMC Operating Rooms at Hahnemann, Memorial, University, Marlborough, and the Heart and Vascular Interventional Labs and the Maternity Center Operating Rooms

ID. **RELATED DOCUMENTS:** None

IV. **DEFINITIONS:**

Retained Surgical Item (RSI): Any surgical sponge, sharp, miscellaneous item, or instrument, that is unintentionally left in the patient at the completion of the surgery/procedure after closure of the wound. Synonyms: Retained Foreign Body (RFB)/Retained Foreign Object (RFO)

Sponges/Soft goods: Surgical soft goods include all radiopaque sponges (e.g., 4x4s, 4x8s, laparotomy, cottonoids, kittners, patties), radiopaque towels and cotton balls used to effect hemostasis via direct pressure, absorb intraoperative blood loss and drainage, act as aids to blunt dissection, pack the viscera from the field, and keep areas of the wound moist.

Sharps: Include all needles regardless of size (e.g., suture, hypodermic, spinal), and blades used on the surgical field.

Instruments: Surgical tools or devices designed to perform a specific function, such as cutting, dissecting, grasping, holding retracting or suturing.

Miscellaneous Items: Miscellaneous items are any small items that have the potential for being retained in a surgical wound. These include, but are not limited to: bulb syringes, catheter sheaths, cervical cups, defogger solution bottle, bottle cap, and associated accessories (e.g., wipe, sponge), electrosurgery active electrode blades, electrosurgery scratch pad, endostaple reload cartridges, guidewires, laparotomy sponge rings, marker, raney clips, ruler, specimen bags, stapler anvils, trocar sealing caps, umbilical and hernia tapes, vascular inserts, vessel clip bars, vessel loops, cotton balls (radiopaque and non-radiopaque and all additional pieces created), elastics, lone stars, robotic scissor sheath, robotic stapler sheath, cotton tip applicators (Q-Tips), week-eels, tissue retrieval system (specimen bag).

Radiopaque/RF (Radiofrequency) tags for counted sponges.

V. **PROCEDURE:**

UMMMC Operating Room staff, Heart and Vascular Interventional staff and Maternity Center Operating Room staff will complete the following count procedure on all patients undergoing invasive procedures in the l.Th1M:MC operating rooms and procedural labs.

A. Role Responsibilities

1. The RN circulator will:
   a. Perform a room survey for open countable items from a previous procedure before conducting an initial count
   b. Verify that the count sheets do not contain information from a previous procedure
   c. Initiate the count
   d. View the surgical items being counted
   e. Record the counts of Radio Frequency (RF) soft goods (sponges/towels), sharps, miscellaneous items, and instruments immediately after each type of item is counted on a standardized count sheet.
   f. Observe for items dropped from the sterile field
   g. Consult with the team about whether any supplies will be needed before initiating the closing count
   h. Participate in count reconciliation activities
   1. Report any count discrepancy to the surgical team
   J. Document count activities in the intraoperative nursing record.

2. Tue scrub person will:
   a. Maintain awareness of the location of soft goods, sharps, and instruments on the sterile field and in the wound throughout the procedure
   b. Know the character and configuration of items that are used by the surgeons and assistants
   c. Verify the integrity and completeness of items when they are returned from the surgical site
   d. Consult with the surgeon about whether any supplies will be needed before performing the closing count
   e. Count surgical items in a manner that allows the RN circulator to see the surgical items being counted
   f. Speak up when a discrepancy exists
   g. Participate in count reconciliation activities.

3. The surgeon will:
   a. Maintain awareness of the location of items in the surgical wound during the course of the procedure
   b. Use closed loop communication to communicate placement of surgical items in the wound to the perioperative team
   c. Acknowledge awareness of the start of the count process
   d. Notify the team if any supplies will be needed on the sterile field before the start of the closing count to avoid interrupting the count
   e. Remove unneeded counted items from the surgical field at the initiation of the count process
   f. Perform a methodical wound exploration before closing the wound, using both visualization and touch when feasible
   g. An RF scan/wand should take place before wound closure to confirm no RF surgical sponge has been retained prior to the start of the closure [1]

h. Notify the scrub person and RN circulator about surgical items returned to the surgical field to complete the final count
i. Communicate and document in operative note items left intentionally as packing
J. participate in count reconciliation activities
k. Verify and document in operative note results of the final count.

