

Guideline

Document Number # QH-GDL-427:2016

Statewide Anaesthesia and Perioperative Care Clinical Network (SWAPNET)

Visitors to the operating theatre

The presence of excessive numbers of persons in the operating theatre during surgical procedures may have implications in terms of infection control, patient privacy, confidentiality and dignity and the ability of clinicians to concentrate on the task at hand.

1. Purpose

- To provide guidance in the management of visitors into the perioperative environment
- To ensure patient privacy and confidentiality is maintained
- To monitor continuance of sterility and standards of care within the operating theatre
- To maintain security for patients and staff within the operating theatre.

2. Scope

This guideline applies to all Queensland Health employees (permanent, temporary and casual) and its agents (including visiting medical officers and other partners, university and other healthcare provider staff and students, contractors and consultants).

3. Related documents

- Australian Commission on Safety and Quality in Healthcare (2010), Patient-Centred Care: *Improving quality and safety by focussing care on patients and consumers*
- Australian College of Operating Room Nurses (ACORN) Standard 24: Visitors to the Perioperative Environment (2012 – 2013)
- Australian College of Operating Room Nurses (ACORN) Standard 2: Aseptic Technique (2012–2013)
- Australian College of Operating Room Nurses (ACORN) Standard 11: Perioperative Attire (2012–2013)
- Queensland Government film/photo consent form
- Medical Technology Association of Australia, Medical Technology Industry Code of Practice (2015)

Document details

Document title:	Visitors to the operating theatre guideline
Publication date:	1 March 2016
Review date:	28 February 2019 or as required
Amendments:	Full version history is detailed on page 9
Author:	Statewide Anaesthesia and Perioperative Care Clinical Network
Endorsed by:	Statewide Anaesthesia and Perioperative Care Clinical Network Steering Committee and Statewide Surgical Advisory Committee
Contact:	SWAPNET@health.qld.gov.au

Disclaimer:

These guidelines have been prepared to promote and facilitate standardisation and consistency of practice, using a multidisciplinary approach. Information in this guideline is current at time of publication.

Queensland Health does not accept liability to any person for loss or damage incurred as a result of reliance upon the material contained in this guideline.

Clinical material offered in this guideline does not replace or remove clinical judgement or the professional care and duty necessary for each specific patient case.

Clinical care carried out in accordance with this guideline should be provided within the context of locally available resources and expertise.

This Guideline does not address all elements of standard practice and assumes that individual clinicians are responsible to:

- Discuss care with consumers in an environment that is culturally appropriate and which enables respectful confidential discussion. This includes the use of interpreter services where necessary
- Advise consumers of their choice and ensure informed consent is obtained
- Provide care within scope of practice, meet all legislative requirements and maintain standards of professional conduct
- Apply standard precautions and additional precautions as necessary, when delivering care.
- Document all care in accordance with mandatory and local requirements.

© State of Queensland (Queensland Health) 2013



This work is licensed under a Creative Commons Attribution Non-Commercial No Derivatives 3.0 Australia licence. In essence, you are free to copy and communicate the work in its current form for non-commercial purposes, as long as you attribute Statewide Anaesthesia and Perioperative Care Clinical Network, Queensland Health and abide by the licence terms. You may not alter or adapt the work in any way. To view a copy of this licence, visit <http://creativecommons.org/licenses/by-nc-nd/3.0/au/deed.en>

For further information contact the Statewide Anaesthesia and Perioperative Care Clinical Network (SWAPNET), PO Box 128, RBWH Post Office, Herston Qld 4029, email SWAPNET@health.qld.gov.au, phone (07) 3328 9164. For permissions beyond the scope of this licence contact: Intellectual Property Officer, Queensland Health, GPO Box 48, Brisbane Qld 4001, email ip_officer@health.qld.gov.au, phone (07) 3234 1479.

4. Guideline for visitors to the operating theatre

The Association of Perioperative Practice (2005) defines the perioperative environment as the area utilised immediately before, during and after the performance of a clinical intervention or clinically invasive procedure.

The operating theatre is one of the most sensitive areas within a hospital and it is therefore vital that every person is aware of procedures and protocol before entering the perioperative environment.

Only duly authorised persons should be permitted to enter the perioperative environment.

Ensuring that only authorised persons enter and remain in the perioperative environments is achieved by:

- A secure environment that can only be accessed by electronic swipe card access or some other system whereby a staff member physically controls access by allowing a visitor to enter having established the visitor's bona fides
- Robust methods of identification
- A perioperative environment culture that recognises that staff safety and patient safety, privacy and confidentiality are paramount and that all perioperative environment staff have an important role to play in ensuring that only duly authorised persons enter and remain in the environment
- Systems and processes that ensure that only duly authorised staff and visitors access the perioperative environment.

