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STRUCTURE
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Section: Division of Nursing

Approval: _______________

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HACKETTSTOWN REGIONAL MEDICAL CENTER

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OPERATING ROOM
(Scope)

I. DESCRIPTION

The Operating Room is located on the second floor of Hackettstown Regional Medical Center (HRMC). It is comprised of three operating rooms. Services provided include inpatient AM admission; Same-days, and emergency surgeries for all specialties represented by the Department of Surgery and Department of OB/GYN.

The acuity of patient population ranges from:

Class I - A normally healthy patient.
Class II - A patient with mild systemic disease. A patient who is a smoker or overweight.
Class III - A patient with severe systemic disease that limits activities but is not incapacitating.
Class IV - A patient with incapacitating systemic disease that is a threat to life.
Class V - A moribund patient who is not expected to survive for 24 hours.

II. PURPOSE

To provide the highest quality of care to all patients undergoing surgery in accordance with the philosophy of Hackettstown Regional Medical Center and Association of Operating Room Nurses standards.

III. PHILOSOPHY

We value our clients as individuals who deserve the best that our department has to offer. To this end, we make these commitments.

Patients:
We will provide the best possible OR nursing care by maintaining our highly skilled and technical competencies. We will function as patient advocates during their most vulnerable moments and ensure their privacy and safety.

Physicians:
The OR staff will seek to provide a team oriented approach to caring for our mutual clients – the patient and their families. We will strive for a collaborative practice that will enhance the performance of both the nursing and medical disciplines.

Families:
We will encourage you to participate in your family member's surgical experiences by providing education and psychological support.

Other Departments;
We will interact in a professional and respectful manner to ensure mutual cooperation and ultimate productivity.

IV. GOALS & OBJECTIVES

A. To provide a sterile, safe and appropriate caring environment for patients undergoing surgery.

B. Maintain an ongoing assessment of unit function through systematic monitoring and evaluation of the quality and appropriateness of patient care.

C. Provide a level of nursing management and clinical expertise which benefits patients and physicians through an ongoing education process.

D. Provide all necessary equipment, supplies, and instrumentation needed to perform those procedures that can be done in this operating room with safety and effective utilization of resources.

V. ADMINISTRATION/ORGANIZATION OF SURGICAL SERVICES

A. Organizational Chart

1. The hospital organization chart informs the staff of the departmental relationships and accountability of each department within the hospital system.

   See Department of Nursing Standards Manual for actual chart.

2. The Department of Nursing organizational chart informs the staff of the Nursing Department relationships and accountabilities within the department.

   See Tab #1 for actual chart.

3. The Surgical Services Department has an organizational chart, which reflects the direct lines of authority, responsibility, communication, and accountability of the departments included in Surgical Services (OR, Minors, SDS, PACU, Central Services, Anesthesia).

   a. The chart is written by the Surgical Services Manager and approved by the Administrative Director/Patient Care Services.

   b. See Tab #2 for actual chart.

B. Narrative

1. The organizational chart of OR is further defined in a narrative as to responsibility and accountability to other staff and department managers.

2. The narrative is written collaboratively by the Surgical Services Manager and approved by the Administrative Director/Patient Care Services.

3. See Tab #3.

C. Policy Statements

1. Organization

   The OR is a specialty-nursing unit, which is organized under the Surgical Services Department of the hospital. The clinical management of this unit, 24 hours, 7 days a week, is the responsibility of the Or Unit Coordinator. Executive management is provided to the OR Unit Coordinator through direction and collaboration from the Surgical Services Manager.

2. Nursing Direction

   The OR Unit Coordinator is an RN with appropriate clinical and managerial experience and/or potential for the same. The OR Unit Coordinator collaborates with the Surgical Service Manager for the fiscal/budget management, standards development and staff education, and PI activities of the unit and works closely with the Surgical Services Materials Coordinator and CSR for supplies and inventories for the department.

3. Medical Direction

   a. Surgical Services

      1) Members of the Surgical and OB/GYN staff with appropriate privileges will be responsible for directing the care of their patients in accordance with HRMC by laws. Responsibilities include:

         (a) Compliance to rules outlining necessary preoperative documentation, lab work and informed consent

         (b) Provision of comprehensive, clear, and legible written orders.

         (c) Provision of clear and precise information to patient and family or significant other including preoperative instructions, overview of surgical procedure, normal expectations, and anticipated outcome with possible complications.

         (d) Collaboration with nursing staff in relation to the plan of care for each patient.

(e) Adherence to OR policies regarding areas such as promptness, booking mechanisms, equipment, cost containment, safety, infection control, and problem resolution.

(f) Dictation or writing of Operative Report immediately following surgery.

2) Chief of Surgery

(a) Accountable for all professional and administration activities within the department in accordance with HRMC Medical/Surgical Staff by laws.