4. The anesthesia professional will
   a. Plan anesthetic milestone actions (e.g., emergence from anesthesia) to allow for safe accounting practice
   b. Not use counted items
   c. Communicate with the perioperative team when throat packs and other countable items are inserted in the oropharynx; and
   d. Verify that throat packs and other countable items are removed from the oropharynx and communicate with the perioperative team when these items are removed.

B. General Counting Principles

1. Immediately inform the RN circulator and other members of the perioperative team if they observe an item dropped from the surgical field
2. Promptly inform the RN circulator about what was added when assisting the surgical team by opening countable items onto the sterile field
3. Verbally verify the final count as part of the debriefing process
4. Minimize distractions, noise, and interruptions during the surgical count
5. Cease nonessential conversation and activities and prohibit rushing the count
6. Prior to initiating the count, the team will check with the surgeon to verify this is a good time to count. Do not perform counts during critical phases of the procedure, including
   a. Time-out periods,
   b. Critical dissections,
   c. Confirming and opening implants,
   d. Induction of and the patient's emergence from anesthesia, and
   e. Care and handling of specimens.
7. A count may be requested at any time by any member of the perioperative team.
8. The initial count will be completed prior to the start of the procedure
9. When applicable, the count sequence should be proximal to distal from the wound (from the patient's body, to the mayo stand, to the back table to off the sterile field) starting with sponges, then needles, sharps, miscellaneous items, and then instruments.
10. Items will be separated and pointed out while being audibly counted by the scrub person when counting items on the sterile field and by the RN circulator when counting items off the sterile field.
11. Packaged items will be counted according to the number that the item is packaged in.
    a. Packages containing an incorrect number of items or items with a manufacturing defect will be:
       i. excluded from the count,
       n. removed from the field,
       iii. isolated from the rest of the countable items in the OR, and
       iv. labeled.

v. these may be removed from the room before the patient's entry.

12. If the count is interrupted, the count for the type of item being counted during the interruption (e.g., laparotomy sponge) will be restarted.
13. For multiple procedures or sterile fields, all items will be counted together at the fmal count.
14. Countable items added to the field after the initial count will be counted immediately and recorded on the standardized count sheet.
15. If an item is passed or dropped from the sterile field, the RN circulator will retrieve it using standard precautions, show the scrub person, isolate it from the field, and include it in the final count.
16. Items will not be subtracted or removed from the count.
17. All counted items will remain within the OR or Procedure Room until the counts are completed and reconciled.
    a. Linen and waste containers will not be removed from the OR or Procedure Room until the patient has been transferred out of the room.
    b. Countable instruments may **ONLY** be removed from the operating room to be re-sterilized and returned to the sterile field.
18. The final count will not be considered complete until all items (e.g., sponges, malleable retractors, needle holders, scissors) used in closing the wound are removed from the wound and returned to the scrub person.
19. An RF scan/wand should take place before wound closure to confirm no RF surgical sponge bas been retained prior to the start of the closure
20. A complete count will be performed when there is a permanent relief of the RN circulator or scrub person, although direct visualization of all items may not be possible.
21. For temporary relief (breaks) of the RN circulator or scrubperson, counted items in use will be accounted for in handoff.
22. Following the final count, the RF technology will be activated and the patient scanned/wandedaccording to protocol to ensure no RF surgical sponges or items are retained. RF scanning will not be activated on patients with intentional packed sponges.
23. The unit number of the RF detection device console and the confirmation number will be documented in the perioperative record
24. The following high-risk cases will always require intraoperative imaging prior to wound closure with confirmation between attending surgeon and attending radiologist:
    a. Multiple surgical teams across multiple shift changes (more than 1)
    b. Unplanned conversion to open
    c. Trauma
    d. Code White where count is not obtained or may be questionable
    e. Level A cases (i.e., Patient condition - including life, limb, sight, or other severe complications - requiring immediate surgery within one hour of declaration and taking precedence over any other case) where count may be questionable due to time constraints.

C. *Emergency Surgery*

1. Extreme patient emergencies may necessitate omission of counts to preserve a patient's life or limb.
    a. Elective or low acuity procedures that escalate due to changes in patient condition or surgical approach/technique should follow this process.
2. When counts are omitted, unless the patient's safety is at risk, intraoperative imaging will be performed prior to wound closure.
3. The count will be considered incorrect, and the incorrect count process (section H) should be followed. Justification for omission of counts must be documented and a Safety Event report will be completed to alert subsequent caregivers that the patient may be at an increased risk for a retained surgical item.
4. If a body cavity is left open an x-ray must be performed prior to the final wound closure when that occurs in a subsequent operation.

