

Jim Pattison Pavilion Operating Room

Visitor's and Observer's Guide

(Pre-requisite Read)



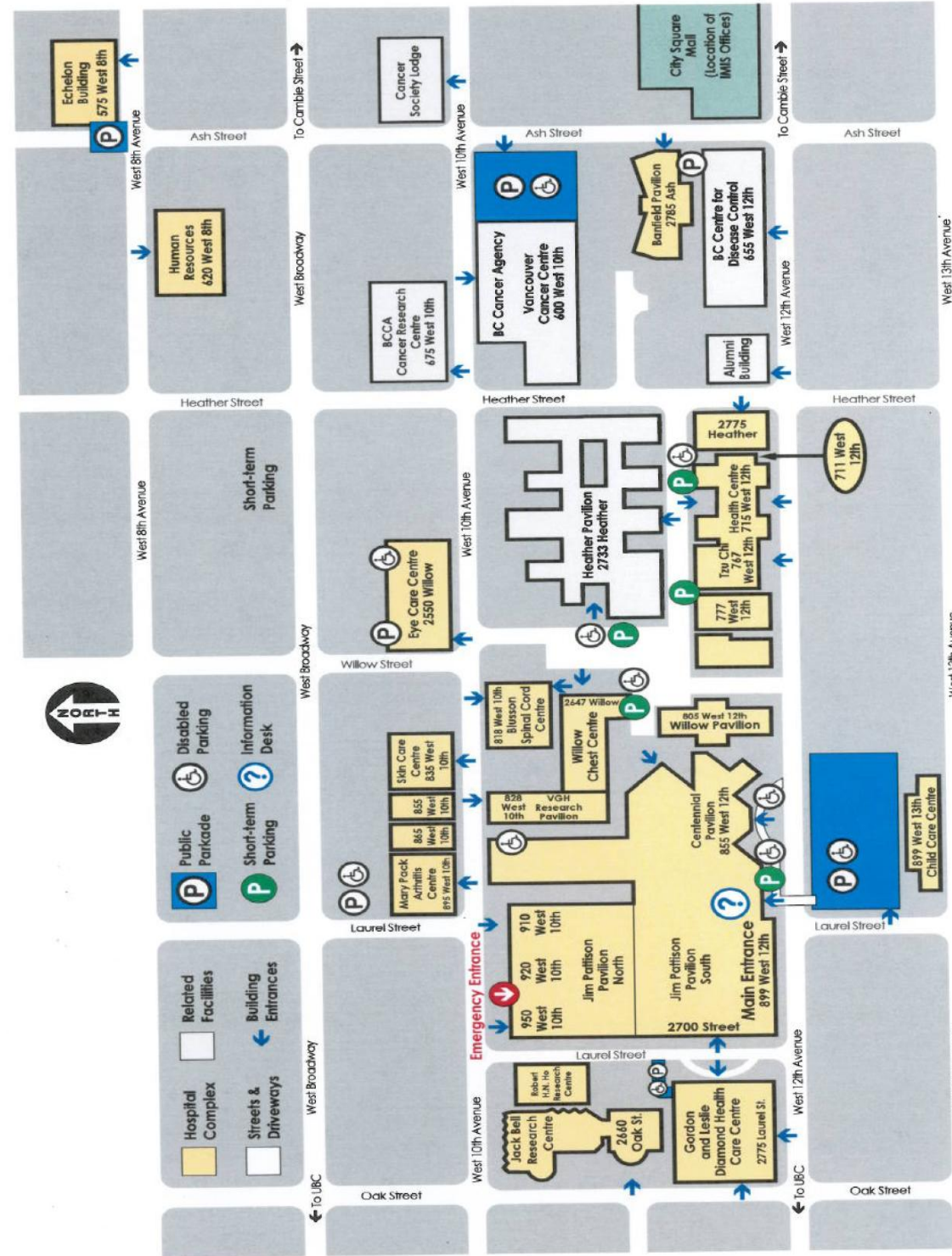
Welcome to the Jim Pattison Pavilion Operating Room (JPPOR).