(b) Available to, Surgical Services Manager and OR Unit Coordinator as a resource person, to help identify and resolve problems, and provide budgetary input.

(c) Reviews and approves those standards in the OR Nursing Manual which are appropriate to the surgical staff.

3) Types of Surgery Performed (Lists are not all inclusive)

(a) General Surgery: Laparatomy, Cholecystectomy, bowel resection, amputations, debridement, laparoscopy, endoscopy, abdominal and chest, port-a-cath, Denver shunt insertions, hernias, breast biopsy, mastectomy, skin grafts, laparoscopic cholecystectomies, appendectomies and hernias.

(b) OB/GYN: All GYN procedures such as D&C, hysteroscopy, laparoscopy, C-Sections (emergency) hysterectomy, ovarian cystectomy, tuboplasty, LAVH.

(c) ENT: All ear, nose and throat procedures, LAUP.

(d) Ophthalmology: Cataract surgery, strabismus surgery.

(e) Vascular: Embolectomies, by-pass (abdominal, femoral-popliteal, axilla-femoral, etc.), pacemaker insertions, carotid endarterectomies, Greenfield filters.

(f) Urology: Cysto, TUR bladder and prostate, laparoscopic pelvic lymphadenectomy, nephrectomy, bladder and urethra surgery, ureterosocpy.

(g) Orthopedics: Closed and open reductions of fractures total joint replacement, arthrosocopy, spine surgery, elective hand, wrist and foot procedures.

(h) Podiatry: Bunionectomy, toe implants, bone spur excisions, hammer toes.

(i) Oral Surgery: Open and closed reductions of fractures, extraction, TMJ Le Forte and trauma surgery.

(j) Plastic Facial; plastic surgery, rotational flaps, breast implants and augmentations, soft tissue hand trauma, liposuction.

b. Anesthesia Services

1) Chief of Anesthesia

Responsibility of the Chief of Anesthesia is to supervise all areas pertaining to his/her specialty in keeping with HRMC Medical/Surgical Staff bylaws. Overall clinical and administrative responsibilities include, but need not be limited to, the following:

(a) Makes recommendations regarding the clinical privileges of all licensed independent practitioners whose primary clinical activity is the provision of anesthesia services.

(b) Participates directly or through a designee, with representatives of other department services that provide anesthesia services in the formulation of uniform quality of anesthesia services throughout the hospital. This includes:

(i) Anesthesia services consistent with patient needs and current knowledge concerning anesthesia practice.

(ii) Type and amount of physical resources necessary for administration of anesthesia and resuscitative measures.

(iii) Monitoring and evaluation of the quality of anesthesia care provided.

(iv) Guidelines of continuing education for all individuals whom provide anesthesia services.

(v) Program of continuing education for all individuals who provide anesthesia service

(vi) Policies which related to:

aa) Administration of anesthesia in other departments.
bb) Activities of individuals providing anesthesia.
cc) The hospital’s program of cardiopulmonary resuscitation.

2) Department of Anesthesia

(a) An anesthesiologist will make a preoperative evaluation of the patient prior to administration of anesthesia. The following are to be included in the documented pre-anesthesia evaluation.

(i) Evidence of an interview with the patient to verify past and present medical and drug history and previous anesthesia experiences.

(ii) Evaluation of patient's physical status.

(iii) Results of relevant diagnostic studies.

(iv) (Plan (choices) of anesthesia.

(b) Anesthesia consent obtained.

(c) Responsibility to the patient will extend through the immediate recovery period.

(d) Types of anesthesia provided at HRMC and location where available are:

(i) General: OR and OB

(ii) Regional Caudal, Spinal, Epidural (including continuous): OR, OB and ICU.

(iii) Nerve Blocks: OR and Pain Clinic.

(iv) IV Conscious Sedation: OR, Minor Procedures, ER, ICU, Radiology.

3). Availability to Administrative Director of Patient Care Services and the Surgical Services Manager as a resource person, to help identify and resolve problems and provide budgetary input.

c. Consulting Physicians

1) Consultations are ordered at the discretion of the surgeon and or anesthesiologist.

2) When requested for surgery, the consultation report, written or dictated, must be on the chart prior to surgery in a form acceptable by Medical Records.

VI. Hours of Operation

The hours of operation are from 0700 to 2330, Monday through Friday with HRMC holidays excluded. Alterations on above hours may be made on a case-by-case basis if staffing and anesthesia can be adjusted.

Emergency surgery will be accommodated whenever necessary. The “on call” team is composed of anesthesia services and two operating room staff members who will be available during those hours when the OR is not in operation. The surgeon will call for anesthesia services and the nursing personnel will be called by Administrative Coordinators or designee. If a second emergency arises while the call team is involved with an emergency, a second call team may be procured if sufficient volunteers are found.

