

**Surgical Scrub, Gown and Glove Procedures**

Effective: January 2010

Review: January 2013

**1. Aim of this Policy**

The scope of this policy is to provide evidence based guidance to all healthcare professionals required to perform the correct procedure when undertaking a surgical hand scrub and the donning of a sterile gown and gloves in order to protect a patient from infection during an operation or other invasive procedure.

**2. Roles and Responsibilities**

Responsibility for ensuring the application of this policy lies with the Clinical Directors, supported by the Directorate Managers and Matrons.

**3. General Introduction**

All members of the sterile surgical scrub team are required to perform a surgical hand scrub and don sterile gown and gloves before touching sterile equipment or the sterile field. The correct performance of these procedures helps to protect a patient from infection by preventing pathogenic (disease producing) micro-organisms on the hands, arms and clothes of “sterile” team members from coming into contact with a patients wound during an operation. The resulting infection from micro-organisms introduced into a wound during surgery could prove fatal to the patient.

3.1 The surgical scrub is a systematic washing and scrubbing of the hands and forearms using especially developed techniques and the most effective antibacterial cleansing agent available in order to render the hands and arms as free as possible from micro-organisms. The skin cannot be sterilised without destruction of tissue but as many bacteria as possible can be removed by a thorough hand and arm scrub to make the skin surgically clean.

3.2 Gown and glove procedures that are performed following the surgical scrub, involve the donning of a sterile surgical gown and gloves in such a way as to maintain sterility of the outside of both gown and gloves.

The purpose of these procedures is to eliminate some of the controllable sources of contamination in the performance of aseptic procedures. The person assigned to scrub for an operation should adhere to the specialist techniques and must scrub their hands and arms for a prescribed length of time as described in the procedure prior to donning a sterile gown and gloves to provide a sterile covering for their clothing and hands.

Hand washing<sup>1</sup> is an important factor in preventing the spread of infection and although the circulating person is not required to perform

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<sup>1</sup> Refer to Trust Hand Hygiene Standard and Trust Hand Hygiene Policy.

a surgical scrub, they should wash their hands before and between tasks for their own protection and for that of the patient whose body defences are weakened by both the disorder that makes surgery necessary and by the surgery itself.

### **3.3 Micro-organisms**

The micro-organisms normally present on the skin can be described as transient and resident:

3.3.1 Transient organisms are those that are introduced onto the skin surface by contact with “soil” and various other substances. Mechanical scrubbing with surgical soaps will remove most of the bacteria.

3.3.2 Resident organisms are those whose natural habitat is the skin. They comprise mostly of gram positive and gram negative bacteria and exist in large numbers under the fingernails, in the deeper layers of the skin such as hair follicles, sweat glands and sebaceous glands. Scrubbing removes the resident bacteria from the surface and just beneath the surface of the skin. After a time the resident organisms in the deeper layers of the skin are brought to the surface by perspiration and the oil secretion of the sebaceous glands and the bacterial count is again increased. For this reason sterile gloves are worn to prevent contamination of the patient’s wound and the sterile instruments / equipment used during procedures.

### **3.4 Preparation for Scrubbing**

Personal cleanliness is of extreme importance for operating theatre personnel. A daily shower, frequent hair washing and attention to hands and fingernails are most important. Finger nails should be kept short enough so that they are not visible over the tips of the fingers. Short nails are easy to keep clean, will not puncture gloves and should be free of any form of nail treatments or polish. Staff should note and report to the person in charge, any infection, rash or open lesion on their hands, nails or arms. It is recommended that staff use the rest room facilities before scrubbing to reduce the risk of having to leave the table once the procedure has started.

### **3.5 Jewellery<sup>2</sup>**

With the exception of a wedding band, all jewellery must be removed prior to scrubbing, as bacteria and dead skin cells accumulate beneath watches, bracelets and rings. All staff should adhere to “bare below the elbows” prior to any form of clinical contact with patients.

### **3.6 Clothing<sup>3</sup>**

All operating theatre staff should wear a clean, short sleeved cotton scrub suit each day before entering the operating department. The

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<sup>2</sup> Trust Dress and Appearance Policy

<sup>3</sup> Trust Dress and Appearance Policy, Appendix 3 -Theatre Dress

scrub suit should cover any other clothing such as underwear, and trouser legs should not touch the floor as this may transport bacteria from one place to another. The person assigned to scrub should also adjust the sleeves of their scrub suit to at least four inches above the elbows to prevent them from getting wet and potentially increasing the risk of contamination of the gown.

