NAME:

ORIENTATION

TO THE

OPERATING THEATRE

KENEPURU HOSPITAL

COMPETENCY,
BEHAVIOURAL OBJECTIVES
And
SKILL ACQUISITION

Capital & Coast
District Health Board
ŪPOKO KI TE URU HAUORA

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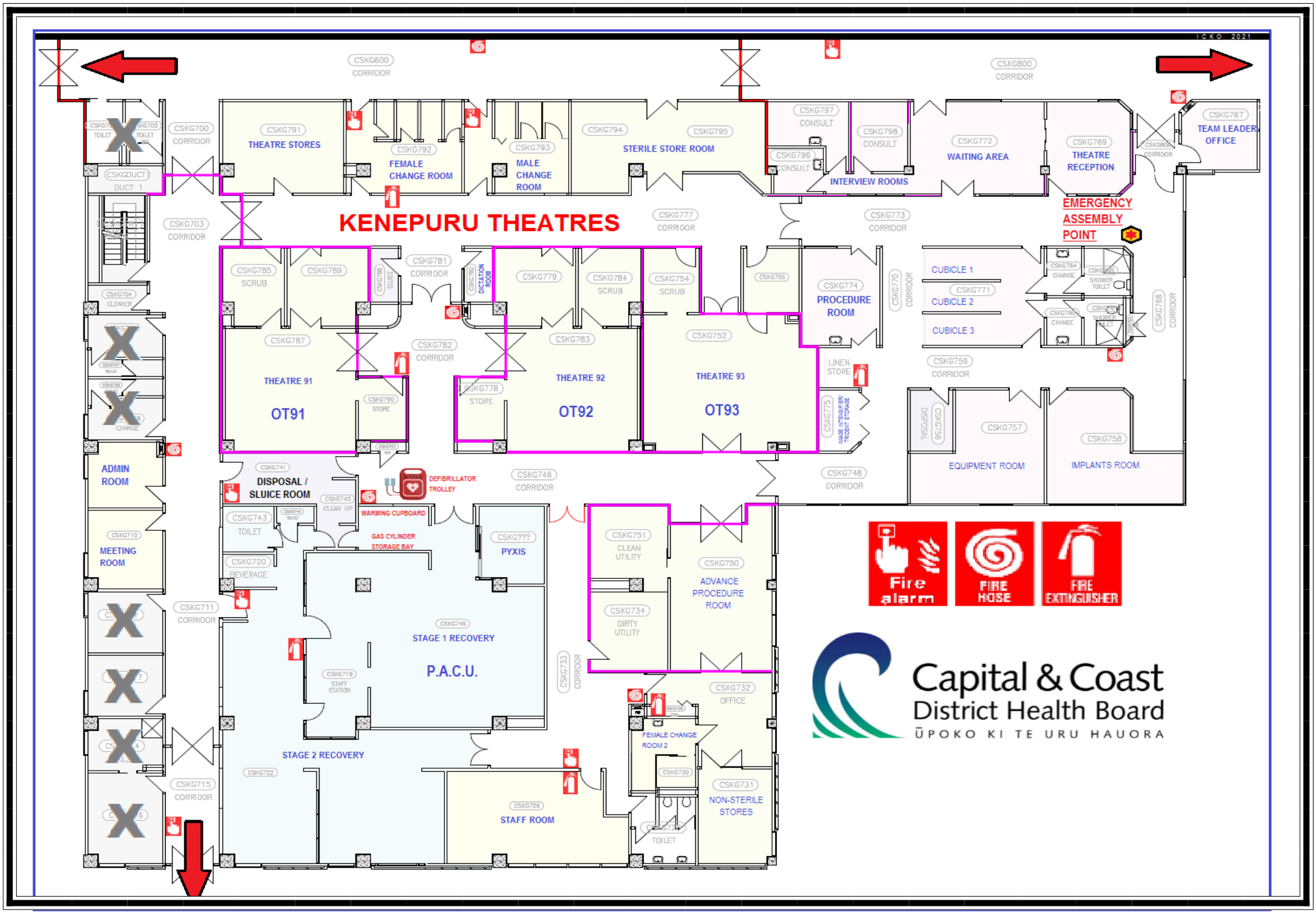
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FIRE HOSE
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Capital & Coast District Health Board
ŪPOKO KI TE URU HAUORA

GENERAL INFORMATION

The Operating Theatre Service provides secondary level surgery.
Which mainly consists of day surgery and overnight surgery.

Specialties within the Operating Theatre Service include:
Orthopaedics
Ophthalmology
Renal
Urology
General
Otorhinolaryngology
Gynaecology
Paediatrics

Day one

On your first day of your placement to the Operating Theatres please meet at 0800 at the theatre reception. Where you will be met by an ACNM.

You will get a copy of this workbook so no need to print but it is expected that you would have pre-read this workbook and so have some knowledge around asepsis and roles in the Operating Theatre.
You can wear whatever you like to work as you will change into scrubs every day and don't forget to bring your student ID badge, you are required to carry this at all times whilst on duty.
No lockers are provided. Any valuables that can't be carried on your person will be in an unsecured environment.

Contacts:

ACNM – Main contact

Jo Findlay-0274067725
Johanna.Findlay@ccdhb.org.nz

ACNM

Icko Santos-021579881
Federico.Santos@ccdhb.org.nz

CNM

0278094017

Car Parks:

Free and available around the campus.

Attire:

Scrubs are provided and are not to be worn out of the department. There are overshoes (which are a disposable covering for your outside shoes) available for your every-day use or you can bring your own Theatre shoes, these must be new and dedicated to theatre only though. The shoe needs to provide protection, must be fully enclosed and made of material to permit proper cleaning.

Hours of Work:

Day surgery Mon-Fri 0700-1830

Shift Times:

Admissions-0700-1530
Theatre-0800-1630
PACU-0800-1630 or 1000-1830
SSR-0900-1730 or 1000-1830

Unfit for duty.

If you are sick and unable to come to work: Notify: ACNM see above for number

ORIENTATION AND PRECEPTORS

We provide an introduction and comprehensive orientation programme for Nursing Students. Students will be allocated a preceptor during their placement. It is **your** responsibility to ensure the nurse you are working with is aware of your objectives for the day/week. You must provide evaluations and/or other paperwork to your preceptor in a timely fashion (i.e. not on the due date!!). You preceptor will not complete any evaluations if you give it to them on your last days in the unit.

Perioperative nursing tutorials are organised for new staff, when these are running nursing students are invited to attend.

As part of your perioperative nursing placement you will gain some clinical experience working along side the patient reception nurse, the anaesthetic technicians, Post Anaesthetic Care Unit (PACU) and Surgical Admissions Unit (SAU).

Preceptor:

Your Preceptor(s) will work alongside you to support your practice and learning during your placement. You will work with your preceptor in a shared care model for your orientation period and will spend time with the CLN for feedback, support and assessments.

CCDHB expectations:

The DHB expects all employees to act honestly, conscientiously, reasonably and in good faith at all times, and to have regard to the interests of the DHBs, their colleagues, the DHB's patients and the wider community.

Maintaining;

- **Honesty and Integrity**
- **Loyalty, good faith and professionalism**
- **Confidentiality**

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THEATRE NURSING

There are three roles within the 'Theatre Nurse's job description. All nurses are required to be familiar with all roles.

Role of the Anaesthetic Nurse

This theatre nurse's role is vital to ensure that patient safety is maintained at all times. The Anaesthetic nurse's job is to assess the patient so that a comprehensive plan of care can be formed. This nurse ensures that holistic nursing care is provided for each patient and their families / Whanau.

The Anaesthetic nurse is in an excellent position to provide education and general information to patients and families / Whanau. This can range from information regarding their surgery to the promotion of a healthy lifestyle.

The Anaesthetic nurse initiates the Health Quality and Safety Commission (HQSC) surgical safety checklist, working along side the multi disciplinary team to ensure this process continues intra-operatively. During the peri-operative period all assessments and events should be clearly and accurately documented.

Knowledge of the types and effects of anaesthesia, the pharmacokinetics of drugs and equipment used is necessary so that assistance can be provided to the Anaesthetist and Anaesthetic Technician.

The Anaesthetic nurse remains with the patient during intubation and extubation and ensures that the patient is safely transferred to the theatre trolley/ bed.

Each member of the team is responsible for correctly and safely positioning of the patient. The majority of ACC claims relating to surgery are for damage to nerves, with subsequent paralysis and paraesthesia, sustained during long periods of immobility under anaesthesia, so protection of these areas is extremely important. Bio-mechanical knowledge is also necessary to avoid joint injury.

At the completion of the procedure, the Anaesthetic nurse evaluates the patient for any injury or harm, the result of this assessment is documented in the perioperative clinical care plan.

Role of the Scrub Nurse

The scrub nurse works in partnership with the surgeon. Excellent communication skills and knowledge of the surgery and equipment ensures confidence to participate in the surgical procedure.

The scrub nurse must anticipate, plan and respond to the needs of the surgeon and other team members. As well as having the ability to work under pressure, a good sense of humour, a keen sense of responsibility and concern for accuracy in performing all duties is encouraged.

The scrub nurse works in partnership with the circulating nurse in monitoring asepsis, equipment and supplies.

The scrub nurse needs to be pro active, knowledgeable and be able to respond to constant changing situations in the operating room environment.

It is essential for the scrub nurse to have a surgical conscience and have the ability to report if any discrepancy has been identified. This includes situations concerning any breaks in asepsis or missing swabs.

The scrub Nurse also has to have access to a good recipe and have the ability to bake muffins and /or chocolate cakes if equipment is left behind in the operating room i.e. leaving behind light handles.

Role of the Circulating Nurse

The Circulating Nurse ensures the whole Operating team runs effectively and that patient safety is maintained at all times during the peri-operative journey. The circulating nurse encompasses all three nursing roles and has the overall responsibility in ensuring the team provides quality care. The circulating nurse is the primary coordinator and promotes advocacy for the patient during their care within the peri-operative environment.