D. Surgical Sponges/Soft Goods

1. Count soft goods
    a. Before the procedure to establish a baseline (i.e., initial count)
    b. when new items are added to the field
    c. Before closure of a cavity within a cavity (e.g., the uterus)
    d. When wound closure begins utilize RF technology to scan/wand the wound for any retained sponges and/or items
    e. When skin closure begins or at the end of the procedure when counted items are no longer in use (i.e., final count)
    f. For temporary relief (breaks) of the RN circulator or scrub person counted items in use will be accounted for in handoff.
    g. When there is a permanent relief of the RN circulator or scrub" person, although direct visualization of all items may not be possible.
    h. Any time a discrepancy is suspected.

2. Include the following items in the count:
    a. All RF and radiopaque sponges (e.g., 4x4s, 4x8s, laparotomy, cottonoids, kittners, patties)
    b. Radiopaque towels
    c. Cotton Balls
3. Before the procedure begins, isolate non-radiopaque gauze sponges used for skin antisepsis that have a similar appearance to counted radiopaque sponges, to avoid possible confusion with the counted radiopaque sponges.
4. If gauze sponges are used for vaginal antisepsis, use radiopaque, counted sponges.
5. Do not use radiopaque sponges as postoperative dressings.
6. Withhold non-radiopaque dressing materials from the field until the surgical wound is closed.
7. Keep dressing sponges included in custom packs sealed and isolated on the field until the surgical wound is closed.
8. When counting radiopaque surgical soft goods,
    a. Remove the band surrounding surgical sponges and discard it
    b. separate each item

c. Raytec sponges must be separated and opened in half when counted.
d. Laparotomy and/or pediatric laparotomy sponges must be opened so that the x-ray detection tail is visible when counted
e. Count audibly

9. Leave radiopaque surgical soft goods in their original configuration and do not cut or alter them in any way.
10. Use closed loop communication to communicate all radiopaque surgical soft goods placed in the surgical wound or other cavities (e.g., throat, vagina) on placement and removal.
11. If feasible, leave a portion of the surgical soft goods placed in the surgical wound or cavity outside the wound so that the item remains visible.
12. Before closing the wound, the surgeon should perform a methodical wound exploration (e.g., top to bottom, quadrant to quadrant) for surgical soft goods, using , both visualization and touch when feasible. RF technology will then be used to scan the patient for any retained RF sponge
    a. For minimally invasive surgery, the surgeon should perform a methodical wound exploration before camera removal.
13. Do not consider the final count complete until all surgical soft goods used in closing the wound have been removed from the wound and returned to the scrub person.

Therapeutic packing

1. When RFID radiopaque surgical soft goods are intentionally used as therapeutic packing and the patient leaves the OR with this packing in place,
    a. Document the count as incorrect in the intraoperative nursing record and surgical operative note along with the number (if known) and types of items placed in the surgical wound.
    b. Communicate the number (if known) and types of radiopaque surgical soft goods used for therapeutic packing as part of the handoff.
2. When the patient is returned to the OR for a subsequent procedure or to remove therapeutic packing,
    a. If possible, determine from the intraoperative record of the surgery during which the packing was placed the number and type of radiopaque soft goods to be removed,
    b. Document in the medical record the number and type of radiopaque soft goods removed, RF scanning/wanding will be used on the patient to assure all packing has been removed and again at the end of the case. All scanning will be documented in the perioperative record
    c. Isolate the radiopaque sponges removed and do not include them in the counts for the removal procedure,
    d. Prior to final closure the surgeon should perform a methodical wound examination and RF scan/wand of patient to assure all sponges are removed and follow the incorrect count process (section H).
3. The surgeon should inform the patient or patient's representative of any surgical soft goods purposely left in the wound at the end of the procedure and the plan for removing these items.

Vaginal Procedures

1. A final sponge count must be completed immediately after the patient has been returned to the supine position before the patient is transferred from the OR.
2. If a vaginal packing is intentionally retained, an umbilical clamp will be securely attached to the tail which should be 4" or longer.
3. The placement of this packing and clamp will be communicated at handoff and documented in the medical record.