### **3.7 Shoes**

All personnel should keep a pair of designated theatre footwear for use in the operating department only. Shoe soles are a source of contamination and of cross infection from one area to another. Street shoes should not be worn inside the operating room and shoe covers are never acceptable.

### **3.8 Hats**

Within the operating theatre hair must be completely covered with a clean disposable hat that should be changed at least daily, on leaving the department or if visibly contaminated with blood or other fluids. This is to prevent the possible contamination of the sterile field by falling hair or dandruff. Beards must be covered with a hood. Outside of the operating theatre but within the theatre complex, hats need not be worn but hair must be tied back and up off the collar.

### **3.9 Masks**

A surgical mask is worn primarily to protect the patient from bacteria exhaled by operating room personnel. All members of the scrub team should wear a mask, but the wearing of masks by other personnel should be at the discretion of the Consultant in charge. Every individual in the operating theatre should wear a mask when prosthesis / implant surgery is taking place. The mask must fit snugly to the face to prevent passage of air around the sides and fogging of glasses if worn. A fresh mask should be donned immediately before beginning the scrub procedure and it is not considered sterile. If the mask becomes damp, droplets from the nose and mouth can easily pass through it and the mask no longer serves as a barrier to germs, therefore the mask should be changed after each procedure and more often if it becomes damp.

A mask should never be allowed to dangle around the neck, placed in a pocket or on a clean surface and should only be handled by the ties after it is removed. Careful handling of a used mask by the ties prevents the spread of micro organisms throughout the surgical suite. As soon as the mask is removed it should be placed in a designated receptacle and the hands should be washed.

Protection of the mucous membranes of the eyes, mouth and nose from procedures that involve splashing or spraying of blood, body fluids or bone chips is essential. Protective eye wear covering front and side of the eyes, or full face visors must be worn by the surgical scrub team

and those performing invasive procedures<sup>4</sup>. These should either be disposable or cleaned according to manufacturer's instructions after use; ordinary prescription spectacles do not provide sufficient protection. Visors cannot be used with magnifying loupes and should, therefore be fitted with side shields.

### **3.10 Scrub Rooms**

A scrub area should open directly into an operating room and the sinks should be deep enough (at least one foot), so that water will not be splashed onto the scrub clothes, the floor, or the hands and arms during the procedure. Sinks should be provided with hot and cold water and tap controls must be adjusted for water temperature flow before starting to scrub. If the scrub person's hands or arms accidentally touch the taps or the sink during any phase after the scrub has begun, they have become contaminated and must begin the scrubbing cycle again. Running water is preferred because it easily rinses away suds containing bacteria.

Containers for surgical detergents are placed between each set of taps and care should be taken not to contaminate hands when dispensing soap solution. The pump dispenser should be changed each time an empty bottle is replaced with a new one or sooner if it becomes blocked.

Scrub brushes may be placed in dispensers next to sinks and a clock should be provided for timing the scrub procedure when required.

### **3.11 Cleansing Agents**

Surgical antiseptic solutions / soaps are available in concentrated liquid form in soap dispensers and the standard ones in use are Povidine Iodine and Hibiscrub (Chlorhexidine). Skinsan (triclosan) is available for staff sensitive to standard solutions these agents are preferable for doing the surgical scrub because:

- 3.11.1 They are non-irritating to most people.
- 3.11.2 They leave a minimum number of micro-organisms on the skin.
- 3.11.3 They have a prolonged anti-bacterial effect on the skin when used regularly. Surgical detergents leave a film on the skin which keeps the resident bacteria to a minimum and yet they do not interfere with the skin's natural resistance to transient bacteria.
- 3.11.4 They will lather in either hot, cold or hard water.
- 3.11.5 The amount of detergent needed for a scrub is small (about 6 - 8 ml). Adding more water produces more lather.

A dry surgical scrub brush/sponge with a nail cleaner is also provided pre-packaged, pre-sterilized and the brush is disposable for one use only.

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<sup>4</sup> Guidelines for Infection Control in the Operating Department.

