

Being Smart About Operating Room Safety



Only two things are infinite, the universe and human stupidity, and I'm not sure about the former. —Albert Einstein

Appropriate Training and Written Policies: Sharps Injury Log

1
STEP

Operating room personnel should receive annual training for bloodborne pathogens and other safety issues. Policies and procedures should be documented for sharps injury reporting. OSHA requires an appropriate sharps safety program that includes the evaluation and selection of safer sharps and needles. Non-management staff is required to be involved in this selection process. Operating rooms must document the evaluation of commercially available safety products such as safe suturing devices, safety needles, safety scalpels, sharps and passing containers. Hepatitis B vaccination series are offered at no cost to all employees who may be exposed to blood or other potentially infectious materials. OR staff must maintain a sharps injury log that includes the type and brand of device involved in an exposure, the work area where the exposure occurred, and an explanation of how it happened.

Gowns, Gloves, Eye Protection, Personal Habits

2
STEP

OR staff should wear appropriate protective clothing and equipment, which can protect from unwanted fluid splash or sharps injuries. Personal protective equipment (PPE) includes gloves, facemasks, soak proof gowns, impervious boots or shoe covers, face shields and other eye-protection devices. Surgical staff should utilize the appropriate gloves and double gloving procedures as required. Always remove PPE before leaving the OR.

Safety Scalpels

3
STEP

Safety scalpels are available with movable shields or retracting blades that offer surgeons and OR staff protection without compromising surgical procedures.

Blunt Suture Needles and Suturing Devices With Needlestick Protection

4
STEP

There are approximately 120,000 suture needlesticks in the OR each year. The use of blunt needles when appropriate and suturing devices with needlestick protection offer the highest protection against suture needlesticks.

Be Sharps Conscious

5
STEP

Avoid placing hands unnecessarily by sharps. Surgical personnel should avoid unnecessary handling of sharps. Never hold any sharp simultaneously with another instrument. Sharps should be contained in designated zones at all times. Never cross the room with a sharps instrument in hand.

1. Gimbel™ Bio-Protective Gloves, Gimbel Glove Company
2. Face Mask With Splash ShieldZ™—DeRoyal; SplashGard—SafeGard Medical
3. Bard-Parker SafetyLock™—Disposable Scalpel, Becton Dickinson; DeRoyal Safety Scalpel, DeRoyal; OMI Safe Scalpel, OMI Limited; Futura™ Safety Scalpel, Futura Medical Corp.; Personna Safety Scalpel, Personna Medical
4. ScrubSafe™—DeRoyal
5. Tyco/Healthcare Kendall LTP; Purple Surgical International LTD.; Xodus Medical
6. Kendall Healthcare Products Co.; Bio-Plexus, Inc; SIMS/Portex; Greiner Bio-One; Becton Dickinson; Medidose Inc; EPS Inc.; SafeGard Medical; Futura Medical Corp.
7. Splashstop™—Deroyal; BackStop™ disposal basin—Merit Medical Systems, Inc.
8. <http://www.isips.org>
9. <http://www.isips.org/register.php>

6
STEP

Sharps Safe Zone: No Hands Allowed

Establish a Sharps Safe or neutral zone—a no hands area. Some operating rooms are using trays or basins where the instrument is placed before being picked up by the second person. Sometimes they use a designated area on a cart or table. Verbally announce the transfer of sharps into the neutral zone. Keep eyes on sharps until they are placed in designated zones. Use safety transfer trays and magnetic drapes to transfer sharps between nurse and surgeon during surgical procedures. Recent studies indicate that more than 60 percent of scalpel blade injuries were inflicted by the user on assistants, typically during equipment transfer. Always load blades with an instrument—never with your hand.

7
STEP

Develop No-Touch Techniques

The thumb and index finger of the non-dominant hand are commonly injured with scalpels and suture needles, typically because they are used to reposition or hold tissue. Develop appropriate alternatives to using your hands. These alternatives include the use of retractors instead of hands, rounded scissors instead of pointed tips, staples for skin closure, use of cyanoacrylates to bind skin, and using electrocautery instead of standard scissors.

8
STEP

Dispose of All Sharps Properly

The use of sharps containers should be the final step in disposing of potentially dangerous biohazardous, sharp devices. Dispose of sharps immediately after use. Puncture-resistant containers must be available nearby to hold contaminated sharps. Never reach into contaminated sharps containers.

9
STEP

Minimize Blood Exposure

Several commercially available basins are designed to limit inadvertent spills or splashing of contaminated fluids.

10
STEP

Continue to Learn About New Safety Products

Keep learning about new safety products that are introduced to the marketplace, by visiting exhibitors at national shows, inviting sales representatives to introduce new products, having a safety fair at your hospital, reading journal ads and reviewing informative websites such as ISIPS. Sign up for free newsletters that provide information about sharps injury prevention products.



Managing
INFECTION CONTROL