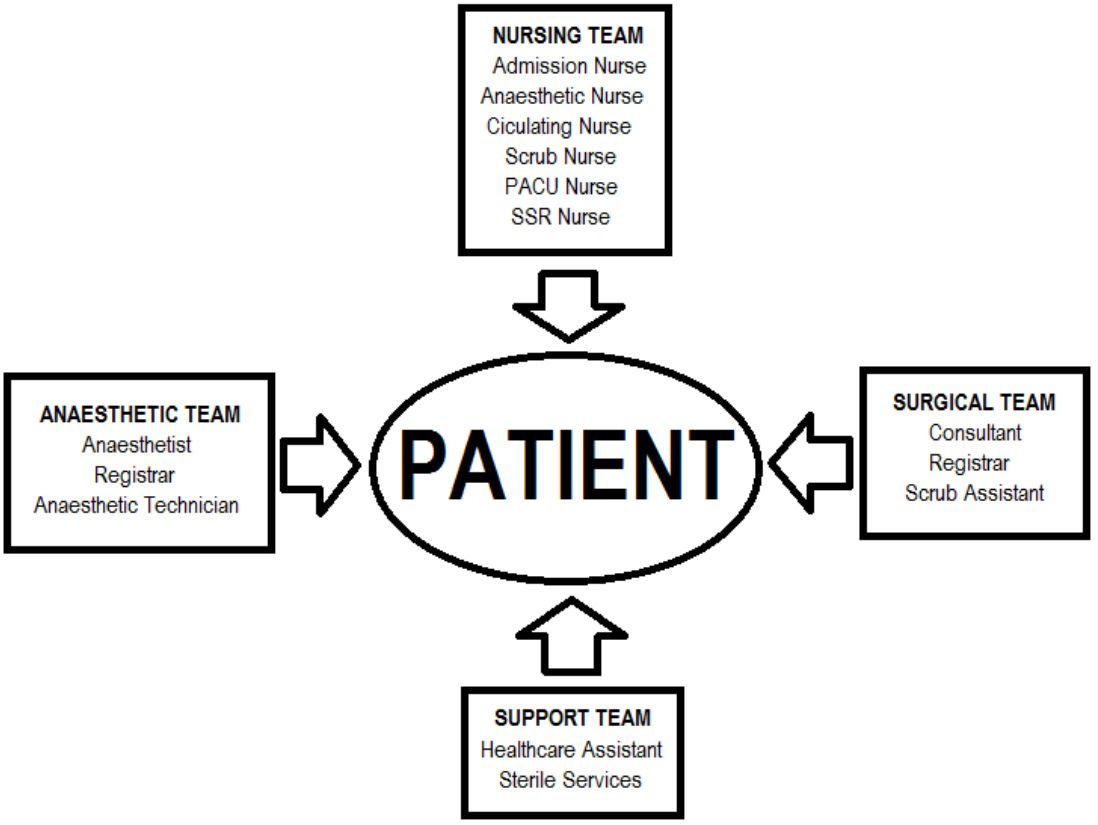
The Circulating Nurse role is one of leadership, ensuring all members of the multi-disciplinary teams provide continuity of care. They are responsible for the smooth running of the theatre list.

The Circulating nurse works in partnership with the scrub nurse by setting up for the surgical procedure and performing “the count”. This is a continuous process, which provides support for the surgical team. This ensures a robust process is followed is correctly and reduces the risk of harm and injury to patients. The circulating nurse has to demonstrate a strong sense of surgical conscience to instantly correct any personnel who do not adhere to best practice.

The circulating nurse is responsible for assisting any other members of the surgical team. This includes the knowledge of legal requirements, departmental and organisational policies and management in emergency situations.

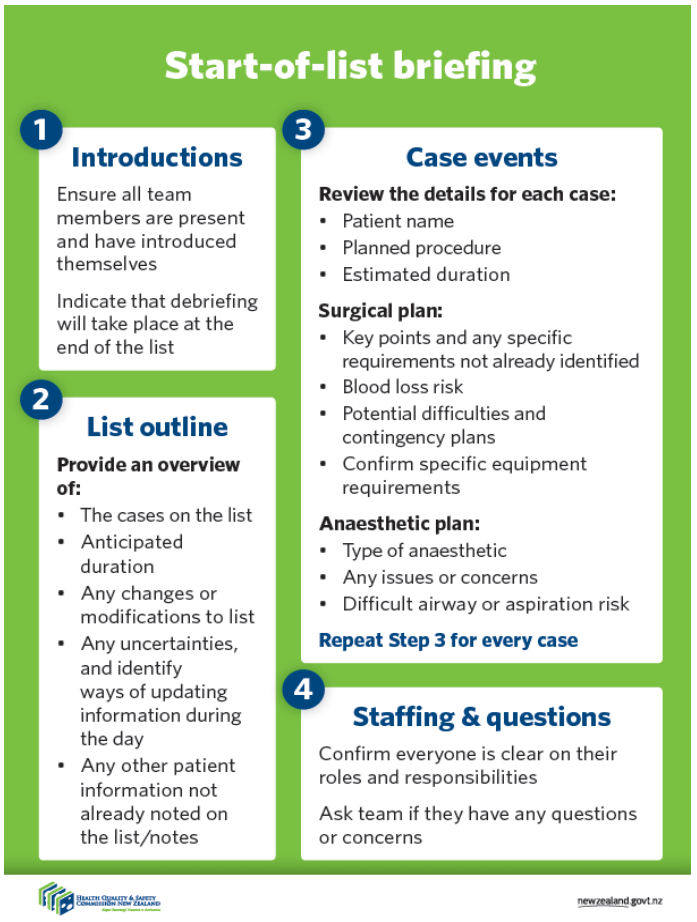
The circulating nurse is responsible that all documentation is completed correctly by all members of the multidisciplinary team. This role requires constant flexibility in order to meet the unexpected and constant challenging environment of an operating room.

Operating Theatre Multidisciplinary Team

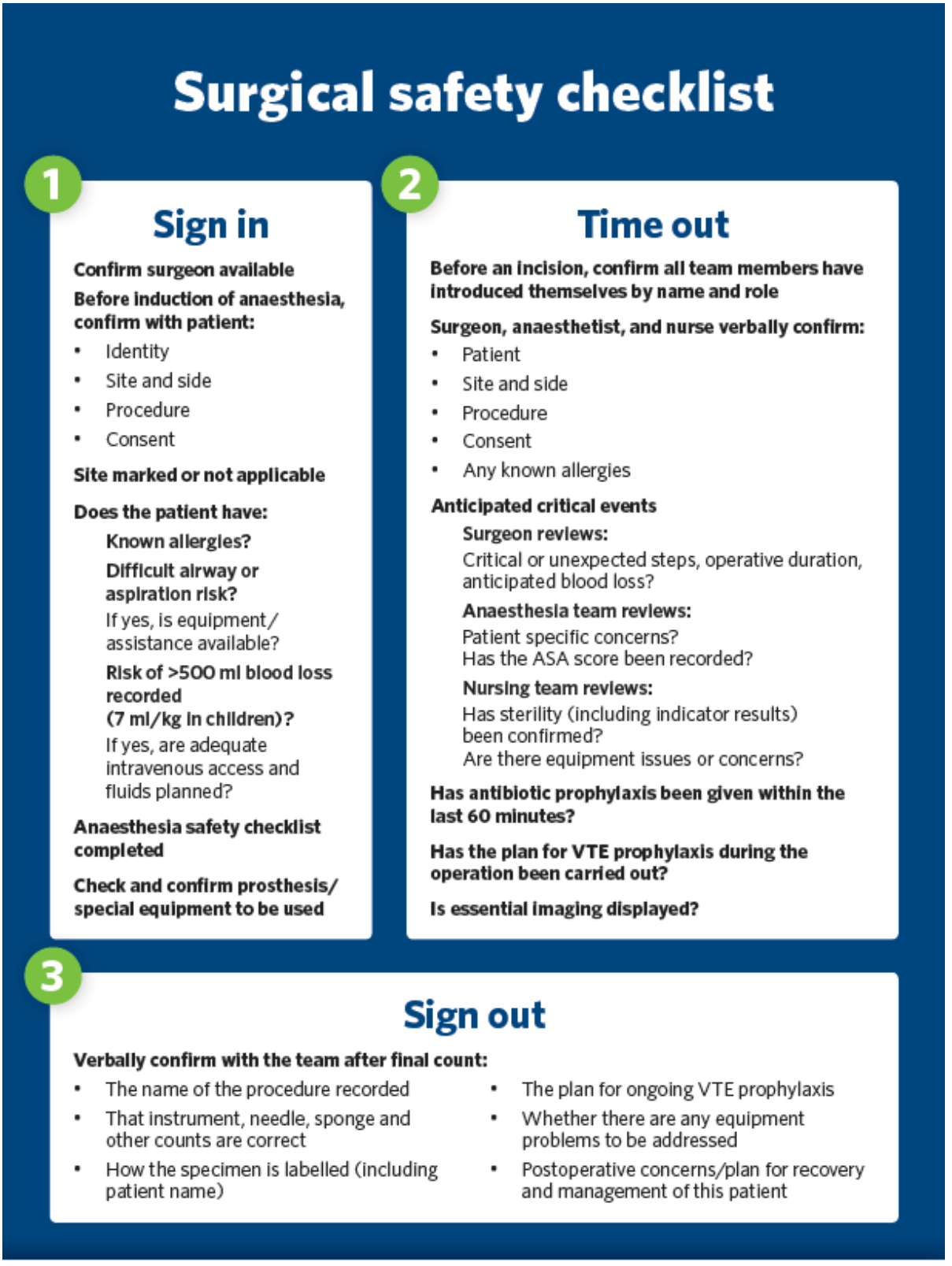


SURGICAL SAFETY

Surgical checklists, briefings and debriefs are being used in theatres worldwide. The aim of these tools as defined by the Health Quality and Safety Commission NZ is to improve the quality and safety of health care services provided to patients undergoing surgery and to help prevent adverse events.