### 3.12 The Surgical Scrub

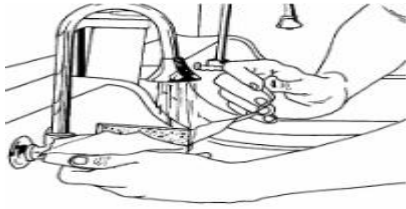


The scrub person should perform a scrub in the following instances:

- 3.12.1 Before the first case in the morning and this scrub will last for 5 minutes.
- 3.12.2 Subsequent cases when the scrub will last for 3 minutes.
- 3.12.3 Only the nails are brushed. Brushing other areas of the hands and arms has been proven to be detrimental to the skin surface causing abrasions.<sup>5</sup>

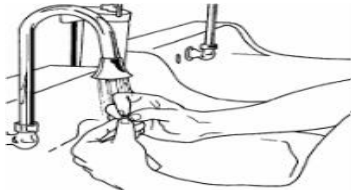
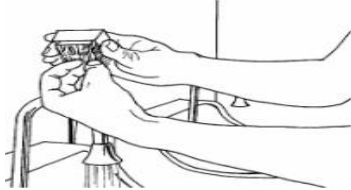

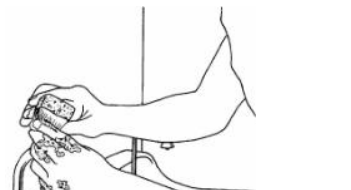

### 3.13 Principles<sup>1</sup>

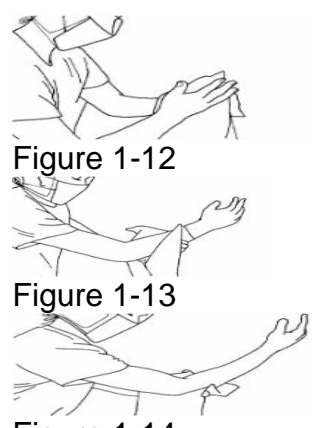
The scrub person should follow certain principles when performing the surgical scrub;

- 3.13.1 Rinsing time is not to be included in the total scrub time.
- 3.13.2 Un-sterile objects should not be touched once the scrub procedure has begun.
- 3.13.3 The entire scrub procedure must be repeated if an un-sterile object is touched.
- 3.13.4 The same scrub procedure should be utilised for every scrub procedure whether it is the first or last one of the day however subsequent washes should encompass two thirds of the forearms only to avoid compromising the hands.

<p>Regulate the flow and temperature of the water. Open package containing nailbrush (see Figure 1-4) lie the brush on the back of the scrub sink still in the opened package.</p>	 <p>Figure 1-4</p>
<p>Wet the hands and arms (see Figure 1-5) for an initial pre-scrub wash. Use several drops (5ml) of surgical detergent, work up a lather then wash the hands and arms thoroughly to the elbows for one minute.</p>	 <p>Figure 1-5</p>
<p>Rinse hands and arms thoroughly, allowing the water to run from the hands to the elbows (see Figure 1-6). Do not retrace or shake the hands and arms, let the water drip from them.</p>	 <p>Figure 1-6</p>

<sup>5</sup> Principles of Safe Practice in the Peri-operative Environment 1998; Scrubbing, gowning and gloving, (AFPP)

<p>Remove the sterile brush and file from opened package, moisten brush and work up a lather. Soap fingertips and clean the spaces under the fingernails of both hands under running water (see Figure 1-7); discard file.</p>	 <p>Figure 1-7</p>
<p>Lather fingertips with sponge-side of brush then, using bristle side of brush, scrub the spaces under the fingernails of the right or left hand (see Figure 1-8). When scrubbing, slightly bend forward holding hands and arms above the elbow, and keep arms away from the body.</p>	 <p>Figure 1-8</p>
<p>Lather fingers (see Figure 1-9); wash on all four sides of each finger.</p> <p>Only nails should be brushed as brushing of other areas has been shown to be detrimental to the skin surface causing abrasions.</p>	 <p>Figure 1-9</p>
<p>Begin with the thumb or little finger (see Figure 1-10) on the right or left hand. Wash one hand and arm completely before moving on to the other hand and arm.</p> <p>Lather palm, back of hand, heel of hand, and space between thumb and index finger washing each surface. Move up the forearm, lather then wash to the elbow. (Subsequent washes should encompass two thirds of the forearm only). Repeat for the other arm. Discard brush and rinse hands and arms without retracing. Allow the water to drip from elbows before approaching gown pack.</p>	 <p>Figure 1-10</p>
<p>Slightly bend forward, pick up a hand towel from the top of the gown pack and step back from the table (see Figure 1-11).</p> <p>Grasp the towel and open it - do not allow the towel to touch any un-sterile object or un-sterile parts of the body.</p>	 <p>Figure 1-11</p>