4.1 Staff

It is a condition of employment for Queensland Health staff to wear an identification badge at all times whilst on duty. Upon commencement of employment, staff are issued with a proximity card which denotes authorisation for them to enter their work area within specified timeframes.

In the perioperative environment authorised staff may include:

- Nurses (including nurse educators), anaesthetic technicians and theatre support officers / assistants who are rostered for duty in the operating theatre
- Visiting medical officers (credentialed)
- Surgical assistants (credentialed)
- Radiographers
- Medical, dental, maternity, and acute mental health unit staff whose duties require them to be in the operating theatre, including all members of anaesthesia and surgery teams
- Medical, dental, nursing, anaesthetic support and paramedic students on placement in the operating theatre suite and their supervisor/s as required
- Physiotherapists, pathologists, plaster technicians and radiographers if engaged in operating theatre duties
- Operating theatre suite administrative staff
- Central sterilising staff.

4.2 Patients

The Australian Commission on Safety and Quality in Healthcare defines patient-centred care as '*health care that is respectful of and responsive to the preferences, needs and values of patients and consumers*'. The widely accepted dimensions of patient-centred care include respect,

emotional support, physical comfort, information and communication, continuity and transition, care coordination and involvement of family and carers.

Operating theatre staff are responsible for ensuring that patient privacy, confidentiality and dignity is maintained at all times.

Whenever possible, patients should be informed of all pending visitors to the operating theatre during their procedure and provide consent prior to the commencement of the procedure. Verbal consent should be documented in the patient notes.

4.3 Visitors

For the purposes of this guideline, the term “visitor” refers to all persons apart from duly authorised staff and patients and may include but is not limited to students, visiting medical staff from private health facilities/organisations/practice, surgical assistants, media personnel, medical company and commercial representatives and volunteers.

All visitors to the perioperative environment must have permission prior to entering the department. Permission may be provided in writing or verbally through a conversation and / or telephone message. Permission is provided by the Nurse Unit Manager / equivalent / delegated officer.

The number of visitors permitted into the perioperative environment may vary depending on the individual situation. The Australian College of Operating Room Nurses suggests that the number of visitors should be kept to a minimum.

Approval for visitors to the perioperative environment will be subject to workload at the allocated time and the availability of staff to supervise visitors.

Non-health care workers may seek entry into the perioperative environment for a variety of purposes including:

- Support person for a patient undergoing a caesarean section
- Patients who by law require a prison officer or endorsed mental health nurse to accompany them until anaesthesia commences and then during stage one of recovery
- The police and members of retrieval teams
- Parent/legal guardian of children or adults with impaired mental capacity
- Interpreters.

Only authorised visitors with a genuine supportive or educative role shall be allowed entry into the operating theatre when surgery is in progress.

Authorised visitors must be reminded that any patient related information discovered during their time in the operating theatre cannot be disclosed unless it is required for approved research, teaching, medical care of the patient, administrative audit and / or legal purposes.

Informed consent is required and this is reflected on Queensland Health consent forms.

Prior consent is also required for the captured of media images, clinically identifiable imagery and recorded sound.

For further information in relation to informed consent: <https://www.health.qld.gov.au/consent/>

Media and photo consent information and forms are available at:
http://qheps.health.qld.gov.au/integrated_communications/media/consent_forms.htm

4.3 Categories of visitors

Category 1	Persons entitled to enter the operating theatre (prior authorisation required)
Category 2	Relatives / support persons in particular situations (patient consent NOT required).
Category 3	Medical company representatives
Category 4	Technical personnel of service companies and businesses / biomedical engineering and maintenance staff.

4.3.1 Category 1 – persons entitled to enter the operating theatre (prior authorisation required)

Persons entitled to enter the operating theatre but are required to notify and obtain prior authorisation include:

- Members of the retrieval team
- Transplant teams
- Paramedical personnel
- Student nurses or medical students not on placements
- Visiting professors and medical observers
- Prison and police officers or endorsed mental health nurses accompanying patients who require supervision until anaesthesia commences and during stage one recovery

Prison / police officers, retrieval teams and mental health nurses attending the patient, must:

- notify the estimated time of arrival to the Nurse Unit Manager or delegate
- comply with the hospital attire policy
- escort the patient to the pre-operative hold area where the attending nurse receives the patient
- accompany the patient into the anaesthetic bay and stay until the patient is induced (if required by law)
- stay in the operating theatre during the operative procedure if necessary (police officer or mental health nurse)
- have a theatre staff member escort the police officer or mental health nurse back to the peri-operative hold area (if necessary)
- wait in the pre-op hold area (if necessary)
- enter the recovery room with the patient.