Surgical Safety Checklist **Posters are available in each theatre.**

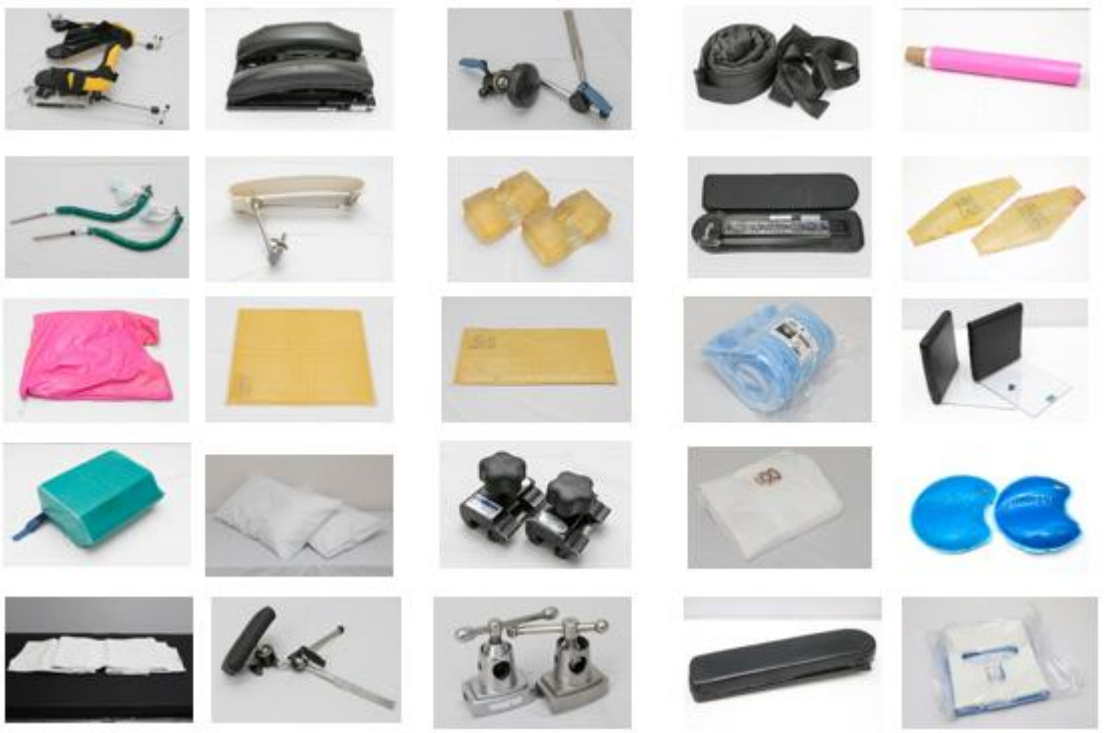


OBJECTIVES FOR YOUR CLINICAL PLACEMENT IN THE OPERATING THEATRES

- To become familiar with the principles of aseptic technique within the operating theatre to minimise the patient's risk of exposure to micro organisms
- To describe the surgical attire you are required to wear within different areas of the operating theatre environment.
- You will be able to describe the principles of safe patient positioning by the time you finish your placement
- Describe practices that are taken to reduce the risk of exposure to blood borne pathogens in the operating theatre
- To become familiar with the traffic patterns used within the operating theatre environment
- To be able to scrub, gown and glove for a surgical procedure
- By the end of your clinical placement you will know what the different nursing roles are within the perioperative environment
- By the end of your clinical placement you will be able to make a comprehensive patient assessment and develop a care plan to ensure the patient has a safe perioperative journey
- To know how to assemble and use the different suction units available within the operating theatre
- To be able to safely use the equipment used for electro surgery within the operating theatre
- By the end of your placement you will be able to describe the anatomy of a surgical procedure related to your clinical placement.
- By the end of your clinical placement you will have a basic understanding of at least two minor surgical procedures relevant to your speciality

Patient positioning within the operating theatre

Different Positioning Equipment



Different Patient Positions

Supine

With thanks to Fiona Day-Paku & Jenny Kendall

Capital & Coast District Health Board

Lithotomy

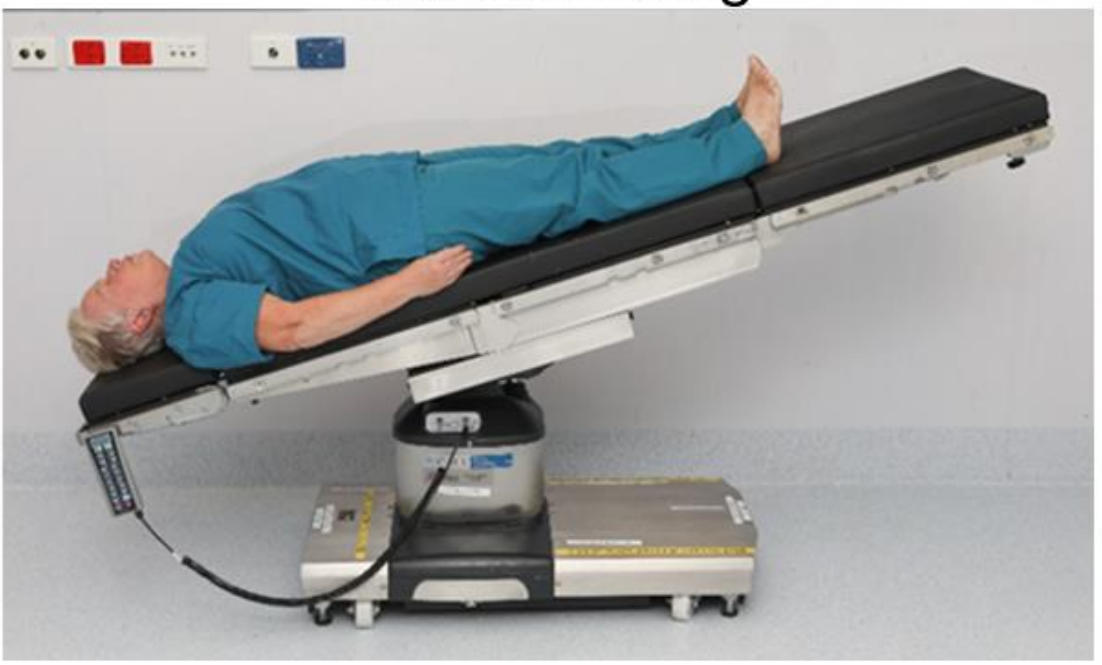
With thanks to Fiona Day-Paku & Jenny Kendall

Lateral

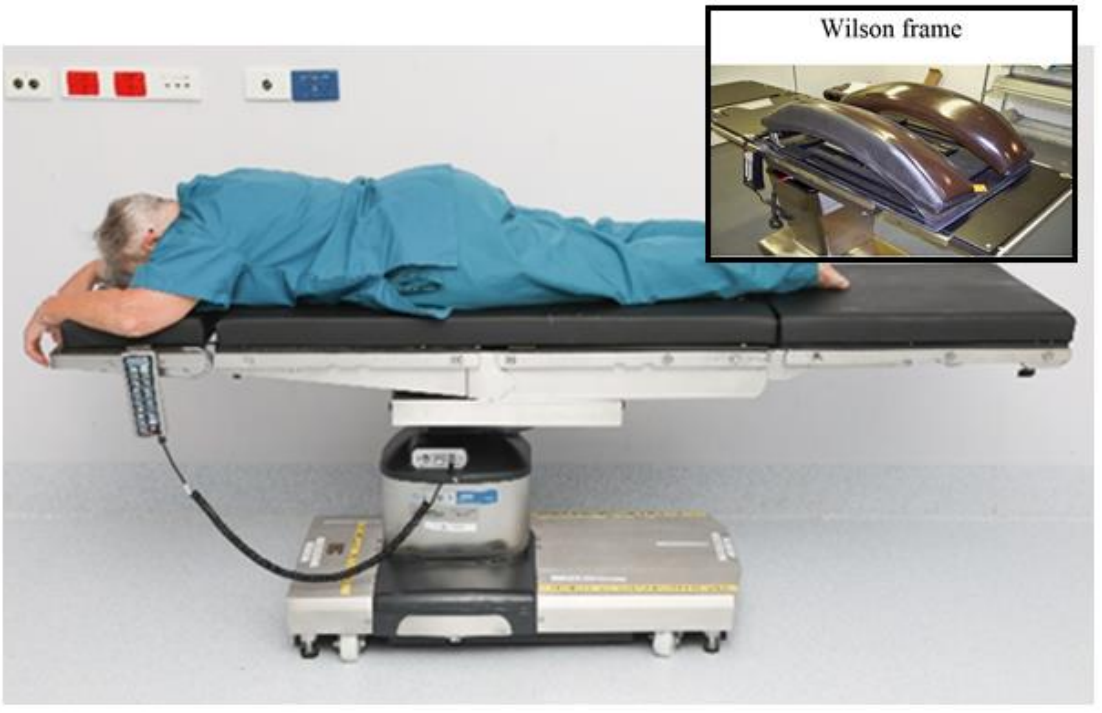
Lloyd Davis

With thanks to Fiona Day-Paku & Jenny Kendall

Trendelenburg



Prone



ORIENTATION: SKILLS AND COMPETENCIES

The following checklists are to be used to guide acquisition of skills and competencies relating to operating room nursing practice. There is not a requirement to achieve all the listed skills.
Used as a guideline they will assist you in understanding perioperative speciality practice.
You will be supported in achieving as much of these skills that are possible within the limitations of the length of your clinical experience.

There is a worksheet at the back of this book to help you with your learning.

The skill and competency check lists are grouped as listed.

- Physical environment
- Crisis intervention and management
- Nursing roles
- Observation worksheet
- Evaluation form

I hope you enjoy your clinical learning experience with us.

PHYSICAL ENVIRONMENT

Finding your way around the department in your first week can be challenging. Make sure you become familiar with the following areas.

Area	Tick when you know where the area is
Inventory store	☐
Pyxis	☐
Patient Reception/Cubicles	☐
Advanced Procedure Room	☐
Operating rooms	☐
Sluice room/Clean up room	☐
Sterile Store	☐
PACU	☐
Second Stage Recovery	☐
Sterile Services	☐
Implant Room	☐
Equipment Room	☐
Change Room	☐
Tea Room	☐

STERILE STOCK ROOMS

Skill/ Competency	**Completed**
Verbalises what this area is used for	☐
Is familiar with the contents of this room	☐
Sets up a trolley for a case	☐
Inspects wrap for any tears or holes	☐

OPERATING ROOM

Skill/Competency	**Completed**
Is aware of the air conditioning system used in the operating room	☐
Is able to describe rationales for temperature and humidity control in the operating room	☐
Knows how to alter the temperature of the operating room	☐
Is familiar with the contents of the operating room	☐
Is familiar with using the pendents in the operating room	☐
Is able to demonstrate how to use the emergency call bell system	☐
Is able to demonstrate knowledge of the traffic flows and routine procedures associated with the surgical scrub process.	☐
Is familiar with the standard contents of the scrub bay	☐

HEALTH AND SAFETY

Skill/Competency	**Completed**
Knows the location of the defib/ difficult intubation trolley	☐
Knows where the health and safety manual is and who the Theatre H&S Reps are	☐
Is able to locate the emergency call bell in each Theatre	☐

Knows the location fire extinguishers and fire alarm activation systems. (call points)	
Knows the correct process for evacuation fire/earthquake	
Is aware of the number to ring for emergencies	☐