<p>Hold hands and arms higher than the elbows, and keep arms away from the body.</p>	
<p>Holding one end of the towel with one hand, dry the other hand and arm with a blotting, rotating motion (see Figure 1-12).</p> <p>Work from fingertips to the elbow; DO NOT retrace any area. Dry all sides of the fingers, the forearm, and the arms thoroughly (see Figures 1-13 and 1-14).</p> <p>Grasp the other end of the towel and dry the other hand and arm in the same manner as above.</p> <p>Discard the towel into an appropriate receptacle.</p>	 <p>Figure 1-12</p> <p>Figure 1-13</p> <p>Figure 1-14</p>

#### 4. Gowning for the Closed Glove Technique


##### 4.1 Principles






Surgical gowns are folded with the inside facing the scrub person. This method of folding facilitates picking up and donning the gown without touching the outside surface. If the scrub person touches the outside of the gown whilst donning it, the gown must be considered to be contaminated. If this occurs discard the gown, as only the inside of the gown should be touched while putting it on.

The scrub person's hands and arms are contaminated if they are allowed to fall below waist level or to touch the body therefore hands and arms should be kept above the waist and away from the body at an angle of about 20 to 30 degrees above the elbows.

After donning the surgical gown, the only parts of the gown that are considered sterile are the sleeves (except for the axillary area) and the front from waist level to a few inches below the neck opening. If the gown is touched or brushed by an un-sterile object the gown is then considered contaminated. The contaminated gown must be removed using the proper technique and then a new sterile gown should be donned.

##### 4.2 Gowning Procedure

<p>With one hand, pick up the entire folded gown from the wrapper by grasping the gown through all layers, being careful to touch only the inside top layer which is exposed (see Figure 1-15). Step back from the trolley / shelf.</p>	 <p>Figure 1 - 15</p>
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<p>Hold the gown in the manner shown in Figure 1-16 near the gown's neck and allow it to unfold being careful that it does not touch either the body or other un-sterile objects. Grasp the inside shoulder seams and open the gown with the armholes facing.</p>	 <p>Figure 1-16</p>
<p>Slide arms part way into the sleeves of the gown keeping hands at shoulder level away from the body (see Figure 1-17).</p>	 <p>Figure 1-17</p>
<p>Slide arms further into the gown sleeves and when the fingertips are level with the proximal edge of the cuff, grasp the inside seam at the juncture of gown sleeve and cuff using thumb and index finger. Be careful that no part of the hand protrudes from the sleeve cuff (see Figure 1-18).</p>	 <p>Figure 1 - 18</p>
<p>The circulating person should assist at this point to position the gown over the shoulders (see Figure 1-19) by grasping the inside surface of the gown at the shoulder seams. They can then adjust the gown over the scrub person's shoulders. The circulating person's hands are only in contact with the inside surface of the gown.</p>	 <p>Figure 1 - 19</p>
<p>The circulating person then prepares to secure the gown, the neck and back may be secured with a Velcro tab or ties (see Figure 1-20). The circulating person then ties the gown at waist level at the back.  This technique prevents the contaminated surfaces at the back of the gown from coming into contact with the front of the gown.</p>	 <p>Figure 1 -20</p>







**The scrub person will proceed to the Glove Technique before completing the final gown tie.**

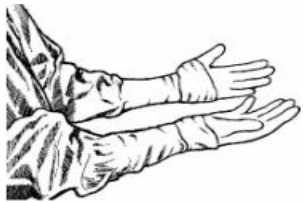
## 5. Surgical Glove Technique

Gloves are packaged so that the scrub person may don the gloves without contaminating the outer surfaces and each pair of gloves is packaged in an individual sterile wrapper. The closed cuff method of gloving is preferable to the open cuff method as it eliminates potential hazards in the glove procedure as indicated:

- The danger of contamination of gloves caused by the glove cuffs rolling on skin is eliminated because the skin surface is not exposed.
- The gown cuffs can be anchored securely by the gloves without the danger of contamination that exists when gloves are donned by the open cuff method.