VII. Admission, Duration of Stay, Transfer/Discharge

A. Admission Mechanisms

1. Hackettstown Regional Medical Center Operating Room provides services for all elective and emergency surgery exclusive of neurology and cardiac surgery.

2. Entry of patients

   a. Patients are received from same-day-surgery, ICU, medical/surgical nursing units, labor and delivery, emergency room.

   b. Patients are transported to the OR via stretcher from all patient areas.

   c. Patients are accompanied by RN, LPN, or OR transporter or aide, who has been trained to perform this function. The RN in charge of the patient on the sending unit will determine if the acuity of the patient’s condition requires professional attendance during transport. Parents or significant other may accompany patient to holding area to provide support and allay fears.

   d. The RN in charge of the patient on the sending unit will be responsible for making sure the patient is ready for surgery, the proper documentation is on the chart, and the patient is properly identified, safely transferred and transported to the OR. The RN will provide a report to the receiving area (OR holding area, SDS, PACU)

   e. Pre-operative instruction is given to the patient by the RN in the PAT Department during the pre-admission procedure or the staff RN on the sending unit.

B. Scheduling

It is the Policy of HRMC Surgical Services Department to schedule all patients for surgery within the Cerner SurgiNet application. Included are elective, add-on and emergency cases. Scheduling is done on a First-Come/First-Serve basis. (See Dept of Surgery Rules and Regulations) The OR Unit Coordinator or designee, in collaboration with anesthesia and surgeons, will adjust the schedule to best enhance the efficient use of the OR.

Comment [HCH1]: Include this document as an addendum.

1. The OR schedule is finalized by 1700 the previous day. Any changes after this time are made with the OR Unit Coordinator or designee.

2. Cancellations should be received as early as possible so that all patients and physicians affected by the change can be notified. Should a cancellation occur, the following cases in that room will automatically be moved up to fill the time. The surgeon canceling a case is not guaranteed that booking time for a substitute case.

3. Notification of the assistant concerning a time change in the schedule is the responsibility of the surgeon.

4. Adjustments to the schedule are a collaborative effort between nursing, anesthesia and surgeons and will be made to assure the best use of time, staff and equipment.

5. The anesthesiologist will assign anesthesia staff.

6. Late cases in one room may be slotted into an earlier time in another room once all "add-on" cases have been finished and there is nursing and anesthesia staff available. The latest case scheduled will be asked to move up first in an effort to shorten the schedule.

7. Information Necessary When Scheduling
   - Patient's name and age, address, ss#, phone numbers (home and work)
   - Operative procedure
   - Assistant
   - Type of admission: (i.e., SDS, OPD)
   - Special instruments, equipment, extra personnel, laser, etc.
   - Procedures involving other than OR personnel: (i.e., x-ray, frozen section, photography, etc.)

C. Booking Cases

1. Elective Cases

   a. Elective cases should be booked with the Surgical Services scheduler Monday – Friday, 0800 – 1630, to assure the availability of date and time.

   b. Voicemail is available on line 979-8776 or information may be faxed to 850-6887.

   c. Availability of the requested time will be confirmed within 24 hours.

2. Add-On Cases

a. Non-emergent or urgent cases booked after the OR schedule is finalized will be considered an add-on case.

b. Add-on cases will be assigned to the room with the earliest time slot available on a first come, first serve basis.

c. Add-on cases for the day's schedule should be booked with the OR Coordinator or Charge Nurse to assure accuracy and proper communication. When the OR is closed, add-on cases for the next day should be booked with the Administrative Coordinator and a tentative time will be given. This time will be subject to review by the OR Unit Coordinator or designee the following morning and confirmed with the surgeon.

3. Emergency Cases

a. Any case that is life threatening will be considered an emergency case. During normal working hours, life-threatening cases shall take precedence over regularly scheduled cases and will be fitted into the schedule at the first available opening during regular working hours.

b. Emergency scheduling may be done by contacting the OR Unit Coordinator / designee during regular business hours.

c. The surgeon with the emergency must notify the surgeon who is being "bumped" so that he/she will be aware of the delay of the scheduled case (see Dept of Surgery R & R). Should two or more emergencies arise at the same time, the surgeons involved shall mutually determine which case has priority. In the event that priority cannot be established, the matter will be resolved by the chief of the appropriate department and if a conflict between departments, the Chief of Staff.

d. Surgeons wishing to schedule emergency surgery at a time outside of OR working hours will make arrangements with the Administrative Coordinator who will notify the OR and PACU call teams.

e. The surgeon will notify the anesthesiologist on call.

4. Adjustments to the Daily Schedule

a. Adjustments to the schedule are a collaborative effort between nursing, anesthesia and surgeons and will be made to assure the best use of time, staff and equipment.

b. Late cases in one room may be slotted into an earlier time in another room once all "add-on" cases have been finished and there is nursing and anesthesia staff available. The latest case scheduled will be asked to move up first in an effort to shorten the schedule.