Prerequisites

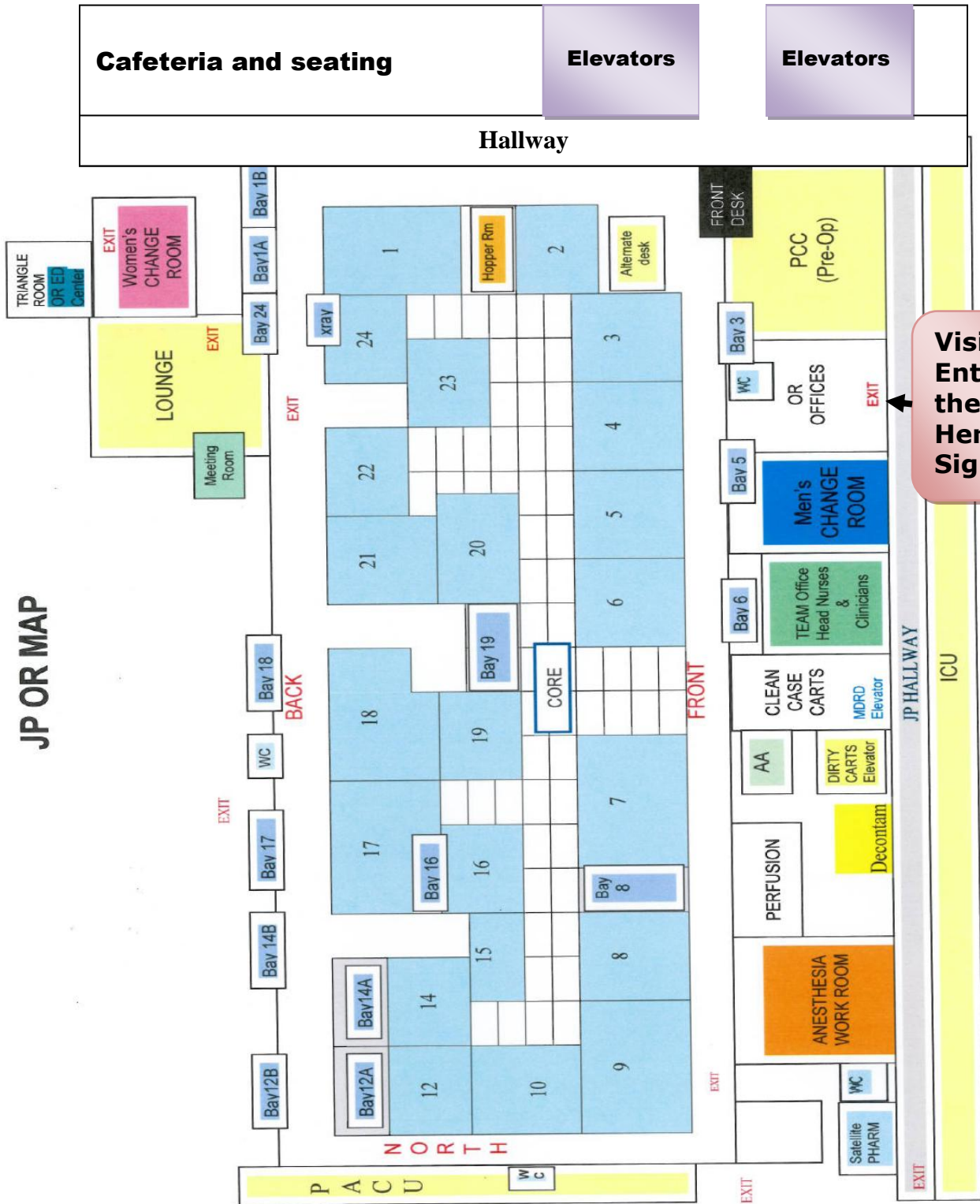
1. All Visitors who enter the JPPOR must first be approved by JPPOR leadership (as per the JPPOR Visitors and Student Observers Standard Operating Procedure)
2. The Visitors are advised to prepare for the day of observation by:
 - eating a light breakfast
 - wearing their name tag
 - wearing comfortable shoes
 - tying back their hair, if long, so it can be enclosed in a OR cap.
 - Not to bring any items of value

Procedure

- All Visitors must sign in and out at the **OR office, Jim Pattison Pavilion, North second floor room 2304.**
- All Visitors must clearly display identification. Identification badges should be easily seen and be legible (e.g. name tag, VCH ID).
- All Visitors must sign the ***Intra-Operative Record*** if observing a procedure in the Operating Room.
- The OR Office will call the OR Team Head Nurse or Education Department
- Visitors are met by the VGH OR Team Head Nurse, OR Education Department, a member of the UBC Faculty of Medicine, VGH OR Staff Surgeon/Designate, or VGH OR Equipment and Supply personnel
- Visitors are provided scrubs and a place to store their clothing, a brief OR protocol is review and introductions are made to the OR Control Desk Coordinator.
- Visitors are then given a short tour of the OR, highlighting exits, bathrooms, and lounge.
- Visitors are asked to hand wash, given a mask and protective eye wear. Once in the OR suite, visitors are given instructions regarding the sterile field. They are introduced to the circulating nurse to supervise during their observation.