## 6. Gloving Procedure

<p>Open the inner package containing the gloves and pick up one glove by the folded cuff edge with the sleeve-covered hand (see Figure 1-21).</p>	 <p>Figure 1-21</p>
<p>Place the glove on the opposite gown sleeve palm down, with the glove fingers pointing toward the shoulder. (see Figure 1-22) The palm of the hand inside the gown sleeve must be facing upward toward the palm of the glove.</p>	 <p>Figure 1-22</p>
<p>Place the glove's rolled cuff edge at the seam that connects the sleeve to the gown cuff (see Figure 1-23). Grasp the bottom rolled cuff edge of the glove with the thumb and index finger.</p>	 <p>Figure 1-23</p>
<p>While holding the glove's cuff edge with one hand, grasp the uppermost edge of the glove's cuff with the opposite hand (see Figure 1-24). Take care not to expose the bare fingers while doing this.</p>	 <p>Figure 1-24</p>
<p>Continuing to grasp the glove, stretch the cuff of the glove over the hand (see Figure 1-25).</p>	 <p>Figure 1-25</p>
<p>Using the opposite sleeve covered hand, grasp both the glove cuff and sleeve cuff seam and pull the glove onto the hand (see Figure 1-26). Pull any excessive amount of</p>	 <p>Figure 1-26</p>

gown sleeve from underneath the cuff of the glove.	
<p>Using the hand that is now gloved put on the second glove in the same manner. When gloving is completed no part of the skin has touched the outside surface of the gloves. Check to make sure that each gown cuff is secured and covered completely by the cuff of the glove (see Figure 1-27). Adjust the fingers of the glove as necessary so that they fit snugly.</p>	 <p>Figure 1-27</p>



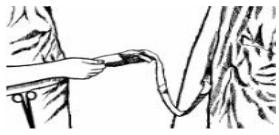
While the scrub person is wearing a sterile gown and gloves they must take particular care to avoid contaminating these as this could potentially result in the transfer of pathogenic micro-organisms to the patient's wound. The following rules should therefore be observed:

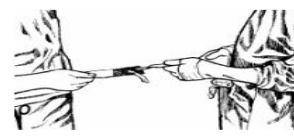

- Never drop hands below the level at which they are working and never below waist level.
- Never tuck gloved hands under armpits as the axillary region of the gown is considered contaminated. Never put hands behind the back, they must be kept in full view at all times.
- Never reach across an un-sterile area for an item.
- Never touch an unsterile item with gloved hands unless asked to do so by the surgeon (e.g. in the event of an emergency such as cardiac arrest).

## 7. Final Tie of Gown

Once the sterile gloves are on the scrub person is ready to secure their gown with assistance of the circulating person.

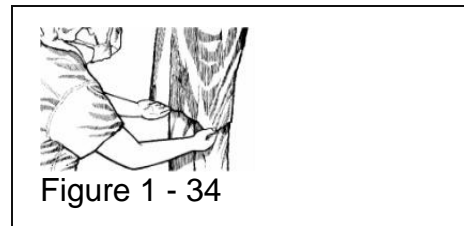
## 8. Final Tying Procedure

<p>The scrub person will take hold the belt tie secured at waist level (see Figure 1-28) and pull the tab away from the belt tie.</p>	 <p>Figure 1-28</p>
<p>The scrub person will pass the paper bag that holds the tie to the circulating person. (See Figure 1-29).</p>	 <p>Figure 1 - 29</p>
<p>The circulating person will take hold of the bag being very careful not to touch the tie and will move to the side or behind the scrub person (see Figure 1-30). The scrub person will then turn if necessary to</p>	 <p>Figure 1 - 30</p>

<p>enable them to reach and retrieve the tie.</p>	
<p>When the scrub person is properly positioned they will then take hold of the <b>belt tie only</b> being careful not to touch the bag and pull on the tie leaving the circulating person with only the bag in their hand (see Figure 1-31). The circulating person must hold on tightly to the bag so that when the scrub person pulls on the tie the bag doesn't come with it and contaminate them.</p>	 <p>Figure 1 - 31</p>
<p>Finally the scrub person will take hold of the tie at waist level and tie the belt tie to it. (see Figures 1 – 32 and 1 – 33)</p>	 <p>Figure 1 – 32      Figure 1 33</p>

**Adjustment of the Gown**



Now that the gloves are on and final tie of the gown is done, if necessary the circulating person completes adjustment of the gown by stooping down, grasping the outside of the side seams at the bottom of the gown and gently pulling it down. (see Figure 1-34).