LIGHTING SYSTEMS

Skill/ Competency	**Completed**
Knows location of all light switches in the operating room	☐
Knows location of main operating light switch	☐
Knows location of the emergency lighting	☐
Is able to position and manoeuvre the operating theatre lights	☐

SUCTION

Skill/ Competency	**Completed**
Can assemble and connect the suction tubing to the suction outlet and turn it on.	☐

COUNTS

Skill/ Competency	**Completed**
Is able to verbalise the importance of the count	☐
Is able to contribute to the accurate recording of the count and knows the method of adding to the count	☐
Demonstrates in practice adherence to the standard for counting	☐
Understands why rubbish is not removed during a procedure	☐

CLEAN UP AND DISPOSAL AREAS

Skill/ Competency	**Completed**
Demonstrates in practice safe standards for the disposal of linen, rubbish and sharps	☐
Demonstrates how to safely prepare dirty instrument trolley to be returned to Sterile Services.	☐
Is aware of the process for recycling instrumentation	☐

BLOOD LOSS

Skill/ Competency	**Completed**
Demonstrates in practice the correct method for counting and bagging swabs	☐
Is able to estimate blood loss for a major case	☐

ELECTRO SURGICAL UNITS

Skill/ Competency	**Completed**
Under supervision demonstrates in practice safe electrosurgery management. • Turn the electro surgical unit on • Able to set the machine to the surgeons preferred power settings • Adjust the power settings during a procedure Know the difference between bipolar and monopolar	☐
Under supervision safely applies the electro surgical dispersive pad	☐

ASEPTIC TECHNIQUES

Skill/ Competency	**Completed**
Has an understanding of the standards for wearing surgical attire	☐
Demonstrates in practice the correct way of handling and disposing of a surgical mask	☐
Demonstrates the ability to open all sterile packages	☐
Maintains the integrity of the sterile field throughout a procedure	☐
Recognises breaks in sterility and takes corrective action	☐

STERILIZATION

Skill/ Competency	**Completed**
Has visited Sterile Services	☐
Recognises process indicators and their implications	☐
Demonstrates knowledge and safety factors relating to dispensing sterile items and accountability when in doubt.	☐

SURGICAL SCRUB, GOWN AND GLOVING

Skill/ Competency	**Completed**
Demonstrates in practice a safe standard of gloving and gowning	☐
Demonstrates an awareness of delineated areas of sterility when gowned and gloved.	☐
Demonstrates a knowledge of infection control principles when removing and discarding gown, gloves and masks at the conclusion of the procedure	☐

CRISIS INTERVENTION AND MANAGEMENT

CARDIAC ARREST		
Skill/ Competency	Date	Signature
Knows the location of emergency defib trolleys and all resuscitation drugs.		

ANAPHYLACTIC REACTION		
Skill/ Competency	Date	Signature
Demonstrates knowledge of and describes the causes, signs and symptoms of anaphylaxis.		

MALIGNANT HYPERTHERMIA		
Skill/ Competency	Date	Signature
Is able to describe causes, signs and symptoms of malignant hyperthermia.		
Knows the location of the emergency drugs and equipment for the treatment of malignant hyperthermia.		

AIRWAY OBSTRUCTION, HYPOXIA		
Skill/ Competency	Date	Signature
Verbalises the causes of hypoxia due to airway obstruction during anaesthesia		
Verbalises knowledge of a partial and a complete airway obstruction		

PERIOPERATIVE NURSING ROLES

ANAESTHETIC NURSE

Skill/ Competency	**Completed**
Demonstrates the ability to communicate effectively developing rapport and trust with patients and their family members	☐
Safely and consistently ensures accurate patient identification-	☐
Demonstrates culturally safe care and works within the principles of the Treaty of Waitangi	☐
Verbalises understanding of issues regarding consent and the health and disability act.	☐
Accurately completes all necessary documentation.	☐
Demonstrates the ability to communicate all relevant information to the appropriate personnel involved in the patients care.	☐
Demonstrates the ability to plan for a patients care using the nursing process	☐
Demonstrates under supervision safe patient positioning.	☐
Demonstrates the insertion of an indwelling urinary catheter	☐
Demonstrates clipping of a patients hair over the operative site	☐

SCRUB NURSE

Skill/ Competency	**Completed**
Has a knowledge of the operative procedure and the aims of the surgery Steps in the operative procedure	☐
Performs the count under supervision	☐
Aware of the instrumentation that will be used for the procedure	☐
Maintains the sterile field	☐
Assists with skin preparation and application of the drapes.	☐

CIRCULATING NURSE

Skill/ Competency	**Completed**
Aware of infection control principles	☐
Has the ability to safely set up a theatre for a procedure.	☐
Ensures all the equipment and supplies are in theatre.	☐
Opens sterile packages for the scrub nurse	☐
Demonstrates under supervision knowledge of how to count.	☐
Assists with patient positioning	☐
Understands the role of the TSA and delegates tasks under the direction of the registered nurse	☐
Demonstrates communication skills within the multidisciplinary team	☐
Under supervision completes handover to PACU staff nurse	☐

PROFESSIONAL DEVELOPMENT

Skill/Competency	**Completed**
Reflects upon own practice and identifies learning needs	☐
Demonstrates enthusiasm and willingness to share information with colleagues.	☐
Attends in-service sessions	☐

Perioperative nurses observation worksheet

During your placement, you may think that you are spending a lot of your time standing around watching what is going on.
While you are watching use this worksheet to give you some direction as to what to observe, this will encourage you to think about what is going on in theatre.

This worksheet will facilitate your learning about the nursing care the perioperative nurse performs while a patient is having a procedure done within the operating theatres.

Choose a surgical procedure and observe the role of the Anaesthetic Nurse, Scrub Nurse, and the Circulating Nurse.

1. Can you identify tasks that each of these nurses performed which enhanced patient care?

Anaesthetic Nurse

_____
_____
_____
_____

Scrub Nurse

_____
_____
_____

Circulating Nurse

_____
_____
_____
_____

PACU Nurse

_____
_____
_____
_____

2. What was the operative procedure? Why did the patient require the surgery?

_____
_____
_____

3. How many of the aseptic technique principles have you observed?

4. How was the theatre set up for the procedure?

5. What was counted and why?

6. What position was the patient placed in and what was used to protect the patient from injury?

7. Where did the nurse place the diathermy pad and why?

8. What tasks were done to ensure the patient was kept warm during the procedure

9. Why is it important to keep the patient warm?

10. What airway and drug/s did the anaesthetist use to give the patient a general anaesthetic?

11. How was the patient monitored during the operative procedure?

12. What methods could you see that were used to maintain haemostasis during the surgery?

13. Listen to the patient handover between registered nurses, what information is being communicated

14. What drugs did the PACU nurses administer and why?

15. What did the PACU nurse assess the patient for and why?

Common Surgical Terminology

-ectomy	surgical excision of
-itis	inflammation of
-lysis	freeing of
-oscopy	examine an organ by viewing
-ostomy	creation of an opening
-otomy	cutting into
-pexy	fix or suture in place
-plasty	restorative or reconstructive procedure

arthro	joint
cardi	heart
cholecyst	gall bladder
col	colon
colpo	vagina
cysto	urinary bladder
gastro	stomach
hepato	liver
hystero	uterus
jejun	second part of small intestine
nephro	kidney

Operations that you may come across

Hysterectomy	uterus removal
Cholecystectomy	gallbladder removal
Tonsillectomy	tonsil removal
laparoscopy	visualisation of abdominal and female pelvic organs
orchidopexy	fixation of testicle

Other common terms you may hear

ORIF	Open reduction internal fixation
THJR	Total Hip Joint Replacement
MUA	Manipulation under anaesthetic
TKJR	Total Knee joint replacement
EUA	Examination under anaesthetic
D&C	Dilation and Curettage

BASIC ASEPTIC TECHNIQUE

An object or substance is considered sterile when it is completely free from living microorganisms and is incapable of producing any form of life. The basic principles of aseptic technique prevent contamination of the open wound, isolate the operative site from the surrounding unsterile physical environment, and create and maintain a sterile field in which surgery can be performed safely. Proper adherence to aseptic technique eliminates or minimizes modes and sources of contamination. Certain basic principles must be observed during surgery to provide a well-defined margin of safety for the patient.

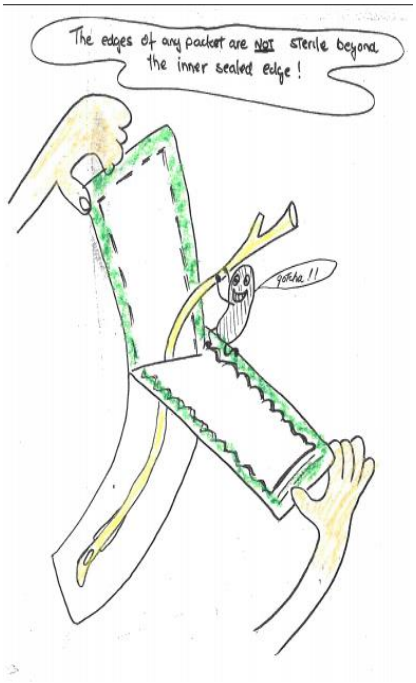
1. ONLY STERILE ITEMS ARE USED WITHIN THE STERILE FIELD.

All materials in contact with the wound and used within the sterile field must be sterile. The inadvertent use of unsterile items may introduce contaminants into the wound. When using or dispensing a sterile item, personnel must be assured that the item is sterile and will remain sterile until used. Items of doubtful sterility must be considered unsterile. Any item that falls on the floor or into any area of questionable cleanliness must be considered unsterile. The circulating nurse should check the package integrity, the expiration date, and the chemical process indicator before dispensing a sterile item.

2. A STERILE BARRIER MUST BE CONSIDERED CONTAMINATED AFTER IT HAS BEEN PENETRATED.

Integrity of sterile packages or items, including wrapped items, packages, gowns, and drapes, can be destroyed by perforation, puncture or strike through. If a hole occurs, a package becomes wet or is dropped it should be discarded immediately.

3. THE EDGES OF A STERILE PACKAGE OR CONTAINER ARE CONSIDERED CONTAMINATED AFTER IT IS OPENED.



Careful judgment must be used to maintain safety margins between sterile and nonsterile boundaries to prevent accidental contamination of the sterile field.
A sterile package should be opened from the far side first and the near side last. Any loose flaps should be secured so they do not spring back and contaminate the sterile contents.
The wrapper of small peel-back packages must be pulled back and the sterile contents within either flipped onto the sterile field or exposed away from the non sterile person and retrieved by the sterile scrub person who pulls the contents straight up and out of the wrapper. If the contents touch the edge of the package or the package tears during opening, it must be considered contaminated and discarded.