<u>Admission of Patient to OR</u>

Every patient admitted to the OR for elective surgery must meet the following criteria. In the event of emergency surgery, any or all of these criteria may be waived at the discretion of the surgeon.

a. Identification: Each patient must wear an identification bracelet. The numbers on the bracelet must correspond with the numbers in the patient's chart. The patient will be asked their name and this must correspond with the name on the bracelet.

b. Chart

1) Consent

a) Every patient must have a signed Surgical and Anesthesia Consent. If more than one surgeon is involved and more than one procedure is to be performed, there should be a separate consent for each.

b) If blood has been ordered, consent for administration of blood should be on the chart.

2) History & Physical (H&P)

H&P must be on the chart prior to surgery. It may be typed or written. If dictated and not typed, a note must be placed in the progress notes with a short review of systems. SDS patients may have the short from H&P. H&Ps for surgical patients must have a preoperative (within 24 hrs of surgery) note.

3) Lab Work
Pregnancy tests are required for all patients of childbearing age. Blood work may be used if one within one (1) month of the surgery. CXR & EKG within six (6) months prior to the surgery and the patient has had no medical changes. See Addendum #13 for guideline tables.

<u>Documentation</u>

1. **Surginet Intraoperative Documentation** consists of standard required areas of documentation and additional segments that pertain only to specific surgical procedures or individualized patient care plans. PNDS diagnosis, interventions and outcomes are incorporated into documentation segments.

2. **Intraoperative Assessment**: the Registered Nurse (RN) is responsible for the completion and documentation of the patient assessment. Required fields will include Patient Identification, Procedure, Surgical Site, Laterality Verification, and Patient Allergy History Verification

Limitations of OR Unit

1. Physical: three room capacity. The Minor Procedures surgical rooms can be utilized, if necessary, for procedures requiring minimal space and equipment.

2. In the event of conflict over equipment, the OR Unit Coordinator will adjust schedule or arrange to borrow from other area hospitals.

Duration of Stay

1. Case Management

   a. MD preference cards are maintained and updated by the nursing staff.

   b. Cases are picked the day before surgery for elective cases. All equipment is checked, verified to be in working condition and available before patients are anesthetized.

   c. Cases are opened and set up immediately prior to each procedure.

2. The duration of stay is determined by the procedure being performed.

3. Each procedure is accorded an average length of time depending on surgeon.

4. In the event the procedure extends past scheduled time, the surgeons following that case will be notified by the OR Unit Coordinator or designee, of the delay and given a new time if possible.

5. Accurate record keeping, documentation and charging for supplies is maintained by the RN circulator for each patient.

Transfer/Discharge from OR

At the conclusion of the surgical procedure all patients receiving general anesthesia will be transferred to PACU accompanied by the anesthesiologist and qualified professional staff. Time of transfer is determined by the anesthesiologist. Patients receiving regional, MAC, local will be recovered in PACU at the discretion of the surgeon or anesthesiologist. ICU patients will return to the unit and are recovered by a PACU nurse.

1. Transfer During “On Call” Hours

   General and regional patients shall be transferred to PACU by anesthesiologist/RN. A PACU staff member on call will be called in to recover the patient in the PACU, ICU or OB.

2. Methods of Transport

   All patients except locals will be transferred via stretcher. Patients receiving local anesthesia may be transported by wheelchair.

IX. **GOVERNING RULES**

A. General Safety

1. Identification and Visitor Control

a. All patients must wear an identification bracelet.

b. All staff members and visitors (sales reps, students, observers) must wear and ID badge.

c. Sales rep will not be admitted to the OR unless they have registered in materials management and obtained an ID badge upon arrival in the HR department and must report their presence to the OR unit Coordinator or designee.

d. The OR Nursing Station is the central control point. Messages and information will be transmitted and received through this checkpoint.

2. <u>Traffic Control</u>

a. Movement of patient to, through and from the surgical suite will be along the most direct route that prevents cross-contamination and shields patients from potentially upsetting sights and sounds. Patients entering the suite will have clean linens and gown and wear an OR hat.

b. Personnel traffic from unrestricted areas to the OR Suite will be through the locker rooms. Restricted areas are indicated by signs.

c. All personnel entering the OR will wear OR scrubs, hats, shoe covers or OR designated shoes. In addition, masks must be worn when cases are being set up or in progress in rooms I, II and III. Coveralls are available for personnel and patient support person who will be in the OR for a short time only.

d. Patient support person may stay in the holding area with the patient. The support person must remain by the patient's stretcher and leave immediately when the patient is removed from the holding area.

e. Anesthesia may request parents to accompany children into the surgical suite. A cover all will be provided as well as a hat, shoe covers and mask.

