

# OPERATING ROOM

## POLICY AND PROCEDURE MANUAL

**Subject:** Perioperative Safety

**Key Words:** **OR, Safety, Transportation, Chemical, Equipment, Environment, Radiation**

**Policy:** The Operating Room will promote a safe environment for patients and staff.

**Purpose:** To identify potential hazards and promote a culture of safety.

**Performed by:** By all personnel in the perioperative setting

**Equipment:** All elements in the perioperative setting

### **Procedure:**

#### **1. Patient Transport and Transfer**

- a. Patients should never be left unattended.
- b. Side rails should always be up.
- c. Before patient is transferred, stretchers, beds and wheelchairs must be locked.
- d. At least four people are needed to move an immobile adult patient.e. Use appropriate transfer devices such as slider boards, rollers, hover mats, etc.
- f. Patient transfers should be under the direction of the person at the head of the patient.
- g. All catheters and tubes should be secured appropriately before and during transport.
- h. Stretchers should be pushed feet first, without rapid movement and with an appropriate staff member at the head of the patient.
- i. Patients ambulating to the Operating Room will be accompanied and wear non-skid footwear.

#### **2. Maintaining patient normothermia**

- a. Maintain appropriate room temperature
- b. Apply warm blankets and/or heat maintenance devices, i.e. Bair Huggers/Paws
- c. When appropriate, use warm irrigating solutions
- d. Decrease unnecessary skin exposure when prepping
- e. Prevent drape and linens from becoming wet.

#### **3. Medications/Solutions**

- Refer to Medication Safety Policy in the OR Index.
- IV's – Spiked IV solution bags must be used within one hour of preparation. If administration is not begun within one hour of spiking the bag, discard the IV and tubing.

4. **Prep Protocol (alcohol-based solutions) include the following:**
  - a. Checking the prep site for dryness.
  - b. Containment of all drip towels and all prep items in appropriate containers.
  - c. Identification of fire risks.
  - d. Complete appropriate documentation.
  
5. Equipment
  - a. All new electrical equipment for patient use must be inspected by the Biomedical Department before being used.
  - b. Before using any electrical equipment, inspect the integrity of the cords, plugs and outlets and remove any damaged equipment from use.
  - c. Faulty devices must be removed from use and appropriately tagged for repair.
  - d. Emergency **Red Outlets** must be used for critical equipment throughout a procedure and in the event of a power outage.
  
6. Chemicals used in the Operating room
  - a. All chemicals must be labeled appropriately.
  - b. Chemicals used in the department are listed in the MSDS website online.
  - c. Personal protective equipment must be used when mixing any chemicals.
  - d. Use and disposal of chemotherapeutic agents must follow hospital procedure.
  - e. Exposure to hazardous chemical vapors should be minimized by venting fumes, cleaning spills, covering all containers. (Ex. Formalin, Cidex, Peracetic acid and bone cement).
  - f. Gases that accelerate combustion, such as O<sub>2</sub> or O<sub>2</sub> enriched atmospheres, should not be used in the presence of heat in any form which may serve as an ignition source (i.e.: lasers, electrocautery, static electricity, light sources).
  
7. Other Environmental Hazards
  - a. Floors should be clean, dry, unobstructed and in good repair.
  - b. Adequate lighting allows for optimum observation of the patient as well as the overall perioperative setting.
  - c. Adequate air exchanges are regulated and reduce exposure to hazardous vapors.
  - d. Gas cylinders should be supported, valves closed and stored in a secured area. Labels should indicate "Full" or "Empty."
  - e. Eye-wash stations and spill kits are available for use within the department.
  
8. **Radiation**
  - a. X-ray equipment and shielding devices are operated and maintained by members of the X-ray Department.

When x-ray equipment is operated by the surgeon, the circulating RN should record the Fluoro time on the perioperative record.
  - b. Radiation-monitoring badges are available to all personnel.

- c. Non-essential personnel should leave the area when radiation sources are in use.
  - d. If leaving the area is not possible, reduce exposure by the use of leaded screens, aprons, thyroid shields, and/or eyewear. Even when protected by the aforementioned devices, personnel should position themselves behind or to the side of and as far away as possible from the radiation beam (6 feet from the projected beam).
  - e. Use holding devices to decrease personnel exposure to radiation.
  - f. Limit exposure time of the patient to a minimum. The patient should be protected with shielding devices.
- These measures should be documented on the perioperative record. Additional measures for pregnant patients have been established by the department of Radiology.
- g. Pregnant personnel should avoid exposure to radiation during the first trimester. Specific guidelines for the pregnant worker have been established by the Department of Radiology.

**9. Sharps Safety: (Hands-free technique)**

- a. All scrub personnel should double glove.
- b. If appropriate, create a "Neutral Zone" where instruments are put down and picked up rather than passed hand-to-hand.
  - Neutral Zone will predeterminded by the surgical scrub team
  - Items placed in the Neutral Zone will be verbally communicated
- c. All sharps should be handled, removed and disposed of properly. Standard precautions must be used to minimize risk of exposure to blood borne and infectious pathogens.

10. Prior to presentation on the operative field all implants must be verified by the operating surgeon, scrub person, and circulating nurse. This must include manufacturer, size, expiration date, and side if applicable.

11. All patient interventions will be appropriately documented on provided Perioperative records.

**Reference:** A.O.R.N. Standards, Recommended Practices, and Guidelines – 2011

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