Larger packs may be opened on a separate table by opening first the back, then the front flaps, and then the side flaps. Care must be taken to walk around the pack, rather than reach over the sterile field.

After the cap has been removed from a container of sterile fluids, its entire contents must be poured or discarded. The solution receptacle should be placed close to the edge of the table or held by the scrub person. The circulating nurse should be careful not to splash any liquids or let it run down the sides of the container.

4. GOWNS ARE CONSIDERED STERILE ONLY IN FRONT FROM CHEST LEVEL TO TABLE LEVEL AND BELOW THE ELBOW TO GLOVE CUFF.

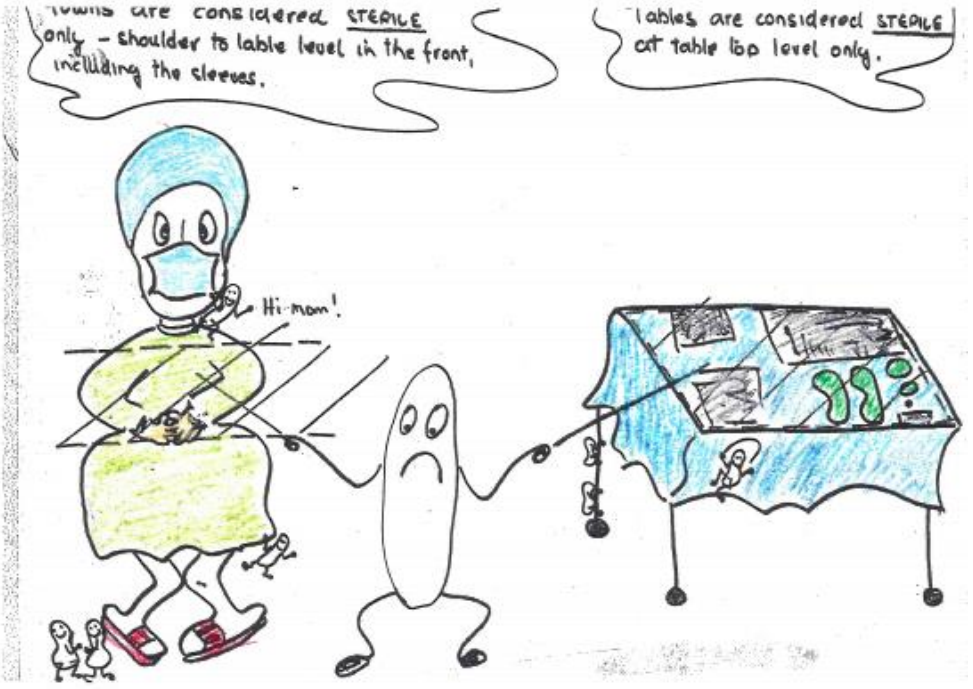
Gowns are considered completely sterile only in front, from chest level to table level. From below elbow to the glove cuff. The neckline, the shoulders, and the area under the arms are areas of friction and are not considered sterile.
The back of the gown is also considered nonsterile because it cannot be observed by the scrubbed

person.

Donning of the gown is done on another sterile surface other than the sterile field to avoid dripping water onto the sterile field. Stockinet cuffs are considered contaminated after being touched by the hands and must be covered by gloves. Gloved hands must be held at or above waist level and kept in sight at all times. Scrubbed persons must be careful to keep gloved hands away from the face and from under the axillary areas, as well as to keep their elbows close to their sides.
Any item that is dropped below the waist is considered contaminated and is discarded.

5. ONLY THE HORIZONTAL SURFACE OF A TABLE IS CONSIDERED STERILE.

The edges and sides of table drapes are considered nonsterile because they are out of sight and cannot be monitored. When a sterile drape is unfolded, the part that drops below the table surface is not brought back up to table level.
Scrubbed persons should not allow their hands to fall below the sterile field and any item that falls over the edge of the table is considered contaminated. Items that remain on the drapes during the surgical procedure are secured to prevent them from sliding below the level of the sterile field, such as cords and tubing.



6. STERILE PERSONS AND STERILE ITEMS TOUCH ONLY STERILE AREAS. NONSTERILE PERSONS OR ITEMS TOUCH ONLY NONSTERILE AREAS.

Surgical team members must be aware of sterile and non-sterile items and areas in the OR and maintain a safety margin, either by space or by the use of an instrument for extension,

The patient is the center of the sterile field. All sterile equipment is grouped around the patient and within view of scrubbed personnel, who must stay as close as possible to and face the sterile field. Sterile team members maintain contact with the sterile field by wearing sterile gown and gloves.

Non-sterile persons must maintain enough distance from the sterile field to prevent accidental contamination. Nonsterile team members should not lean or reach over the sterile field and should never walk between two sterile fields.

When contact between a scrubbed person with a nonsterile person or item is necessary, such as during draping procedures, the sterile scrubbed person's gloves are protected by cuffing a portion of the sterile drape over the gloves, forming a barrier between the glove and the nonsterile person or item contacted.

When passing an item to the scrub nurse, the nonsterile circulating nurse pulls the wrapper of items back over the hand so that only sterile surfaces are presented, making it possible for the sterile scrub person to touch only the sterile item. The circulating nurse never directly contacts the sterile field, but it is her or his responsibility to open sterile wrappers and packages for sterile team members.

7. MOVEMENT WITHIN OR AROUND THE STERILE FIELD MUST NOT CONTAMINATE THAT FIELD.

Movements and air currents must be kept to a minimum to avoid contamination of the sterile field. Establishing traffic patterns within and around the sterile field helps to prevent any spread of micoorganisms.

The motions of the scrubbed team are from sterile to sterile areas and from nonsterile to non sterile areas. For example, when two gowned persons must pass each other, it is done face to face, sterile to sterile areas, and back to back, nonsterile to nonsterile areas.

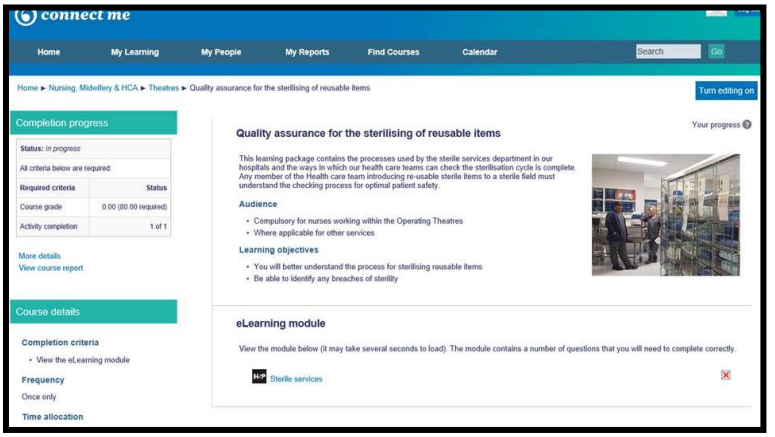
A sterile person should turn his or her back to a nonsterile person or item when passing. A sterile person may ask a nonsterile person to step aside to avoid risk of contamination.

8. ALL ITEMS AND AREAS OF DOUBTFUL STERILITY MUST BE CONSIDERED CONTAMINATED.

If the sterility of any item is in doubt, it should be discarded. Even though a sterile package may not appear to be damaged, for the safety of the patient it must be assumed to be contaminated.
Sterile fields should be prepared as close to the time of use as possible. The longer any sterile item is exposed to the environment, the greater is its chance for contamination. A sterile field left unattended should be considered contaminated, because there is no way to ensure sterility.
Sterile fields should not be covered, because removing the cover later allows a part of the cover that was below table level to be drawn up above the table. Additionally, covered sterile fields are often left unobserved and it is important to monitor constantly all sterile areas and items for any possible contamination.

How do I check the items I am using are sterile?

Any item being introduced to a sterile field must be checked to verify its sterility. There have been cases in other hospitals where an error in the sterilisation process meant unsterile instruments were actually used in surgery and this obviously cannot happen in our unit. Therefore any person opening these sterile items needs to fully understand what they are checking for and a learning package is compulsory for all theatre nurses (and nursing students on placement in theatre).



This learning package will be completed on day one (or if you have no immediate log in it will be presented by the person orientating you) and part of your orientation to Theatre will include spending time in the Sterile service department too.

Brief suture guide

Sutures are also known as atraumatics and recorded as atraumatics on your count board.
They can be classified in different ways, the most common in this department is by their point:

- taper (needle body is round and tapers smoothly to a point)

- cutting (needle body is triangular and has a sharpened cutting edge on the inside curve)

- reverse cutting (cutting edge on the outside)
- trocar point or tapercut (needle body is round and tapered, but ends in a small triangular cutting point)
- blunt points for sewing friable tissues
- side cutting or spatula points (flat on top and bottom with a cutting edge along the front to one side) for eye surgery

You can have single or double armed sutures (double are generally just for Vacular/cardiac)

They are either absorbable or non-absorbable depending on whether the body will naturally degrade and absorb the suture material over time.

Non-absorbable sutures are used either on skin wound closure, where the sutures can be removed after a few weeks, or in stressful internal environments where absorbable sutures will not suffice

Non-absorbable
• Silk (natural-derived from plant/animal)
• Prolene (Synthetic—polymers from man-made sources)
• Nylon
• Stainless steel
• Fibrewire
• Gortex

Absorbable are used in patients who cannot return for suture removal, or in internal body tissues. In

both cases, they will hold the body tissues together long enough to allow healing, but will disintegrate so that they do not leave foreign material or require further procedures.