4.3.2 Category 2 – relatives / support persons in particular situations (patient consent NOT required)

Patient consent is not required for relatives / support persons in particular situations such as:

- Support persons in caesarean section births where the patient is conscious. Consent will have been obtained in the maternity unit.
- Parents or guardians of children or adults with impaired mental capacity (it is assumed that a minor or adult with impaired mental capacity is supported by the parent or guardian with consent already established in the admitting unit or emergency department).
- Interpreters.

Admission of relatives

- The parent/guardian will accompany the patient to the perioperative environment from the ward/unit area.
- The nominated parent/guardian must agree freely and not be persuaded against their own judgement.
- The anaesthetist or treating medical officer must be informed of the parent/guardian's presence in the perioperative environment.
- The anaesthetist or treating medical officer is to make the decision if it is appropriate or not for the relative to be present in the anaesthetic bay.
- Operating theatre staff are to assist the parent/guardian into appropriate theatre attire.
- Following induction of anaesthesia, the parent/guardian is escorted out of the perioperative environment and informed of the designated waiting areas.
- Parent/guardian, or significant other may be escorted into the recovery room by staff members to support the patient. This is subject to the assessment of the patient's condition and the health status of other patients present in the unit.

Partner/support persons at caesarean section

- The presence of partner/support person at a caesarean section performed under epidural or spinal anaesthesia, not general anaesthesia, may be extremely helpful for the patient. In certain circumstances, a relative or support person may be allowed entry to the operating theatre if the obstetrician and anaesthetist are both convinced that the person's presence is in the patient's best interest.
- The patient must nominate the person she wishes to attend.
- The nominated person must agree freely and not be persuaded against their own judgement.
- The obstetrician and anaesthetist must be informed of the partner's/support person's presence.
- Perioperative environment staff must be made aware of the intended presence of a patient/partner/support person.
- Partner/support person may be escorted into the recovery room by a staff member to support the patient. This is subject to the assessment of the patient's condition.

NB: Support persons in elective caesarean births are to receive a copy of a patient information brochure at the antenatal clinic outlining this information.

4.3.3 Category 3 – medical company representatives

Medical company representative may enter the perioperative environment only when their presence has a clear patient care purpose or where they are fulfilling contractual requirements. All other appointments with company representatives should be conducted outside of the perioperative environment.

Medical company representatives may also be required to ensure that new equipment is functioning effectively. While their training, knowledge and expertise is acknowledged, the right to maintaining the patient's safety and privacy remains the key responsibility of the perioperative staff.

Medical company representatives must:

- wear hospital security and company identification at all times
- sign the register prior to entering the operating theatre environment and sign out when they leave the department

- not participate in direct patient care including any association with surgical asepsis, handling or documentation of accountable items or opening clinical consumables/prosthesis.

In situations where medical company representative is required to educate and demonstrate during a patient's procedure to promote safe practice, the nurse manager or delegate shall ensure the medical company representative:

- provides the education under the direct supervision of medical / nursing personnel
- does not provide direct patient care
- remains within the scope of practice and expertise as per the policy of the hospital and health service and the medical company representatives company's guidelines.

The responsible staff member must ensure:

- patient consent is obtained
- the medical company representative is welcomed to the perioperative environment and introduced to the perioperative team
- the medical company representative is orientated to the perioperative environment layout
- the sterile field is monitored and maintained
- the time the medical company representative enters and leaves the perioperative environment is monitored.

It is recommended that all medical company representatives participate in a perioperative introduction course which acquaints them with ACORN Standards and appropriate codes of practice within the perioperative environment. Representatives companies are responsible for providing appropriate training.

Disputes resulting from the presence of a company representative in the perioperative environment should be managed in accordance with the hospital complaints resolution policy.

NB: The Medical Technology Association of Australia, Industry Code was introduced in 2001 to formalise ethical business practices for member companies and promote socially responsible conduct by all companies in this industry sector. It aims to promote high standards of integrity across the Medical Technology Industry so that patients and healthcare professionals can have confidence in their dealings with the industry and its products. The Code provides a framework and mechanisms for setting standards of behaviour, educating companies in the agreed standards, monitoring Industry activities and providing self-regulation and disciplinary functions. Access the code: <http://www.mtaa.org.au/>

4.3.4 Category 4 – technical personnel of service companies and businesses / biomedical engineering and maintenance staff

Requests for the services and/or assistance of technical personnel of service companies and businesses / biomedical engineering and maintenance staff are generally initiated by authorised theatre staff.