JP OR MAP



Visitor Enter the OR Here to Sign In

JPPOR DRESS CODE

Surgical attire is worn to promote cleanliness, surgical consciousness and professionalism within the surgical environment. Proper operating room attire is mandatory when in the operating room environment as described in this Policy.

TRAFFIC CONTROL PROCEDURES:

Procedure: The following describes the areas in the operative and perioperative environment and the extent to which surgical attire is or is not required.

- Unrestricted Areas: Street clothes are permitted - includes a change area and a control point or desk to monitor and direct further access and, depending on facility, may also include pre-operative holding area, staff lounge, booking office and manager's office.
- Semi-restricted Areas: Surgical attire (includes surgical cap/hood) is required; includes support area of the suite e.g. clean and sterile storage areas, corridors leading to the theatres, scrub sink, etc.
- Restricted Areas: Surgical attire and facemask required; includes any area where scrub personnel are present and/or sterile supplies are opened e.g. theatre with procedure in progress.

HIGHLIGHTS:

PROCEDURE	RATIONALE
All individuals in the OR must wear their identification badge while on hospital premises. Lanyards shall not be utilized.	Identification badges are an important component of safety and security processes. Lanyards shall not be utilized as they are not cleaned on a regular basis.
Good personal hygiene shall be observed. The body shall be clean, free of body odor and scent-free.	Good hygiene promotes professionalism and fragrances may cause allergic reactions with patients and staff.
Hand hygiene must be performed before and after each patient contact and after gloves are removed. (Please refer to Vancouver Coastal <i>Hand Hygiene</i> policy for further guidance).	Proper hand hygiene prevents spread of microorganisms and reduces infection risk.
Fingernails shall be clean, short (no longer than ¼ inch from fingertip in length) and free of nail polish. Artificial and long natural fingernails are not permitted. Definition of artificial enhancers is inclusive of but not limited to acrylic nails, gel nails, all overlays, tips, bondings, extensions, tapes, inlays, and wraps.	Damaged nails, chipped or peeling polish may provide a harbour for microorganisms. The subungual region harbors the majority of microorganisms found on the hand. There is an increased risk of tearing gloves if fingernails extend past the fingertips. Long fingernails may cause injury during the moving or positioning patient process.

<p>If eyelash extensions are worn, staff must wear a face mask with attached shield at all times in all restricted and semi-restricted surgical areas, as defined in this policy. It is recommended that eyelash extensions not be worn.</p>	<p>Lash extensions can fall off and contaminate items on the sterile field, fall into a patient's operative site, and contaminate supplies and equipment during opening of sterile items.</p>
<p>Protective barriers are worn to reduce the risk of exposure to blood, body fluids, or other liquids that may contain potentially infectious agents.</p>	
<p>General Surgical Attire Procedures</p>	
<p>Only wear clean scrubs provided by VCH. Scrubs changed as soon as able if they become soiled by blood, body fluids, excessive prep solution, sweat or food.</p>	<p>Surgical attire reduces shedding and promotes environmental control. Soiled or wet scrubs pose the potential risk for cross-infection. Wearing scrubs that have been exposed to environmental contaminants or infectious materials may pose risk of infection to patients. Changing in designated areas decreases the possibility of cross contamination. Home laundering does not meet the specified mechanical, thermal or chemical measures that are necessary to reduce antimicrobial levels¹</p>
<p>When entering the facility all personnel must change their clothing and don surgical attire in designated dressing areas. When leaving the facility all personnel must change into their own clothing. Under no circumstance should VC scrubs be removed from the premises.</p>	<p>All soiled clothing must be placed in a designated container for washing; under no circumstances should dirty scrubs be taken home for laundering.</p>
<p>Personal clothing that extends above the top neckline or below the scrub top sleeve is not permitted;</p>	<p>Only undergarments such as t-shirts with a V neck which can be contained underneath the scrub tops may be worn.</p>
<p>If vests are worn, they must be contained and covered by a green cover jacket.</p>	
<p>All jewelry must be removed or confined within the surgical attire. This includes rings, watches, bracelets, necklaces, nose rings, earrings, and any other jewelry.</p>	<p>Rings, watches, and bracelets may harbor organisms that cannot be removed during hand washing. Rings may cause inadvertent injury to the wearer or the patient. Bacterial counts have been noted to be higher when rings are worn. Necklaces and earrings may fall on the outside of the sterile scrub gown into the sterile field or wound.</p>