f. Traffic patterns for clean and sterile supplies and equipment will be separated from patterns of soiled equipment and waste by either space or time. (See Traffic Pattern Floor Plan).

g. Equipment from outside the surgical suite is damp dusted with a hospital approved germicide prior to being brought into the suite by OR housekeeper or the person bringing the equipment into the OR (x-ray technicians, EKG, etc.).

h. External packing containers are removed before materials are brought into the OR suite.

i. Dirty linen, trash, and equipment will be transported to the soiled utility area. Environmental Services will remove trash and linen at periodic intervals. Instruments will be transported to Central Supply in a closed cart by Central Supply personnel.

j. Doors to the operating rooms, lounge, soiled utility room and pneumatic doors will be closed except during movement of personnel and equipment.

k. Life-threatening patient emergencies or fire and safety hazards may necessitate modification in traffic control practices.

2. Anesthesia Safety Measures

   a. Only non-flammable anesthetic gases will be used.

   b. Waste anesthesia gases are scavenged in the OR, and levels of gases are checked periodically by the appropriate contractor. Documentation is to be kept in Maintenance.

   c. Spare gas cylinders are kept in anesthesia storage area. All cylinders must be stored in stationary or moveable holders.

   d. Anesthesia machines are serviced by the appropriate contractor on a preventative maintenance contract. Records of service are kept in the anesthesia office and materials management.

   e. Refer to Department of Anesthesia Manual for additional information.

3. Counts

   Instruments will be counted on all procedures that include or have the potential for the invasion of a major body cavity (i.e., abdomen, thorax, pelvis, peritoneum). Sponges and sharps will be counted on all cases. Count results will be documented in the Cerner, HRMC Main OR Record.

4. Incidents Reports – See Department of Nursing Standards Manual.

5. Consents – See Department of Nursing Standards Manual.

6. Medications

   a. Pyxis narcotic count will be done every Wednesday.

   b. Stock medications will be refilled and checked for outdates by the Pharmacy.

   c. All medications on the sterile field must be labeled.

   d. IV conscious sedation: See IV Conscious Sedation.

   e. The RN may administer any medication approved by the Department of Nursing and the P&T Committee. The OR Technician may pass medications to the surgeon under direct supervision of the RN.

7. Transportation

   a. All patients transported by stretcher will be accompanied by authorized staff. Side rails will be up at all times. Restraint straps are available on all stretchers to be used PRN.

   b. Brakes shall be engaged whenever transferring patient to or from a wheelchair or stretcher.

   c. A restraint strap will be placed on all patients after they are moved to the OR bed. The patient will never be left alone.

   d. See Addendum #14 in Department of Nursing Structure Standards for proper body mechanics.

8. X-Ray

   a. X-ray badges will be issued to professional staff by the X-ray department. Monthly monitoring of exposure levels will be done by X-ray.

   b. All staff staying in room during the operation of x-ray equipment will wear protective aprons, use other appropriate shielding and x-ray badges. Guidelines for safety are based on the principles of time, distance and shielding.

   c. Room doors will be kept closed at all times while using imaging equipment and a sign will be posted on the door to alert other personnel.

   d. Leaded shields are used to protect the patient's ovaries or testicles and thyroid.

   e. Radioactive materials are not inserted in the OR.

   f. X-Ray Guidelines During Pregnancy – see X-ray guidelines

      As the effects of ionizing radiation on the unborn fetus are potentially detrimental, precautions must be taken, especially in the first trimester, to limit the risks encountered by exposure to x-ray. It is, therefore, imperative that prior to any type of radiographic examination of the mother is undertaken, the diagnostic value of the examination must be weighted against the potential risk to the well being of the unborn fetus. It is with this in mind that the following guidelines are maintained.

      1. Patients:

         a. All female patients of child bearing age shall be asked if there is a possibility that they might be pregnant.

         a. If there is a reason to believe the patient is pregnant, the attending physician and physician must be informed prior to beginning the requested procedure.

         b. If the attending physician deems the examination of greater value than the possible risk, precautions must be taken to protect the fetus from the exposure.

c. The abdominal area must be covered both anteriorly and posteriorly with a minimum of .5mm of lead.

d. The patient must be informed of the potential danger to the fetus.

e. Collimation must show at the lung bases of chest examinations.

2. Employees: See X-ray guidelines for additional information.

a. OR Department Personnel must notify the OR Unit Coordinator if they believe they may be pregnant so that appropriate assignments and precautions can be made.

b. A copy of NRC guideline and appendix on "Radiation Exposure and Pregnancy" (8.13 dated March, 1975) shall be presented to the employee in both oral and written form.

