

Safer Work Practices For Peri-Operative Setting

The operating room, post-anesthesia recovery room or outpatient surgery are high-risk areas for contaminated sharps injuries and Blood and Body Fluid (BBF) exposures. While under normal conditions, there is time to plan and prepare. Emergency situations do occur which focus on life saving interventions. During these times, staff safety and the risk of a BBF are significantly increased.

All staff should follow general or common BBF precautions and general sharps container practices.

Personal Protective Equipment (PPE) such as gloves, masks, gowns and face shields must be worn whenever there is a potential for a BBF exposure.

- PPE must be readily available to staff.
 - Staff are expected to use the appropriate PPE and should remind co-workers to wear PPE when appropriate.
- Handle all blood and body fluids as if they are infectious.
- Use the appropriate sharps containers for the device being disposed of.
- Assure appropriate sharps containers are available near each patient in the OR and recovery suites.

- Pick up all broken glass and contaminated needles with forceps, brush and dust pan, or another tool to avoid hand contact.
- Do not pass contaminated sharps from one person to another.
 - Single use sharps must be immediately disposed of (e.g. needle) at point of use.
 - Multi use items such as scalpel blades, forceps must be handled using established procedures and devices to prevent a sharps injury (see *Neutral or Safe Zone*).
- Butterfly needles are higher risk devices for needlesticks therefore:
 - limit the use of conventional devices;
 - always use a safety butterfly where appropriate, uncoil or stretch out tubing;
 - use care when putting the needle in the disposal container as it can flip out of the container.

Sharps Containers

- Only approved sharps / biohazard containers should be used.
- Sharps containers must be replaced when they are $\frac{3}{4}$ full or the fill line is reached.
- Ensure that the correct type of sharps container is being used. Some devices or needles have long guide wires or are longer than regular needles.

Neutral Or Safe Zone

One-fourth ($\frac{1}{4}$) of suture needles injuries and more than one-half ($\frac{1}{2}$) of the scalpel injuries occur when an instrument is passed from one person to another.

The neutral or safe zone is a designated area on the sterile field where a sharp can be placed and then picked up by the user.

The ideal device for a neutral zone should be large enough to hold sharps, not easily tipped over, and preferably mobile.

- Non-sharp instruments may still be passed hand to hand.
- Only one sharp should be in the neutral zone at a time.
- Kidney basins tend to be dangerous when used to pass instruments as fingers wind up inside the basin next to the sharp.
- The person passing the sharp can announce "sharp" when moving the instrument.
- There will be times when a surgeon cannot safely use the neutral zone because his/her eyes cannot be taken off the surgical site.

General Blood and Body Fluid Safe Work Practices

The purpose of safe work practices are to provide a safer work environment for health care workers who may be exposed to Blood and Body Fluids (BBF) by handling:

- Sharps
- Initiating intravenous or subcutaneous access
- Administering medication via IM, SC routes

Workers who may be exposed to other Blood and Body Fluids such as:

- Splashes
- Soiled laundry
- Bio-hazardous waste or
- Other body fluids.

By following appropriate procedures and practices you will have taken steps to improve the safety of co-workers, patients and your self.



Sharps In The O.R.

Some surgical procedures present less of a BBF Risk from a sharps perspective but may increase the BBF expose in another way. For example, Laparoscopic surgery is generally safer for staff as most of the sharps are used inside of the patient and fewer sharps are found on the sterile field. Sharps injuries can still occur. Blood aerosol exposures are increased in this type of surgery.

Following general BBF precautions and proper sharps handling and disposal techniques are imperative to ensure the risk of BBF exposure is minimized.

The safer sharps devices aimed towards use in the OR have been shown to reduce injuries to health care workers without compromising patient safety. Surgical Peer groups should discuss / investigate these options as a surgical techniques and practices tend to be physician driven.

A good resource to use is a book titled *Advanced Precautions for Today's O.R.* - by Mark Davis, M.D., provides a framework for developing a practice of intraoperative safety.

Sharps CARE

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