Absorbable
• Moncryl
• Vicryl
• PDS
• Gut sutures-Chromic (natural-derived from plant/animal)

They come in various sizes:

Generally we don't use 3,4,5,6,7

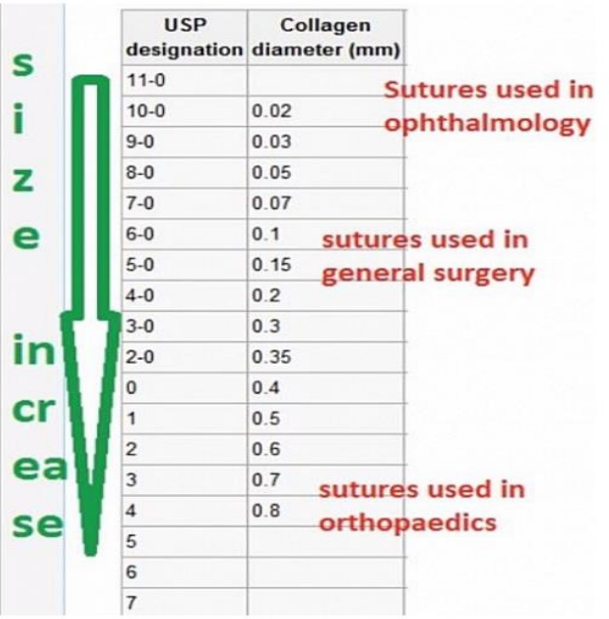
1 or 0 is a heavy suture- used for closing deep layers

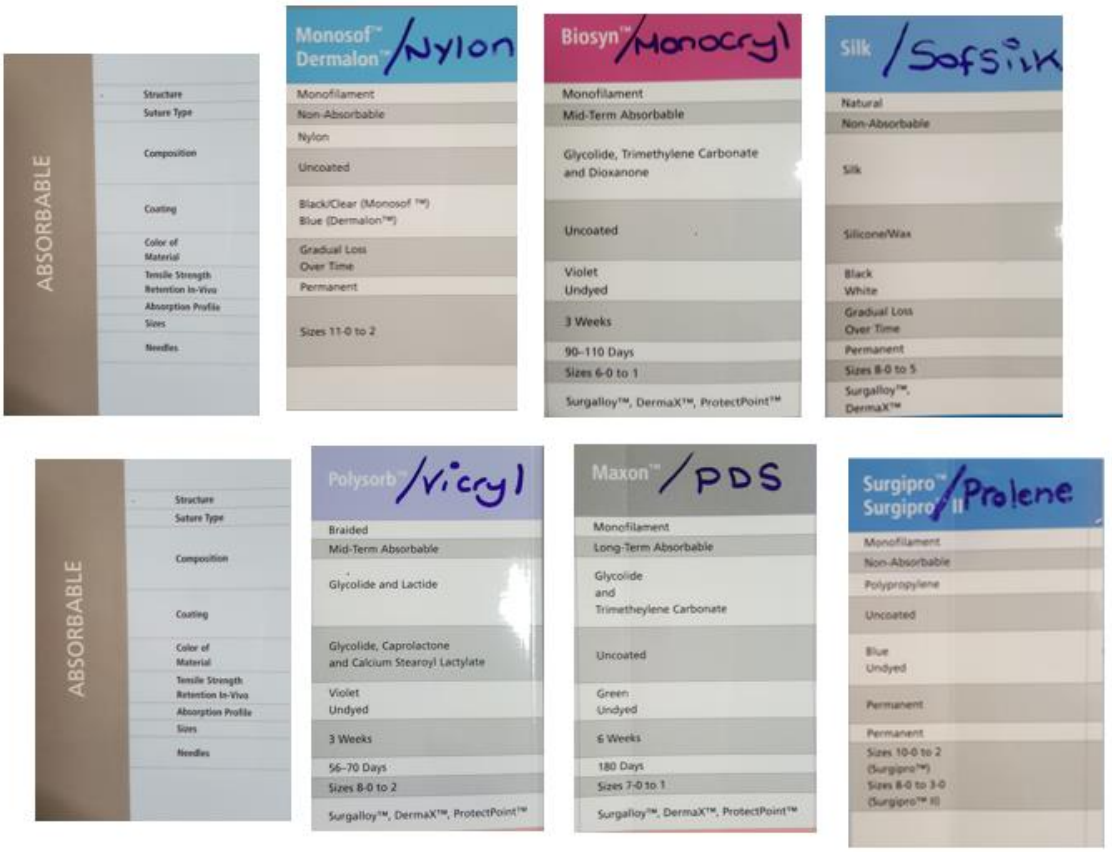
Generally we use a 2-0 for sub-cut sutures

Generally a 3/0 is for anastomoisis

Generally a 4/0 is used for skin closure

5/0-10-00 (are classed as vascular needles in vascular/cardiac)





Instruments

The following pages are your guide to the;

- common **instruments**
- common **equipment**
- common **consumables**

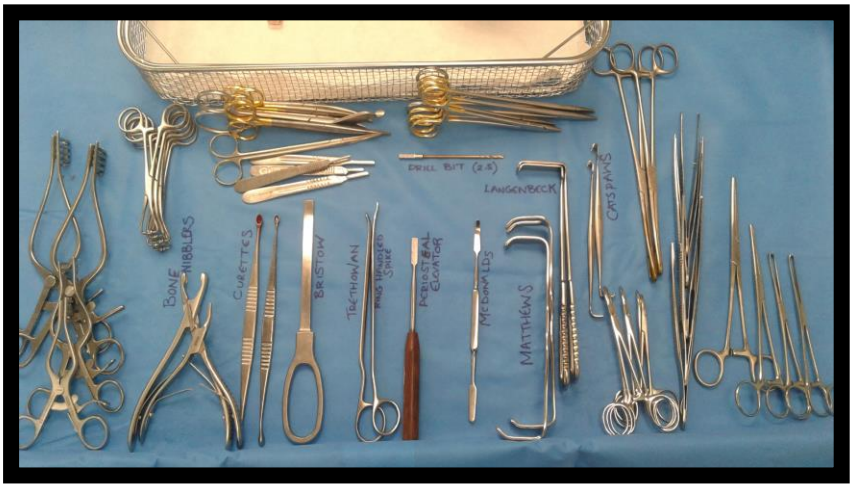
The book will always be a work in progress covering many specialities so won't have every single instrument/ consumable/ piece of equipment detailed here.

Firstly, it is important to take good care of our instruments and this means returning them to sterile services in an orderly, well placed manner such as the examples below.

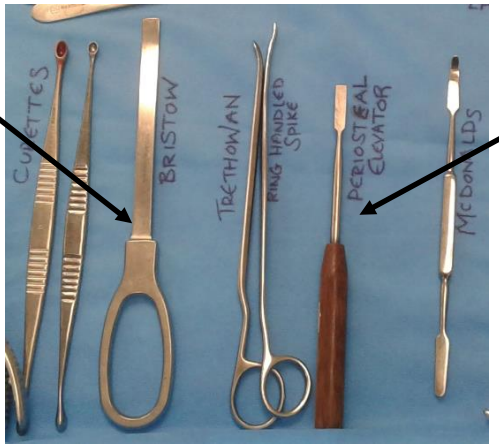
- Heavy instruments are not to be placed on top of lighter ones
- Cables are not to be tangled
- Telescopes always need to be in their cases

- Place instruments back in their designated trays and separate any “extra” instruments

Ortho tray



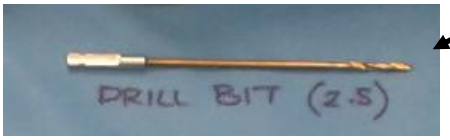
The Bristow and Trethowan are both elevators, most commonly used to leaver bone



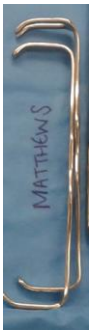
The Periosteal elevator is most commonly used to scrape periosteum off bone (they can do this with a Bristow too)

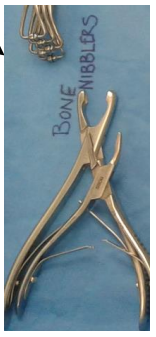
Bone Nibblers do just that...nibble bone. They come in bigger sizes too

This is the most common drill bit for small fractures

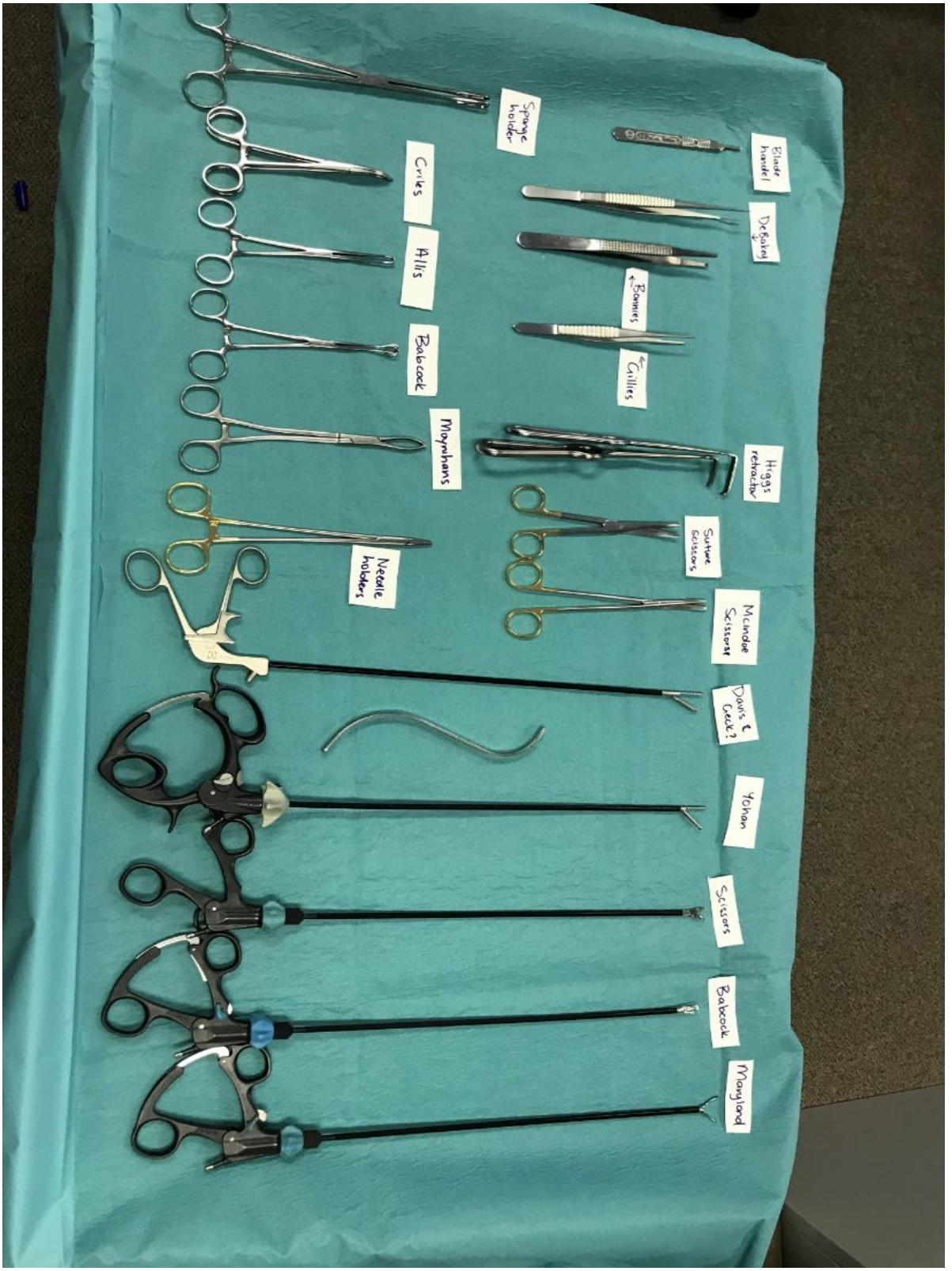


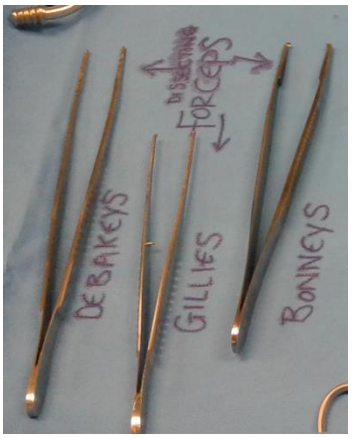
Matthews are used for retraction in bigger cases (hips, knees)