9. Environmental Control

a. The temperature/humidity is checked daily and recorded. Any problems will be reported to Maintenance.

b. No papers, magazines or other materials, not necessary for the delivery of patient care will be allowed in the OR suite.

c. Equipment from outside the surgical suite is damp dusted with a hospital germicide prior to being brought into the suite by OR housekeeping or the person bringing the equipment into the OR (x-ray technicians, EKG, etc.)

d. External packing containers are removed before materials are brought into the OR Suite.

10. Specimens

a. All tissue removed in the OR will be sent to Pathology except for "specimens that by the nature or condition do not permit fruitful examination, such as cataract, orthopedic appliance, foreign body or normal tissue only to enhance operative exposure, will be sent at the discretion of the operating physician". (HRMC Medical Dental Staff By-Laws S.12:3)
b. Tissue for frozen section examination will be delivered immediately to the pathologist. The pathologist will speak directly to the surgeon either by phone or in person and inform the surgeon of his findings.
c. Specimens received by the Laboratory are tracked and documented in the OR Log which is kept in the dirty utility room.

d. Specimens are transported to the Lab in a closed container by the hospital transporters on a routine schedule during the day.

e. Cultures are taken to the lab ASAP.

11. Administration of Blood and Blood Components

    a. Blood and blood components are obtained from the Lab.

    b. Blood and blood components are not stored in the OR.

    c. Under certain circumstances, patients may receive their own blood, which has been collected during surgery by an appropriate retrieval system. Auto transfusion will be collected and administered following manufacturer's recommended procedure.

    d. Refer to Blood Administration in the Department of Nursing Standards Manual.

B. Electrical Safety

1. Prior to initial use and annually, Biomedical engineering performs routine safety checks on all electrical equipment. Such testing is documented by placing a label on each tested machine with date and inspector's initials.

2. Any piece of equipment that is found to be defective such as malfunctioning, frayed or cut cords, broken parts, or if it is dropped (whether apparent damage is visible or not) is immediately taken out of circulation and sent to appropriate place (maintenance, Bio Med, manufacturer for checking, repairing or replacement).

3. Back-up or loaner equipment may be obtained if necessary and available through a company representative or another OR who is contacted by the OR Unit Coordinator or Materials/IS Coordinator or designee.

4. All personnel is educated about electrical safety issues and equipment during hospital orientation and Marathon in service.

5. A current inventory of all equipment is maintained by Bio Med of all electrical equipment.

6. Orientation and continuing education are conducted with OR personnel who use the equipment.

7. Each operating room will be equipped with an audiovisual line isolation monitor, which is checked for function daily and recorded. Documentation is kept outside the rooms.

C. Infection Control

1. Universal precautions are utilized by all OR staff (See OSHA or Infection Control Manual).

2. An aseptic environment is maintained by:

    a. Establishing restricted areas (Addendum #1)

    b. Following dress code (Addendum #4)

    c. Following specific operating area cleaning procedures (Addendum #5)

    d. Practicing aseptic technique by:

1) Scrubbed persons will wear sterile gowns and gloves except during certain urologic, dental and E.N.T cases where only sterile gloves may be worn.

2) Sterile drapes will be used to establish a sterile field.

3) All items used within a sterile field will be sterile.

4) All items introduced into a sterile field will be dispensed by methods that maintain sterility of the item and integrity of the sterile field as per unit procedure.

5) A sterile field will be constantly monitored and maintained by the OR Team.

6) A five (5) minute scrub will be done before donning gown and gloves using a hospital approved scrub solution as per unit procedure. Waterless, hospital approved.

e. Selection of Draping and Gowning materials:

1) Surgical drapes and gowns will be made of single-use or reusable material that establishes an effective barrier minimizing the passage of microorganisms between non-sterile and sterile areas.

2) Surgical drapes and gowns will be made of materials that area safe for use in the OR environment. Materials will:

a) Meet or exceed National Fire Protection Association standards.

b) Are non-abrasive and free of toxic ingredients and non-fast dyes.

c) Are as lint free as possible.

d) Maintain an isothermic environment.

e) Are non-glare and of a color that minimizes distortion from reflected light.

3) Garments will allow freedom of movement, facilitate aseptic technique, and prevent excessive heat build-up. Two types of disposable gowns are utilized.

a) Non-reinforced surgical gowns are used to provide protection against minor splattering that may be encountered during a typical surgical procedure.

b) Surgical gowns with reinforced front and sleeves are used to provide the greatest amount of protection for those whose clothing is likely to become saturated with blood or body fluids. Typically, this would be the surgeon and assistant surgeon in certain cases: e.g., orthopedic, abdominal, chest, etc.

4). Surgical Gloves (see addendum #14)

f. Pre-Operative Skin Preparation:

1) The removal of hair from the operative site will be done as necessary as per physician's orders.