E. Sharps and Miscellaneous Items

1. Count sharps and miscellaneous items
   a. Before all procedures to establish a baseline (i.e., initial count)
   b. When new items are added to the field
   c. Before closure of a cavity within a cavity (e.g., the uterus)
   d. 'When wound closure begins
   e. 'When skin closure begins or at the end of the procedure when counted items are no longer in use (i.e., final count)
   f. For temporary relief (breaks) of the RN circulator or scrub person counted items in use will be accounted for in handoff
   g. A complete count will be performed when there is a permanent relief of the RN circulator or scrub person, although direct visualization of all items may not be possible.
   h. Any time a discrepancy is suspected.
2. Include the following items in the count:
   a. All needles regardless of size (e.g., suture, hypodermic, spinal)
   b. All sharps (e.g., scalpels)
   c. All miscellaneous items used in/or near the surgical wound if the potential for being retained is possible *(see Definitions)*
3. The scrub person should account for and confine all sharps on the sterile field until the final count is reconciled.
   a. Used sharps should be kept on the sterile field in a disposable, puncture-resistant container.
   b. The number of needles in the needle counter box must be equivalent to the number of slots in the needle box.
   c. If it is necessary to pass a full needle box off the sterile field, it must be full of the corresponding number of slots before passing off the field. The count must be verified between two individuals one of whom must be a RN circulator.
4. Members of the surgical team must account for sharps or other miscellaneous items that may have been broken or become separated within the confines of the surgical site in their entirety.
   a. When sharps or miscellaneous items are returned to the scrub person broken and not intact the surgical team will immediately be notified, and all parts must be accounted for
   b. An x-ray will be obtained for all broken instruments where the broken piece could not be recovered and for any lost sharp greater than.IO mm
   c. If all pieces/parts remain unaccounted for, a Safety Event Report will be submitted, and nurse manager (designee) is to be notified.

5. Do not consider the final count complete until all sharps used in closing the wound have been removed from the wound and returned to the scrub person.

Alteration of miscellaneous items

1. Alteration of miscellaneous items (e.g., cotton balls, foil suture packets) may occur when there is no reasonable substitute. Radiopaque sponges (e.g., laps, Raytecs, towels) shall not be altered. At no time is the RF tag removed from any item
2. The original item must be counted, and any subsequent pieces created from the original item will be added to the count.
3. There will be closed loop communication between surgeon, scrub person and circulator when any item is altered to ensure correct number of items/pieces are documented and accounted for.

F. *Instruments*

1. Count instruments:
    a. Before all procedures in which an instrument can be retained to establish a baseline (i.e., initial count). This includes:
        i. all procedures that enter a body cavity
        ii. any procedure in which the size and depth of the surgical wound is large enough to retain an instrument, even when a cavity is not entered, e.g., abdominoplasty, flap reconstruction
        iii. any procedure in which the size and depth of the surgical wound is uncertain and may exceed beyond 2 inches wide and 2 inches deep
    b. When new instruments are added to the field
    c. When wound closure begins or at the end of the procedure when counted items are no longer in use (i.e., final count)
    d. For temporary relief (breaks) of the RN circulator or scrub person, counted items in use will be accoW1.ted for in handoff
    e. When there is permanent relief of the RN circulator or scrub person, although direct visualization of all items may not be possible.
    f. Any time a discrepancy is suspected.
2. Account for individual pieces of assembled instruments (e.g., suction tips, wing nuts, blades, sheaths) separately and document on the count sheet
3. Implant trays, upon case set-up, should be inspected for completeness. Items are to be returned to the trays at the end of the procedure to again check for completeness, accounting for and verifying used items during the procedure.
4. Baseline (i.e., initial) instrument counts may be waived for surgical invasive procedures in which accurate instrument counts may not be achievable or practical, including:
    a. Complex procedures involving large numbers of instruments (e.g., anterior-posterior spinal procedures).
    b. Trauma procedures,
    c. Procedures that require complex instruments with numerous small parts.
5. When baseline instrument counts are waived unless the patient's safety is at risk, the surgeon will perform a sweep of the wound/cavity and intraoperative imaging will be performed before the wound/cavity is closed. The attending radiologist will confirm images with attending surgeon. The circulating RN will document the waived instrument count and x-ray in the intraoperative record.

