

Therefore, the suite  
should be arranged in



Therefore, the whole OT suite is planned on the concept of four zones, predicted on the types of activities, patterns of circulation and degree of sterility to be maintained. These zones are the disposal zone, protective zone, clean zone, and sterile zone.

### **1. Criteria for Zoning:**

The aim of zoning is that when staff members, patients or supplies enter the OT suite, the risk factors of carrying the chances of infection with them get lesser and lesser, as they pass from the protective through clean to aseptic zone.

### **2. General Principles:**

1. Clean from dirty traffic-flow within the OT suite should be segregated as best as possible. Spaces in the suite should be arranged in such a way that while moving from one space to another, there is continuous progression of cleanliness from entrance of OT suite to the operating room. 2.

Staff working in the OT department should be able to move from one clean area to the other without having to pass through unprotected areas. 3.

Soiled materials and waste should be removed from the operating rooms without passing through clean areas. 4.

OT ventilation should be independent of the air movement of the rest of the hospital. Therefore, the direction of airflow within the OT suite should be from cleaner to less clean areas.

3.

**Sterile Zone:**

The OT suite organisation revolves around the central aseptic work area, i. e. the actual operating rooms. Activities take place in these zones that require full aseptic conditions, such as exposure of living tissues and handling sterile instruments. Here, the highest level of cleanliness and aseptic condition are maintained.

**4. Clean Zone:**

The clean zone is designed around the aseptic zone. This zone is only accessible to staff having changed their outer clothing in the protective zone and prepared patients transferred from the ward trolley to OT stretcher, and clean supplies. ' Patient holding and preparation area' is earmarked in the clean zone.

This zone contains storage space for clean surgical supplies, medical stores including parental solutions, and instruments. Anaesthesia induction rooms, anaesthesia stores and anaesthetist's room are located in this zone. A frozen section laboratory, if provided and any darkroom facility should be located in the clean zone.

**5. Protective zone:**

Outside the clean zone is the protective zone forming a barrier between the clean area of the suite and the less clean rest of the hospital area. This zone contains the administration" elements including theatre nurse supervisor's office, where stores are received, and personnel enter the department,

where locker and change rooms are located, patients are received and held. Patients wait here on trolleys if the operating room for which he or she scheduled is not ready. We all know of surgical corridors of large hospitals lined with occupied trolleys for want of adequate holding, preparation or induction area.

Access to this area is entirely separate, as people enter and leave in their street clothes and should not penetrate into inner zones until after changing into OT shoes and clothing. Recovery room is located in this zone.

#### **6. Disposal zone:**

Disposal zone is the corridor from where used instruments and used linen and operating room debris is taken out. This zone must have an independent access to the outside corridor.

Disposal zone has only one-way traffic, viz. from inside the operating room to the outside and never vice versa. This is achieved by a door or a hatch from operating room opening into the disposal corridor.