2) The operative site will be prepared as per physician's orders with a hospital accepted antimicrobial agent(s). This may include, but is not limited to, scrub solution, gel, spray or a combination of these agents (Hexachlorophene, Povidone-iodine, Chlorhexidine Gluonate).

3) Preparation is routine for all cases except life-threatening instances in which there is no time for a prep.

g. Use of chemical, gas, and steam sterilization (See Addendum #7)

h. Implantation of medical devices (See Addendum #6)

3. Anesthesia breathing circuits, including ET tubes and airways, are disposable and discarded after each patient use. Anesthesia equipment not in contact with mucous membranes, sterile areas of the body or non-intact skin is decontaminated at the end of each day.

4. See Infection Control Manual for additional information.

D. Surgical Site Verification: HCH Surgical Services endorses the use of JCAHO Universal Protocol (see 7420.060b)

E. Valuables

1. Hearing aides, dentures, eyeglasses may be left in/on at the discretion of surgeon/anesthesiologist and documented on the chart.

2. All jewelry should be removed including earrings, rings, necklaces and body piercing. A ring that cannot be removed may be taped. However, it must be removed if the extremity is involved in the surgery.

3. Any valuables removed from a patient in surgery will be sent to the safe according to hospital procedure with a note made on the OR record with valuables receipt. Hearing aides or glasses may be kept in the PACU for use post-op. Valuables may be given to family members and must be documented on the operative record.

F. Confidentiality

1. All patient information is confidential. Computer access is controlled.

2. Employees should be cautious of any discussions in public area concerning patients, families, physicians, or hospital matters.

G. Equipment/supplies

1. Designated personnel are responsible for checking and ordering supplies, equipment and drugs, PRN.

2. Stock drugs are replaced by the pharmacy. Par levels and expiration dates are checked on a weekly basis.

3. Sterile instruments are processed in CSR.

4. Integrity of packaging is checked when restocking, picking and before opening item to be transferred to the sterile field.

H. Emergency Equipment

1. The crash cart and malignant hypothermia materials are located in the OR at the entrance to PACU. The cart contains all emergency drugs, equipment and supplies in the event of an emergent patient condition. Additional Dantrium stock is located in the OB OR suite.

2. The crash cart is checked by OR personnel and documented.

3. An Ambu bag is located in each OR on the Anesthesia Machine.

4. Emergency communication via the telephone links PACU, OR’s and office. Alarms are located in each room.

5. Code alarms in each OR are checked every working day and results documented on the temperature/humidity/electrical checklist.

I. Support Services

1. In-house lab staff is available 24 hr/day.

2. X-ray staff is available 24hr/day. X-ray is done by portable technique or C-arm in the OR.

3. Blood bank is available 24hr/day for patients needing to be transfused during perioperative period.

4. Other services utilized include EKG Department, Pharmacy and Clergy as needed.

5. Environmental Services will be assigned to the OR for cleaning and related duties during scheduled hours and on other shifts as available. These personnel will be specifically trained to clean the OR Suite and adjacent areas.

J. Fire/Disaster

1. Personnel are oriented to the fire/disaster plan through basic hospital orientation and receive yearly updating at marathon in service.

2. OR personnel are responsible to know location of all fire alarm boxes, fire extinguishers, and oxygen cutoff valves in the department.

K. Laser Safety – See Addendum #2

L. Medical Device Tracking – See Addendum #8

X. STAFFING

A. Quantity

1. Each OR team is comprised of a circulating nurse who is always an RN and scrub nurse (RN, LPN or OR Technician). If staffing permits, one float nurse is assigned each shift to help facilitate completion of the schedule.

2. An OR team is assigned to each room with its scheduled cases.

3. Staffing adjustments are made according to the demands of the OR schedule. This need is determined by the OR Unit Coordinator.

   a. Certain cases may be assigned an extra circulator or scrub nurse, or both. Physicians may ask for additional staff when booking their case if they feel it will be necessary.

4. All surgery performed during "on call" hours requires the presence of a qualified circulating and scrub nurse or tech. All professional staff is required to take call and must be able to reach the OR within 30 minutes of being called for an emergency. Staff must remain at a location where a phone is immediately accessible. Beepers are provided for staff use. Staff must notify the Administrative Coordinator when they will be on the beeper and when returning to a phone location.

5. Appropriate ancillary personnel (aides, secretaries) will be utilized to aid the professional staff in the efficient functioning of the department.

6. In the event of "sick call ins", per diem and off duty staff will be called by the OR Unit Coordinator or designee. The minimum staffing needs are two people per room, one of which must be an RN. In the event that this minimum cannot be met, the OR schedule will be adjusted to fewer rooms by a collaborative effort of the Surgical Services Manager, OR Unit Coordinator, Anesthesia and surgeons scheduled for that day.

B. Level of Staff

1. The OR staff is comprised of RN's, LPN, OR aides and secretary. All are involved in direct patient care excluding the secretary.