6. Baseline (i.e., initial) instrument counts are not required for the following procedures:
    a. Hysteroscopy, sigmoidoscopy, bronchoscopy, esophagoscopy, gastroscopy (with or without PEG insertion), cystoscopy.
    b. Electrophysiology cases involving implant devices
    c. Orthopedic joint replacement procedures
    d. Procedures that do not enter a body cavity and are using X-ray/fluoroscopy throughout the procedure.
7. The scrub person will assess the condition of each instrument returned from the operative site to verify that the instrument is intact.
    a. When instruments are returned to the scrub person broken and not intact, the OR team will immediately be notified, and all parts must be accounted for.
    b. An x-ray will be obtained for all broken instruments where the broken piece could not be recovered
    c. If pieces/parts remain unaccounted for, a Safety Event Report will be submitted, and nurse manager (designee) is to be notified.
8. If an instrument is passed or dropped from the sterile field, retrieve it using standard precautions, show it to the scrub person, isolate it from the field, and include it in the final count.
9. Closing instrument counts will occur for all procedures in which an instrument can be retained. This includes:
    a. Laparoscopic procedures where the incision is extended beyond 2 inches.
    b. All procedures in which a body cavity is entered with an incision larger than 2 inches
    c. Procedures for which the width and depth of the incision is greater than 2 inches
10. Do not consider the final instrument count complete until all the instruments used in closing the wound (e.g., malleable retractors, needle holders, scissors) are removed from the wound and returned to the scrub person.

G. Count Discrepancy

1. A **HARD STOP** will occur, and all perioperative team members should take immediate action to resolve a count discrepancy.
    a. RN circulator will
        1. inform the perioperative team and receive verbal acknowledgement from the surgeon of the type and number of items missing as soon as a discrepancy in a surgical count is identified.
        u. call for assistance, search the room, including the area near the sterile field, floor, kick buckets, and linen and trash receptacles, and recount with the scrub person.
    b. Scrub person will
        1. organize the sterile field, search the sterile field, including the drapes and tables, and recount with the RN circulator.
    c. Attending Surgeon will
        1. suspend closure of the wound beyond fascia layer if the patient's condition permits.
        11. perform a methodical wound examination while actively looking for the missing item.

m. RFID scanning of patient will occur if missing item is an RF tagged item. Trash in room will also be scanned for said items

iv. participate in the attainment of intraoperative radiographs

v. the **attending surgeon shall remain in the OR** until the item is found or is determined with certainty in collaboration with the attending radiologist to not be retained in the patient unless there is a clinical emergency necessitating that the attending surgeon leaves the OR.

d. Anesthesia professional will

1. plan anesthetic milestone actions and delay emergence from general anesthesia until the count discrepancy is resolved, if applicable. If a spinal or epidural is being used for surgical anesthesia, closing of the fascia may occur concurrently while attempts are made per this policy to resolve the discrepancy. (e.g., emergence from anesthesia)

2. Nonessential personnel changes (e.g., break, relief) should not occur until the count is resolved or manager *(designee)* is notified, including the anesthesiologist-in-charge (AIC). If a personnel change occurs, notification of the count discrepancy must be relayed during the transfer of care.
3. Recount the item type (e.g., laparotomy sponges, suture needles) when the missing item is found.
4. If the missing item is not recovered, notify manager *(designee),* perform intraoperative imaging to rule out a retained item before final closure of the wound.
   a. If a needle smaller than 10mm is unaccounted for, an x-ray maybe deferred by the attending surgeon.
5. When accurate accounting of surgical items is not possible (e.g., counted item does not match what is on the count sheet, items not counted due to emergency), perform intraoperative imaging before final wound closure.
6. An intraoperative STAT x-ray is ordered using the following codes:
   a. XR Extremity OR FOREIGN BODY: IMG3136
   b. XR Chest OR FOREIGN BODY: IMG3135
   c. XR Abdomen OR FOREIGN BODY: IMG3134

      Include the following information about the missing surgical item in the radiology request:
      - the patient's name and MRN
      - OR room number and phone extension
      - attending surgeon's name
      - description of item unaccounted for, and
      - operation being performed
7. Perform intraoperative imaging that provides full coverage of the surgical site and include any views deemed necessary by the attending surgeon and radiologist to maximize the opportunity to identify a missing surgical item
   a. An x-ray will be taken of "like" item that is unaccounted for.
   b. For "one of a kind" or if unable to x-ray "like" item a free text in counts comments must be documented.
   c. The radiology technologist will contact the ED radiologist (phone call or in person) when the OR foreign body x-ray is completed, available on PACS, and ready for radiologist to interpret.