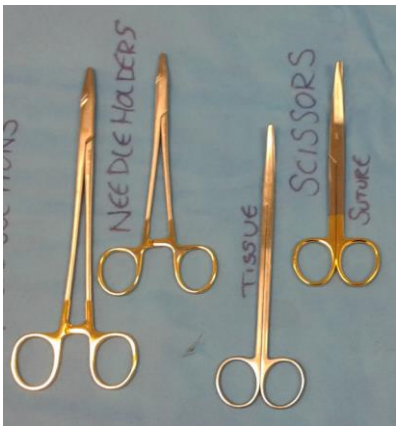


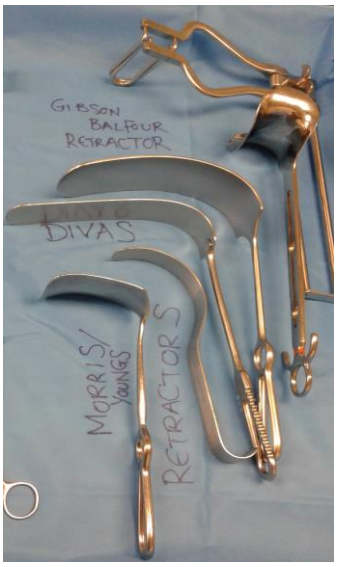


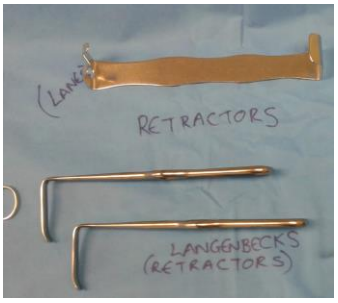
Catspaws have sharp claws as retractors at one end and are good for retracting in arm/wrist/foot surgeries