2. The RN circulator in the room is responsible for carrying out the nursing process: directing, planning, supervising, evaluating and documenting patient care.

3. Only RN's may circulate and all staff assigned will be determined by the OR Unit Coordinator or Designee in accordance with their experience.

4. Assignments of per diem, float or agency staff will be determined by the OR Unit Coordinator or Designee in accordance with their experience.

5. Nursing students are permitted in the OR to observe only. The Nursing Instructor will make arrangements with the OR Unit Coordinator or designee in advance. Only one student per room.

6. Private scrub nurses are permitted if they meet the requirements of HRMC as outlined in the Nursing Office and demonstrate proper technique and knowledge as assessed by the OR Unit Coordinator.

C. Delivery of Care Methodology

1. The delivery of care is consistent with the philosophy and goals of the Nursing Department of Hackettstown Regional Medical Center, the AORN, and the Surgical and OB/GYN departments.

2. A team approach is the method by which patient care is delivered. The OR staff collaborates with Anesthesia and surgeons to achieve this goal.

3. The RN is responsible and accountable for the delivery of individualized nursing care to patients having surgical intervention. Incorporating current clinical knowledge with established nursing practice, he/she performs nursing interventions utilizing the nursing process. (See Addendum #11)

4. Assignments are made the day before by the OR Unit Coordinator. Staff will be exposed to all areas of surgical service taking into account experience, levels of staff and acuity of cases.

5. Shift Change Reports:

   a. When both scrub and circulator are relieved, a complete sponge, needle and instrument count will be taken.

   b. A sponge and needle count must be taken when only one member of the team is relieved.

   c. The circulator being relieved will acquaint the new circulator with pertinent data about the case (i.e., procedure, sutures and equipment being used, medications on back table, irrigation solutions, specimens obtained, urinary and drainage outputs, status of patient, allergies, disposition of patient post-operatively, etc.).

6. In the absence of the OR Unit Coordinator, an RN will be assigned as charge nurse. The Charge Nurse will seek support from the Surgical Services Manager, or Administrative Coordinator if the OR Unit Coordinator is unavailable.

7. Non-Professional Staff:

   a. OR technicians and aides perform delegated technical functions and are under the direct supervision of the peri-operative registered nurse.

   b. The OR Scheduler is directly responsible to the OR Unit Coordinator or designee and communicates frequently keep his/her abreast of information and changes.

D. Preparation of Staff

1. Qualifications of an RN include previous recent OR experience or at least one year of clinical experience plus recent OR training. Ancillary personnel must meet job description requirements. OR Technician must have previous recent OR experience.

2. Prospective staff is interviewed by the Surgical Services Manager and OR Unit Coordinator and hired with a three month probationary period.

3. All staff will participate in the hospital orientation. OR orientation is achieved through assignment with a staff RN (See Addendum #9).

4. Continuing Education

   a. Staff meetings and inservices are provided to acquaint personnel with new equipment, safety issues, instrumentation and supplies on the unit. Records of inservices and attendance will be kept in the Staff Development Office. Documentation of Staff participation is recorded in the minutes of the meeting/In service.

   b. All staff must complete yearly marathon inservices packets.

   c. Staff are encouraged to attend outside seminars, workshops, and specialty organization meetings and to be members of professional organizations.

   d. Staff meetings are scheduled every other month in the afternoon.

5. Competencies

   a. All professional staff must provide proof of licensure. Documentation of this is maintained in the Nursing Service Office.

   b. Staff will be expected to maintain and verify their level of competency through demonstration, documentation or observation by appropriate management personnel or appointee (inservice, seminars).

   c. The professional staff members are encouraged to obtain certification from their specialty organizations.

6. Performance Improvement

   a. All professional staff members are expected to participate in the ongoing PI activities as outlined in the hospital-wide PI Plan. They are expected to understand and comply with unit standards and to be directly involved in unit problem identification and resolution as it pertains to patient care and the unit.

   b. A PI representative from the OR will be appointed to attend all PI meetings and keep the OR staff informed of all activities.

7. Evaluation

   a. Ongoing appraisal of staff performance is accomplished through observation by management personnel and PI monitoring.

   b. Annual evaluations are based on a staff member's criteria based job description.

XI. STAFF RESPONSIBILITIES/ROLES

A. RN

   1. Demonstrate knowledge and use of nursing process in giving patient care by providing integrated, interoperative intervention and post-operative evaluation. (See Addendum #10)

B. Float (see addendum 15)

C. Specialty Assignments (see addendum 16)

D. OR Technician

   1. Implement all routine surgical procedures performed at Hackettstown Regional Medical Center in a scrub capacity.

   2. Assist RN circulator under direct supervision.

E. OR Orderly (see addendum 17)