8. **The initial reading should be performed by an attending radiologist** with a direct conversation with the attending surgeon via a phone call to the OR room.
   If the OR (attending surgeon) has not received a phone call from the attending radiologist with the interpretation of the Xray by 20 minutes from the time the X-rays were taken, the OR (attending surgeon) should call the ED radiology reading room to obtain the results.
9. If an unintentionally retained item is identified, a second X-ray should be performed after removal of the item using the process outlined in steps 6, 7, and 8. Results must be read and received prior to the patient exiting the room.
10. Document unresolved count discrepancies in the intraoperative nursing record and surgeon operative note.
11. A Safety Event Report will be completed for any incorrect count or adverse event.
12. In the event of a count discrepancy or a device fragment being retained, the surgeon will notify the patient and/or the patient's significant other or caregiver, of the event.
14. **A safety event review will be conducted regarding any adverse event or near miss related to RSis.**
15. If the patient's condition is unstable, the manager *(designee)* shall be notified, and an x-ray will be taken as soon as possible in the next level of care.

H. Foam Pieces

1. Follow the manufacturer's instructions for use when using foam pieces from negative pressure wound therapy devices.
2. Cut the foam pieces only when necessary to fit in the wound.
3. Document the number of foam pieces placed in the patient's wound.
4. Communicate the number of foam pieces in the patient's wound during transfer of patient care information.

l Escalation for non-compliance in real-time

If **there** is **any question related to the policy or if resistance is met for compliance with any part of this policy, chain of command must be followed to ensure safe patient care according to UMMMC Policy 2021 Chain of Command in Patient Care Management.**

J. Quality Assurance

Random Audits for counting compliance will be conducted monthly by the nurse managers *(or designee),* to be reviewed with the director and shared with the staff.

K. Disciplinary process

Process will be followed for willful noncompliance to policy/procedure up to and including termination.

VI. RESCISSION:

Perioperative Policy: Surgical Count: Sponges, Sharps, Miscellaneous Item, and Instruments. September 2024

VII. REFERENCE:

I. Kyle, Erin. GUIDELINES FOR PERIOPERATIVE PRACTICE. AORN INC, 2025
2. UMMMC Policy 2021 Chain of Command in Patient Care Management.2/2024
3. Rothrock, Jane, Alexander's Care of the Patient in Surgery, 17th Edition, 2023

VIII. MONITORING:

The Perioperative Policy Committee is responsible for monitoring this policy.

Keywords: count, operating room, OR, packing, Retained Surgical Item (RSI), Radio Frequency (RF), specimen bags, sponges, suture, needle, sharp, instrument

Developed by: Perioperative Policy Committee
Individual/Committee Date:

Approved C ill):?-(01/25/2025
Authorized Signature Chair, Nursing Policy Committee Date

Approved by: /7,,(/Jli
Authorized Signature Senior Director Perioperative Nursing Date

Approved by: 7/7/25
Authorized Signature Medical Director, Perioperative Services Date

Approved by: 9-Wh "'l/ 1/ :lS-
Authorized Signature Vice President Surgical and Procedural Services Date

Approved by: hue t
Authorized Signature Chief Nursing Officer Date

UMass Memorial Health
UMASS MEMORIAL MEDICAL CENTER

Policy

2533 Attire for Surgical and Interventional Departments

Effective Date: 5/1/2026	**Policy Owner:** Robert Steppacher, MD FACS
Rescission: Supersedes policy dated: 12/21/2022; Marlborough Hospital Department of Surgical Services policy Attire for Surgical Services, dated 4/2024 was rescinded on 1/1/2026	**Approved by:** Justin Precourt, DNP, RN President, UMass Memorial Medical Center
Applicability: All Workforce Members that enter Restricted and Semi-Restricted Areas of procedural areas, excluding pharmacy clean rooms.	
Keywords: Attire, beard covers, disposable items, eyewear, gloves, head covering, hand hygiene, hood, hygiene, jackets, jewelry, jumpsuits, masks, nails, personal items, Restricted Area, Scrub Attire, Semi-Restricted Area, shoes, Surgical Attire, surgical site infections.	