**Removing the Gown and Gloves between Cases**

On completion of a surgical case the outer part of the gown and gloves are considered to be contaminated by bacteria from the procedure and the scrub person must remove them very carefully to avoid contamination to their forearms and hands. The gloves should be removed after the gown.

**9. Procedure for Removing Gown and Gloves**

<p>After the circulating person unties the neck and back ties, the scrub person performs the following procedure by themselves. Grasp the gown at the shoulders and pull the gown forward and down over the arms and gloved hands. (see Figure 1-35)</p>	 <p>Figure 1 - 35</p>
<p>Holding arms away from the body fold the gown so that the outside is folded in (see Figure 1-36) and discard it into the appropriate bag.</p>	 <p>Figure 1 36</p>



<p>Grasp the outer surface of one glove with the other gloved hand "rubber to rubber" (see Figure 1-37) and pull off the glove. Discard the glove into the designated receptacle.</p>	 <p>Figure 1 – 37</p>
<p>Place the fingers inside the cuff of the glove "skin to skin" (see Figure 1-38) discard the glove.</p>	 <p>Figure 1 – 38</p>

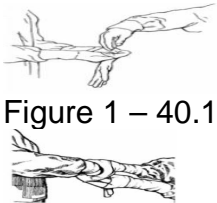
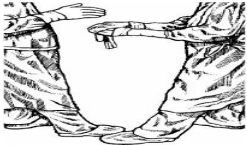


**After leaving the "sterile area," remove mask by the ties and discard it into the appropriate waste bag.**

**10. Gowning and Gloving another Person**

Occasionally it may be necessary for the scrub person to assist another member of the scrub team to don or change their gown / gloves e.g. if they have become contaminated. Their gown and gloves should be removed as described in the above procedure and the outer wrap of a new gown pack is opened by the circulating person.

**Procedure for Gowning and Gloving another Person when Scrubbed**

<p>Grasp the sterile gown near the neckband using the thumb and index finger of each hand and roll the gown so that the outside surface is over the gloved hands to protect them (see Figure 1-39). The arm holes of the gown should be facing the person being gowned. Offer the inside of the gown to the scrubbed team member and allow them to slip their arms into the gown sleeves.</p>	 <p>Figure 1 - 39</p>
<p>The circulating person places hands inside the gown and pulls it over the scrubbed person's shoulders from behind them.</p> <p>The circulating person then secures the neck of the gown. (See Figure 1-40) and ties the inside waist tie.</p>	 <p>Figure 1 - 40</p>

<p>The scrub person grasps the right glove firmly holding it at waist level and keeping the thumbs extended and covered by the glove cuff stretches the cuff so that the other person can introduce their hand without touching the scrub persons gloves (see Figure 1-40.1.1). The scrub person protects own gloved fingers by holding them beneath the cuff of the glove, and their thumbs by holding them away from the partly-gloved hand. (see Figure 1– 41 .2)</p>	 <p>Figure 1 – 40.1 Figure 1-41.2</p>
<p>Whilst stretching the glove open, the scrub person should stand with one foot forward and one foot to the rear (see Figure 1-42). This stance will help from being thrown off balance. (DO NOT snap the glove; bring it upward gently over the cuff of the gown.) Be careful not get thrown off balance while the other team member introduces their hand into the glove.</p>	 <p>Figure 1 - 42</p>
<p>Repeat the technique described above for the left hand. The other person can assist with donning this glove (see Figure 1-43).</p>	 <p>Figure 1 - 43</p>
<p>The circulating person will readjust the neck tie if needed and assist the scrub person with tying the outside waist tie of the gown. Hands should remain above waist level (see Figure 1-44)</p>	 <p>Figure 1 - 44</p>

## 11. Procedure for Changing Gloves during a Case

When gloves require changing intra-operatively due to a puncture or inadvertent contamination, the glove must be removed in a way that avoids further contamination.