<p>Brief cases, backpacks, fanny packs or other personal items that are constructed of a porous material are prohibited from entry into the operating rooms. Personal items which are constructed of non-porous material must be cleaned with a disinfectant wipe prior to each entry into the operating room.</p>	<p>Porous materials are difficult to clean and disinfect and may harbor pathogens, dust and bacteria. Pathogens have been shown to survive on fabrics and plastics.</p>
<p>Head Covering Procedure: All head and facial hair must be completely covered. All disposable head covers will be removed when leaving the semi-restricted area if they become soiled. Freshly laundered cloth hats are permitted in the restricted and semi-restricted area. Freshly laundered cloth hats must be completely covered by a disposable hat, when in the scrub role.</p>	<p>Hair acts as a filter when left uncovered and collects bacteria in proportion to its length, curliness, and oiliness. Shedding from hair has been shown to affect surgical wound infection; therefore, complete coverage is necessary.</p>
<p>Mask: A disposable surgical mask must be worn in the presence of open sterile supplies. Masks should be carefully removed and discarded after use by handling only the ties. Masks shall not be saved by hanging around the neck or tucked into a pocket for future use.</p>	<p>Masks are intended to contain and filter droplets of microorganisms expelled from the mouth and nasopharynx during talking, sneezing and coughing. Use of a double mask provides a barrier rather than a filter and therefore is unacceptable. Following use, the filter portion of a surgical mask harbours bacteria collected from the nasopharyngeal airway. Handling this portion of the mask can transfer bacteria to the hands.²</p>
<p>Footwear: All footwear must meet provincial labour codes. Footwear must be clean with an enclosed heel and toe, low heel, with a non-slip sole and impermeable to liquids. Shoe covers should be worn when splash and spills of body fluids are anticipated. Shoe covers should also be used if shoes are worn outside of the facility. Shoe covers shall be removed or changed when soiled, when leaving the department and on a daily basis.</p>	<p>A shoe with a mesh-type covering over the toe area is not acceptable as there is a potential for hazardous chemicals, bio-hazardous (blood and body fluids) materials to drop onto the foot. Shoes with open toes or backs increase risk of sustaining injury from a dropped instrument or exposure to blood or other bodily fluids. Shoe covers provide personal protection and prevent environmental contamination outside the theatre. Good hand washing is required after removing the covers.</p>

<p>Eyewear: Protective eyewear/goggles or face shields shall be worn by the scrub team. Unscrubbed personnel should wear protective eyewear as recommended by Workplace Health. Prescription eyewear alone does not provide the necessary protection. Reusable eyewear shall be cleaned after use.</p>	<p>Protective eyewear reduces the incidence of contamination of mucous membranes of the mouth, nose and eyes. Sprays or splashes may occur at any time.</p>
<p>Jackets and Outerwear: Jackets that are made from tightly woven, stain-resistant, lint-free and durable fabric which look professional should be worn.</p>	<p>Only jackets provided by VGH are to be worn within the OR and must not be home laundered. Under no circumstances should personal jackets be worn within the Perioperative environment.</p>
<p><u>Developed By:</u> Loraine Best, RN, BSN, CPN(C), Head Nurse Ortho</p>	<p><u>Approved By:</u> Janet Lowe, Manager, <u>Date of Creation/Review/Revision:</u> Date: October 1, 2014</p>

HOW TO HANDRUB



Apply 1 to 2 pumps of product to palms of dry hands.



Rub hands together, palm to palm.



Rub in between and around fingers.



Rub back of each hand with palm of other hand.



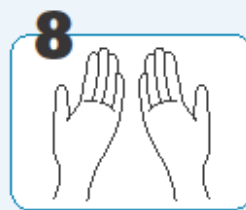
Rub fingertips of each hand in opposite palm.



Rub each thumb clasped in opposite hand.



Rub hands until product is dry. Do not use paper towels.



Once dry, your hands are safe.



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HOW TO HANDWASH



1
Wet hands with warm water.



2
Apply soap.

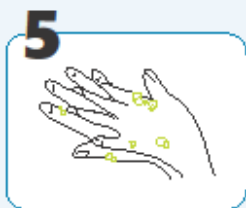


3
Lather soap and rub hands palm to palm.



4
Rub in between and around fingers.

Lather hands for a total of 30 seconds



5
Rub back of each hand with palm of other hand.



6
Rub fingertips of each hand in opposite palm.



7
Rub each thumb clasped in opposite hand.



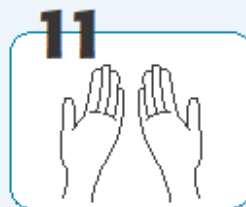
8
Rinse thoroughly under running water.