Visitors should be made aware of the sensitivity of the perioperative environment, follow the directions of authorised personnel and comply with hospital policy and procedures.

5. Hospital and health service responsibilities and processes

The following steps outline the responsibilities of hospital and health service staff when authorising admittance of visitors to the operating environment:

- Nurse Unit Manager / equivalent / delegate determine the purpose of the proposed visit and verify the category of the visitor. All visitors must obtain authorisation by the Nurse Unit Manager / equivalent / delegate.
- After hours the person responsible for checking patients into the operating theatre environment is responsible for verifying, authorising and registering admission of visitors.
- All visitors must sign in and out of the perioperative environment, using a register. Compliance with the visitor register is of particular importance in relation to occupational health and safety issues. In the event of a personal threat, bomb threat and emergency evacuation procedure, the visitors register is a valuable tool in assessing the number of persons present in the operating theatre environment.
- All visitors must undertake the appropriate protocol for adherence to standard precautions when in the perioperative environment. This includes but is not limited to appropriate hand washing, wearing of personnel protective equipment and aseptic technique (movement around the sterile field).
- Visitors may be asked to leave the operating theatre if certain circumstances or conditions arise during the anaesthetic or surgical procedure.

6. Compliance monitoring and outcome evaluation

The perioperative environment, Nurse Unit Manager will undertake audits / evaluations on an annual basis or as required to:

- identify the number of incidents/complaints in relation to breach of security, confidentiality or privacy
- visitors register compliance.

7. Legislation and other authority

- Workplace Health and Safety Policy
- Centre for Healthcare Related Infection Surveillance and Prevention
- ACORN Standards
- Privacy and Right to Information

8. Review

This Guideline is due for review on: 28 February 2019

Date of Last Review: N/A

Supersedes: New document

9. Business area contact

Healthcare Improvement Unit, Clinical Excellence Division

10. Guideline revision and approval history

Version No.	Modified by	Amendment schedule	Approved by
v0.1	Karen Hamilton	First draft tabled at the Statewide Perioperative Nurse Unit Managers Advisory Committee meeting on 10 March 2015. Amend and table at SWAPNET Steering Committee for comment	Emma Babao, Chair, Statewide Perioperative Nurse Unit Managers Advisory Group
v0.2	Karen Hamilton	Tabled at the SWAPNET Steering Committee meeting on 20 March 2015 prior to distribution to the broader network for comment	Mark Gibbs and Helen Werder, Co-Clinical Chairs, SWAPNET
V0.3	Karen Hamilton	Reviewed by the Statewide Surgical Advisory Committee on 27 April 2015. Supported in principle.	Dr Robert Franz, Chair, Statewide Surgical Advisory Committee
V0.4	Karen Hamilton	Revised version and feedback reviewed by the SWAPNET Steering Committee on 1 May 2015. Minor amendments required.	Mark Gibbs and Helen Werder, Co-Clinical Chairs, SWAPNET
V0.5	Karen Hamilton	Forwarded to the Strategic Policy Branch for review in May 2015	Manager, Surgical Improvement Program
V0.5	Karen Hamilton	Forwarded to Deputy Director-General, Clinical Excellence Division for approval. Returned with request for further consultation in June 2015.	Michael Zanco Executive Director Healthcare Improvement Unit
V0.5	Karen Hamilton	Forwarded to Hospital and Health Services Chief Executives for final consultation in August 2015.	Deputy Director-General, Clinical Excellence Division
V0.6	Karen Hamilton	Revised version reviewed at the SWAPNET Steering Committee on 18 September 2015. Endorsed.	Mark Gibbs and Helen Werder, Co-Clinical Chairs, SWAPNET
V0.6	Karen Hamilton	Forwarded to Deputy Director-General, Clinical Excellence Division for approval. Returned with request for consultation with the Chief Nursing Officer	Michael Zanco Executive Director Healthcare Improvement Unit
V0.6	Karen Hamilton	Forwarded Chief Nursing Officer for consultation in October 2015. Meeting with the Chief Nursing Officer convened on 22 December 2015. Supported by Chair, Executive Director of Nurses meeting in February 2016	Deputy Director-General, Clinical Excellence Division
V1.0	Karen Hamilton	Forwarded to Deputy Director-General, Clinical Excellence Division for approval for publishing in February 2016	Michael Zanco Executive Director Healthcare Improvement Unit

11. Approval and Implementation

Policy Custodian:

Deputy Director-General, Clinical Excellence Division

Approving Officer:

Dr John Wakefield, Deputy Director-General, Clinical Excellence Division

Approval date: 29 February 2016

Effective from: 1 March 2016