This can be achieved by pulling the gloves downwards by the fingers and palms (whilst also grasping the cuff of the gown), until the glove comes over the end of the hands / fingers. The glove may then be discarded into the appropriate receptacle.

Hands must remain inside the sleeves of the gown and the closed glove technique is used to don a new glove as described in the gloving procedure (figures 1-21 – 1-27).

Alternatively a new glove may be donned with the assistance of another member of the surgical team as described above (figures 1-40.1 – 1.43).

On occasions it may be preferable to don a second pair of gloves taking care not to contaminate them during the gloving procedure.

## **12. Monitoring**

Compliance with this policy will be monitored by the Theatre Matrons supported by the speciality Sisters / Charge Nurses and reported to the Directorate Manager who from analysis of incident reports relating to breach of sterility will provide a report to the Clinical Governance and Quality Committee.

**Authors:** Theatre Matrons / Directorate Project Nurse

### <sup>1</sup> Bibliography

Gardner D. & Anderson-Man E 2001 "How to Perform A Surgical Hand Scrub".  
Infection control Today,  
Scrub, Gown and Glove Procedures, (Subcourse MD0933 Edition 100)  
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September 2007

THE NEWCASTLE UPON TYNE HOSPITALS NHS FOUNDATION TRUST  
**IMPACT ASSESSMENT – SCREENING FORM A**

This form must be completed and attached to any procedural document when submitted to the appropriate committee for consideration and approval.

Policy Title:	Surgical Scrub Procedure	Policy Author:	Theatre Matrons Mrs J Lindley RVI, Mrs M Dryden NGH, Ms S Barnes Freeman, Mrs G Patterson Freeman & Mrs S Quinn, Project Nurse Peri-op & Critical Care Directorate.
		Yes/No?	You must provide evidence to support your response:
1.	Does the policy/guidance affect one group less or more favourably than another on the basis of:	No	
	Race	No	
	Ethnic origins (including gypsies and travellers)	No	
	Nationality	No	
	Gender	No	
	Culture	No	
	Religion or belief	No	
	Sexual orientation including lesbian, gay and bisexual people	No	
	Age	No	
	Disability – learning difficulties, physical disability, sensory impairment and mental health problems.	No	
2.	Is there any evidence that some groups are affected differently?	No	
3.	If you have identified potential discrimination, are any exceptions valid, legal and/or justifiable?	No	
4(a).	Is the impact of the policy/guidance likely to be negative? (If “yes”, please answer sections 4(b) to 4(d)).	No	
4(b).	If so can the impact be avoided?		
4(c).	What alternatives are there to achieving the policy/guidance without the impact?		
4(d).	Can we reduce the impact by taking different action?		

<b>Comments:</b>	<b>Action Plan due (or Not Applicable):</b>
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Name and Designation of Person responsible for completion of this form: Sonia Quinn, Project Nurse Peri-op & Critical Care Directorate Date: 05/01/2010  
Names & Designations of those involved in the impact assessment screening process: Theatre Matrons Mrs J Lindley RVI, Mrs M Dryden NGH, Ms S Barnes (Cardio-thoracic) Freeman, Mrs G Patterson (Central Operating) Freeman

(If any reader of this procedural document identifies a potential discriminatory impact that has not been identified on this form, please refer to the Policy Author identified above, together with any suggestions for the actions required to avoid/reduce this impact.)

*For advice on answering the above questions please contact Helen Lamont, Director of Nursing, or, Christine Holland, Senior HR Manager. On completion this form must be forwarded electronically to Steven Stoker, Clinical Effectiveness Manager, (Ext. 24963) [steven.stoker@nuth.nhs.uk](mailto:steven.stoker@nuth.nhs.uk) together with the procedural document. If you have identified a potential discriminatory impact of this procedural document, please ensure that you arrange for a full consultation, with relevant stakeholders, to complete a Full Impact Assessment (Form B) and to develop an Action Plan to avoid/reduce this impact; both Form B and the Action Plan should also be sent electronically to Steven Stoker within six weeks of the completion of this form.*