Policy

UMass Memorial maintains the standards for attire in Restricted and Semi-Restricted Areas described below to reduce the potential for surgical site infections by decreasing the chance of environmental contamination. This policy does not pertain to sterile attire to be worn at the surgical field when performing surgery/ procedures.

Definitions

- **Scrub Attire**: Nonsterile apparel designed for the Semi-Restricted area that includes a Scrub Suit (scrub shirt and scrub pants), long-sleeved cover jackets (optional), shoe covers (if shoes are worn outside of the hospital) and head coverings.
- ***Scrub Suit:*** A Scrub Suit consists of a scrub shirt and pants.
- ***Surgical Attire:*** Nonsterile apparel designated for the Restricted area that includes a Scrub Suit (scrub shirt and scrub pants), long-sleeved cover jackets (optional), head coverings, shoe covers (if shoes are worn outside of the hospital), masks or respirators, and protective eyewear during active procedural patient care.
- ***Semi-Restricted Area*:** Requires Scrub Attire and includes the corridors and ante-rooms connecting the unrestricted areas to the Restricted Area. Semi-Restricted Areas are designated by unit specific markings at all entrances.
- ***Restricted Area:*** Requires Surgical Attire and is designated for the performance of patient care that requires high-level disinfection or sterile instruments and environmental controls. The Restricted Area can only be accessed by a Semi-Restricted Area.
- ***Workforce Member:*** All employees, contractors, volunteers, trainees (including medical students, interns, residents, allied health professional and business students), members of the medical staff including employed and private physicians, nurses in expanded roles, physician assistants, temporary

employees, and other persons employed, credentialed or under the control of UMMH whether or not they are paid by UMMH.

- ***Interventional Departments:*** Those departments that perform procedures in a Restricted Area, such as the Operating Rooms, Labor and Delivery, and Interventional Cardiology.

- ***Mask Mandate(s):*** include, but are not limited to
    1. Any Federal, State, and/or Local regulations and/or orders requiring that a mask be worn.
    2. Any other UMMH policy requiring the use of masks for infection control outside of a surgical or Interventional Department.

General Procedures

Hygiene

- Good personal hygiene shall be observed. The body shall be clean and free of body odor and/or fragrances.

Hand Hygiene

- Please refer to UMMMC Infection Control Hand Hygiene # 5009

Attire

- All Workforce Members that will be providing patient care, and who enter the Semi-Restricted or Restricted Areas will be required to wear a Scrub Suit provided by departmental management.
    1. The Scrub Suits will be UMMH issued, laundered, and changed daily.
    2. A long-sleeved cover jacket, such as a white lab coat, will be worn when walking outside to access on- campus buildings/clinics.
- Hospital provided disposable jackets:
    1. Disposable long-sleeved cover jackets may be worn in addition to the Scrub Suit when Workforce Members are working within the Semi-Restricted/Restricted areas of the department.
    2. If a white lab coat is unavailable, a disposable long-sleeved cover jacket covering the Scrub Suit, may be worn when leaving the department while remaining inside the building (i.e. going to the cafeteria, library, pharmacy etc.)
    3. Disposable jackets shall be changed when a Workforce Member leaves and returns to the Semi-Restricted Area other than to enter a Restricted Area.
- Clothes worn under the Scrub Suit shall not be visible
    1. A short-sleeved, T-shirt may be worn.
    2. No turtlenecks or long-sleeved shirts may be worn.
- Scrub Suits which are visibly wet or soiled will be changed.
- **If Scrubs Suits or Surgical Attire are worn between campuses or to or from any off-campus location, including home, on entry to the department a fresh UMMH issued and laundered Scrub Suit shall be donned.**
- Jumpsuits designed to completely cover personal attire may be worn to enter the Semi-Restricted or Restricted Area for short periods of time for:
    1. Workforce Members from other departments requiring temporary access, such as facilities, clinical engineering, or pharmacy.
    2. Patient family members.
    3. Providers temporarily entering the Semi-Restricted or Restricted Areas.
    4. Jumpsuits are not a substitute for Surgical Attire **and may not be worn** when performing patient care.

