Name of Policy: **Safety Policy Number:** 3364-124-07 THE UNIVERSITY OF TOLEDO Nursing Service/Operating Room **Department:** MEDICAL CENTER **Approving Officer:** Chief Nursing Officer (CNO) Responsible Agent: Director of Surgical Services Effective Date: 12/1/2022 Scope: Operating Room/Perioperative Services Initial Effective Date: 4/1/1981 New policy proposal Minor/technical revision of existing policy Major revision of existing policy Reaffirmation of existing policy

## (A) Policy Statement

A safe environment shall be maintained and monitored in the Operating Room (OR) Suite.

## (B) Purpose of Policy

To provide guidelines for a safe work environment and prevent accidents to patients and personnel.

## (C) Procedure

- 1. All personnel will adhere to established institutional safety policies and procedures.
- 2. Side rails will be raised when patients are transported.
- 3. Patient safety straps will be applied prior to induction and emergence from anesthesia and shall remain in place during all operative procedures as positioning allows.
- 4. The Operation Supervisor or designee will be notified immediately of any equipment not functioning properly. Malfunctioning equipment, and all related accessories involved will be tagged and immediately taken out of service.
- 5. The Technology Support Department will check electrical equipment monthly on a rotating basis. Records will be maintained by same. The Biomedical Department will first inspect all new electrical equipment before it goes into use.
- 6. Only approved extension cords will be allowed in the OR. It will be the responsibility of the Maintenance Department to check these monthly and repair as necessary.
- 7. The use of explosive agents will not be permitted in the OR Suite. (i.e., Cyclo, Acetone, Ether).
- 8. Employees injuring themselves while at work will be sent to the Emergency Department.
- 9. The RN circulator will remain at the patient's side to assist the anesthesia team during the induction of anesthesia, until the endotracheal tube is in place and secure, or until the regional block is placed. The safety strap will be kept securely in place until the patient is ready to be positioned, and then resecured as positioning allows.
- 10. The circulating nurse will remain at the patient's side to assist the anesthesia team during the patient's emergence from anesthesia. The safety strap will be kept securely in place until the patient is ready to be transferred to the bed or stretcher.

- 11. If the RN circulator must leave the room during the patient's induction or emergence from anesthesia, she will verbally notify the anesthesia team of his/her intention and ensure that another team member is immediately available to help.
- 12. The anesthesia provider will not begin to induce or reverse anesthesia until the RN circulator is physically present to assist.
- 13. The operating table will be returned to a neutral/flat position at the end of the operative procedure prior to the patient's emergence from anesthesia unless otherwise contraindicated.
- 14. The surgeon, resident, RN First Assistant, certified surgical assistant, and/or medical student will remain in the room to assist with the patient at the end of the procedure and assist with the transfer of the patient to the PACU or ICU.

Approved by:		Review/Revision Date:
•		1982 6/1996
		1983 4/1997
<u>/s/</u>		1984 1/1999
Michelle Mallett, MSN, RN, CNOR	Date	1985 7/2002
Director Surgical Services		1986 7/2005
		1987 6/10/2008
_/s/		1988 9/2011
Kurt Kless, MSN, MBA, RN, NE-BC	Date	1989 10/10/14
Chief Nursing Officer		9/1990 4.1.2016
		3/1993 8/1/2019
Review: Policy & Standard Committee, 9/11, 2/16, 8/19,		12/1/2022
12/22		
Revision completed by: Ronni Zona, RN, BSN, CNOR		
Perioperative Nurse Educator		Next Review Date: 12/2025
olicies Superseded by This Policy: 4-07		·

It is the responsibility of the reader to verify with the responsible agent that this is the most current version of the policy.