9
Pat hands dry with paper towel.



10
Turn off water using paper towel.



11
Your hands are now safe.



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Asepsis

Principles of asepsis are based on sound scientific principles and are carried out to **prevent the transmission of microorganisms** that can cause infection. Microorganisms are invisible but are present in the air and on animate and inanimate objects. These bacteria can cause a serious or fatal post-operative infection.

For the safety of patients and staff, every effort is made to minimize and control microorganisms

Aseptic technique is sometimes referred to as clean technique. **Gloves should be worn when handling contaminated equipment.** These gloves need to be **removed and discarded** before moving on to touch other items so as to not cause cross contamination. **Wash your hands before and after patient contact.** Washing gloves between patient / equipment contact is not an acceptable practice. Gloves have microscopic holes and may be permeable to certain substances.

You will need to wear **PPE (personal protective equipment)** when in contact with an identified or suspected **MRSA** patient. This equipment includes gloves and gown. **Eye protection** must be worn if the patient is coughing or will be extubated while you are nearby.

Masks protect personnel from contaminants in the air and droplet form. **Change after each use** and discard in the garbage without touching the front of the mask. The front is potentially contaminated.

Eyewear with side shields will protect the mucus membranes of the eyes, while a full face shield will protect the mucus membranes of the eyes, nose and mouth.

Sterile Field

The **patient is the center of the sterile field**, which includes the personnel wearing sterile attire and the areas of the patient, operating bed, and furniture that are covered with sterile drapes.

- Sterile persons touch only sterile items or areas, while **unsterile persons touch only unsterile items or areas.**
- **Unsterile persons avoid reaching over the sterile field**, while sterile persons avoid leaning over an unsterile area.
- **Unsterile persons avoid sterile areas.**
 1. Maintain a distance of at least **1 foot (30 cm)** from any area of the sterile field.
 2. Unsterile persons face and observe a sterile area when passing it to be sure they do not touch it.
 3. Unsterile persons never walk between two sterile areas (e.g., between sterile instrument tables).

Don't walk between areas of the sterile field. Move around the outside of the field.

Don't lean or reach over anything included in the sterile field.

There is no compromise with sterility. OR personnel must maintain the high standards of sterile technique they know are essential. Every individual is accountable for his or her own role in infection control. The patient should be considered an extension of the caregiver's own body. The patient completely trusts the team to provide safe care and protection from infection. This is a solemn obligation, with moral implications.

Do let someone know if you witness a break in sterility

GUIDELINE: CELL PHONE USE IN JPOR

Guideline Author:	May Leung, Head Nurse, Education		
Practice Level:	RN, LPN, ORT, and Clerks		
Created:	28-Jul-14	Endorsed:	J. Lowe, PSM Nurses
Revised:			



No Personal Cell Phone Use

in the operating room, anesthesia workroom or control desk even for work-related purposes

Work-issued cell phones (e.g. Surgeons, Head Nurses, Clinicians, Coordinators or Anesthesiologists) may be used in the operating room, anesthesia workroom or control desk for urgent or emergent calls only



Quiet and Respectful

Personal Cell Phone Use is Permitted

for personal and work related purposes in the OR lounge, hallways, offices, and other perioperative areas when the Perioperative Professional is not involved in direct patient care or activities.

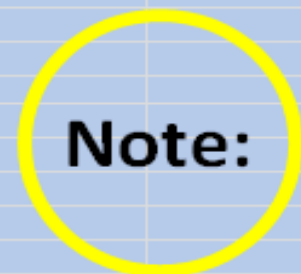


Patient care and safety is the primary focus of the perioperative team.

We believe that operating procedures are high risk activities requiring vigilance, concentration, and situational awareness.

We are committed to advocating for a controlled environment in which distractions, noise and interruptions are minimized (AORN, 2014).

Please refer to the **Cell phone Use in the OR Guideline** for more information



Personal emergency calls should be first directed the OR control desk (604) 875 4472 then forwarded to the OR

Cell phones shall be regularly cleaned by their owner in-between patients/cases and prn

Cellular devices are governed by hospital policy on photography of patients and by government regulations on confidentiality and privacy