Shoes

- Shoes worn in the Semi-Restricted and Restricted areas will have closed toes, low heels, non-skid soles.
- Shoes with holes and other open toed shoes will not be allowed in Semi-Restricted or Restricted Areas.
- Shoe covers will be worn if it is anticipated that splashes or spills may occur or if shoes are worn from outside the hospital. Shoe covers will be removed before leaving the Restricted Area.

Head Coverings

- All head and facial hair, including the neckline, will be covered when in the Semi-Restricted and Restricted Areas of a department.
- Surgical hoods, surgical masks, and/or beard covers will be worn to cover facial hair.
- Any of the following are acceptable head coverings if they confine **all hair**:
    1. Clean, low-lint disposable bouffant style surgical head coverings.
    2. Clean disposable surgeon's caps or hoods.
    3. Clean low-lint non-disposable head coverings, laundered at home.

Masks/Respirators

- All Workforce Members entering a department's Restricted Area shall don a new mask or clean respirator.
- Masks or respirators are always to be worn when sterile supplies are open or where scrubbed persons are present. Masks will be tied snugly and cover the mouth and nose completely to prevent venting. The pliable metal strip inserted at the top of the hem of the mask will be molded snugly over the nose and cheeks for a secure fit.
- Masks shall be removed when leaving the Restricted Area.
- Masks shall be changed if moist or visibly soiled.

Jewelry

- Only minimal jewelry shall be worn in the Restricted Areas and will be securely fastened. Chandelier and/or hoop earrings are not permitted.
- Any jewelry worn on the wrist, fingers or forearms shall be removed before scrubbing.

Nails

- Artificial nails are prohibited in the Restricted Areas while providing direct patient care.
- Fingernails are kept clean, short and well-cared for.
- Freshly applied nail polish may be worn. Nail polish, if worn, is well-maintained. Chipped nail polish is not allowed.

Gloves and Protective Eyewear

- Gloves and protective eyewear or face shields will be worn by all Workforce Members when performing duties that require direct patient contact or contact with contaminated items.
- Gloves will be changed after such contacts and before exiting the room except during transport to the PACU and ICU of intubated patients which present a risk for exposure to bodily fluids.
- Protective eyewear will be changed or cleaned after such contacts.

Personal Items

- Before entering the Semi-Restricted/Restricted Areas of a department, personal items such as backpacks, brief cases, messenger bags, fanny packs shall be:
    - Wiped down with a low-level disinfectant or
    - Placed into a plastic bag.
- Plastic bags may be stocked at the PPE stations for containing personal belongings such as backpacks should they need to be brought into the OR.
- Fleece and/or wool garments shall not be worn in the Restricted or Semi-Restricted Areas.
- It is highly recommended that personal electronic devices and hospital issued cell phones be

sanitized prior to entering the Restricted Area.

Disposable items

- While still inside the facility, but after leaving the Restricted Area, disposable items that are to be removed include masks and shoe covers. **Head coverings should not be removed.**
- Masks and shoe covers should not be removed when transporting a patient to the PACU or ICU.
- If a Mask Mandate is in effect, Workforce Members should not remove masks when leaving the Restricted area.

Compliance

- Management or their designee(s) has the right to require a Workforce Member to remove and replace any piece of the Scrub Suit that is soiled, damaged, or not properly laundered.
- Failure to comply with this policy may result in discipline based on the UMMH Policy Performance Management/Discipline, as delineated under the Medical Staff Bylaws or revocation of the authorization to provide services at UMass Memorial.

No changes to this policy may be made in isolation or independently.

Clinical/Department Specific Procedures

N/A

Supplemental Materials

UMMH Policy Hand Hygiene
UMMH Policy Performance Management/Discipline

References

1. 29 CFR 1910.136: Personal protective equipment: Occupational foot protection. Occupational Safety & Health Administration http://www.osha.gov/pls/oshaweb/owadisp.show_document?p_table=STANDARDS&p_id=9 786. Accessed September 14, 2014.

2. 29 CFR 1910.1030: Bloodborne pathogens. Occupational Safety & Health Administration. Accessed August 15, 2019

3. Petersen C, ed. Infection. In: *Perioperative Nursing Data Set*. 3rd ed. Denver, CO: AORN, Inc; 2011:254–276.

4. Guidelines for surgical attire. *2021 Edition Guidelines for Perioperative Practice*.

5. Denver, CO: AORN, Inc. 2022