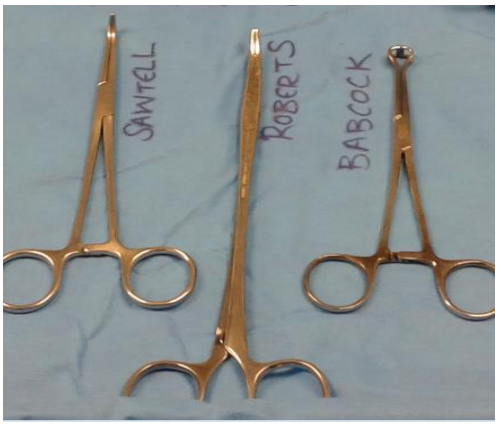


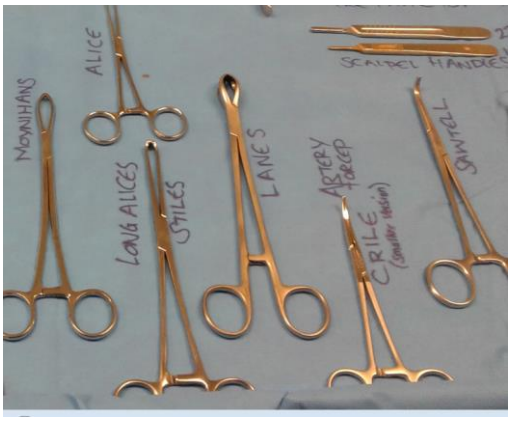


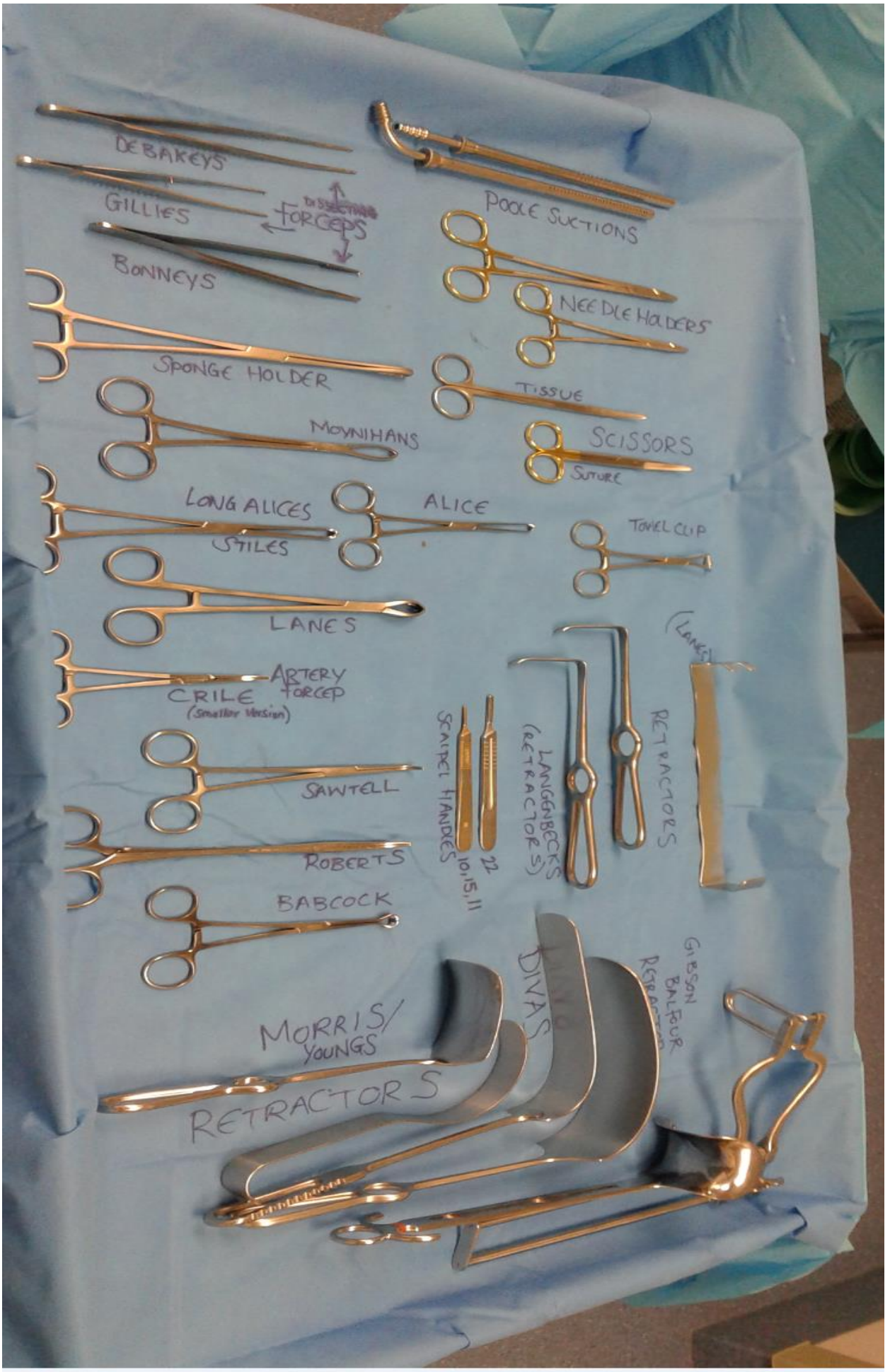






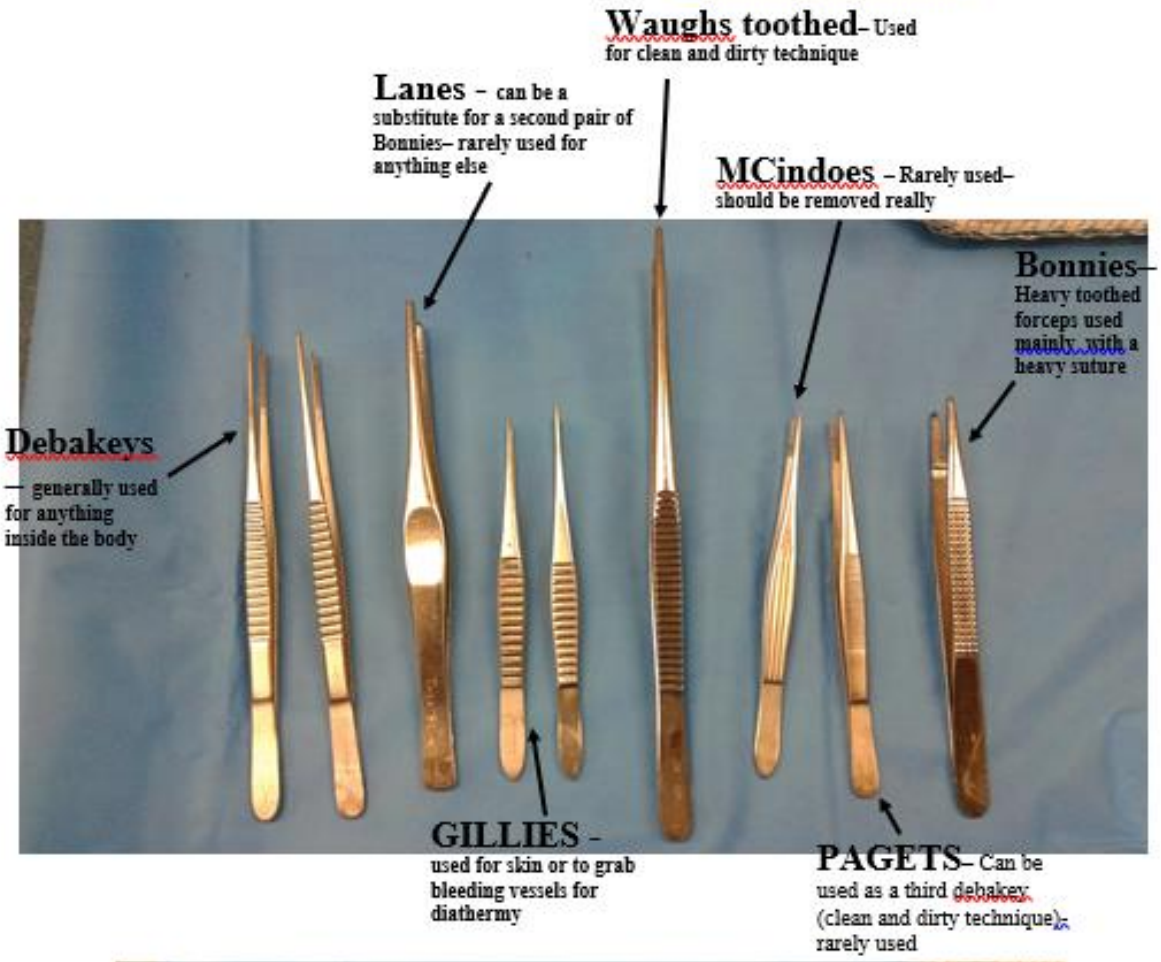


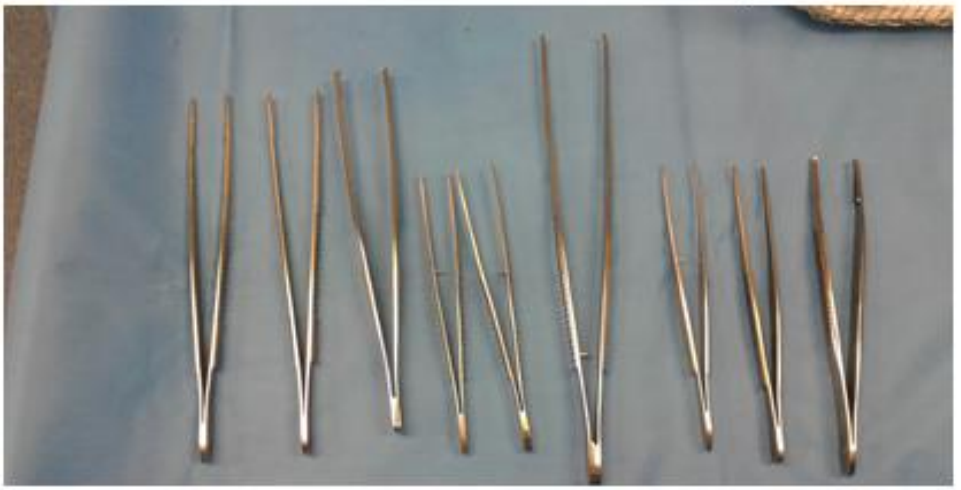



DEBAKEYS
GILLIES
DISSECTING FORCEPS
BONNEYS
POOLE SUCTIONS
NEEDLE HOLDERS
SPONGE HOLDER
TISSUE
SCISSORS
SUTURE
MOYNIHANS
LONG ALICES
STILES
ALICE
TOWEL CLIP
LANES
ARTERY FORCEP
CRILE
(Smaller Version)
SAWTELL
ROBERTS
BABCOCK
SCALPEL HANDLES
10, 15, 11
22
LANGENBECKS (RETRACTORS)
RETRACTORS
(LANGS)
MORRIS/ YOUNGS
RETRACTORS
DIVAS
GIBSON BALFOUR

Forceps

These are your most common dissecting forceps





Review: Sara Robinson Aug 2016
Fiona Day-Paku

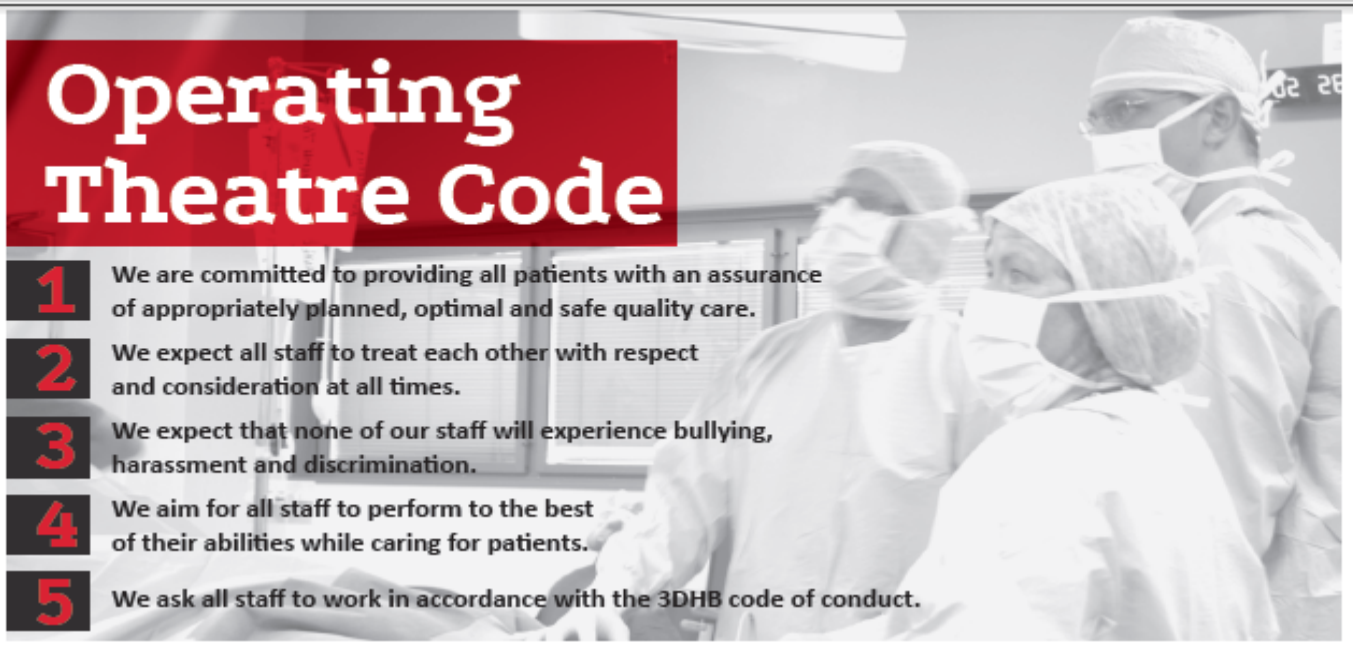
Health and Safety

As with any workplace there are hazards that exist. We have a Health and safety folder that can be accessed via the Gdrive and a hard copy that is held in OR control. Please familiarise yourself with this and have a look over the hazards register.

If you go to the H&S home page on the intranet. You can access more health and safety information under “Related Information” from the banner on the right-hand-side of the webpage

COVID 19

- Policies, procedures and guidelines regarding COVID actual/ potential cases can be found on the G:drive.
- Useful resources for the perioperative department;
    - Guidance for surgery and Anaesthesia for patients with suspected or proven COVID-19.
    - Training videos- There are multiple videos of our theatre scenarios available for everyone to view.
- Currently OT13 is the dedicated theatre for any COVID cases, including Caesars.
- You will need to be fit tested for N99 masks.



Operating Theatre Code

1. We are committed to providing all patients with an assurance of appropriately planned, optimal and safe quality care.
2. We expect all staff to treat each other with respect and consideration at all times.
3. We expect that none of our staff will experience bullying, harassment and discrimination.
4. We aim for all staff to perform to the best of their abilities while caring for patients.
5. We ask all staff to work in accordance with the 3DHB code of conduct.

EXPECTATIONS

ELECTIVE LIST PREPARATION

Theatre lists will be finalised and submitted by 1200 the working day prior. Surgeons are responsible for ensuring lists are booked appropriately and in a timely manner.

LIST UTILISATION

A service is expected to utilise at least 85% of their assigned theatres lists. If a service cannot utilise a list the theatre session should be offered to other services with at least two weeks notice.

LONG DAYS

When it is known/ expected that cases will exceed the allotted list time, notification will be given to the Anaesthetic and Theatre services one week prior to the day of surgery. Criteria for a 'long day' include: two complex cases, or one long case finishing at 1700 hours.

LEAVE MANAGEMENT

Six weeks notice is required for all SMO leave.

STANDARD SESSION TIMES

The agreed start (first patient in theatre) and finish (last patient wheeled out of theatre) times are:

	Wellington Theatres	Kenepuru Theatres / Ortho Trauma / Paediatrics
Team briefings	0800	0815
Morning	0815-1200	0830-1215
Team briefings - half day list	15 minutes prior to commencing list	15 minutes prior to commencing list
Afternoon	1230-1615	1245-1630
Full day	0815-1615	0830-1630

	Definition	Wellington Theatres	Kenepuru Theatres / Ortho Trauma / Paediatrics
Late starts	The first patient in theatre >5 min after the session start time	Later than 08.20	Later than 08.35
Early finishes	Last patient leaves >30min prior to session end time	Earlier than 15.45	Earlier than 16.00
Late finishes	Last patient leaves >30min after planned session end time	Later than 16.45	Later than 17.00

Theatre utilisation will be reported and displayed in theatres and is available for viewing by all staff on the intranet. Regular monitoring and discussion of adherence occurs by the executive and clinical leaders to maximise theatre resources and patient care delivery.

GET SMART Strategically Managing All Resources in Theatre

Capital & Coast District Health Board
Toroko ki te ora hauora

E-LEARNING

Second Years:

Essentials

1. Privacy and Health Information
2. Hand Hygiene
3. Blood Glucose point of care testing
4. Fire and Emergency Management
5. Manual/safe Handling (Patient and Object)
6. Infection Prevention and Control : Standard and Transmission Based Precautions
7. ANTT – Aseptic Non Touch Technique

Nice to Know:

1. Disability Responsiveness
2. ISBAR
3. PADP
4. Tikanga Maori

Third Years:

In addition to year 2

Essentials

1. IV Therapies E-Learning for Students
2. Early Warning Score

Nice to Know

1. Direction and delegation assessment for nurses and midwives
2. Observation and engagement
3. PADP
4. Falls Prevention