

# [Safety first: standard precautions in the operating department. assignment](https://assignbuster.com/safety-first-standard-precautions-in-the-operating-department-assignment/)

` Safety First: Standard Precautions in the Operating Department. Contents Introduction……………………………………………………………………………………2 What are Standard Precautions……………………………………………………………. 2 When are Standard Precautions used………………………………………………………………. 3 Who do Standard Precautions affect in the Operating Department……………………….. 4 What methods are used in Standard Precautions……………………………………….. 5 Author’s Experience…………………………………………………………………………. 8 Summary……………………………………………………………………………………… References……………….. …………………………………………………………………11 Safety First: Standard Precautions in the Operating Department. Introduction. In this assignment, the author will discuss the role of the Operating Department Practitioner (O. D. P) in relation to the use of Standard Precautions and how this is applied in practice. In discussing this topic the author will cover; \* What are Standard Precautions? \* When are Standard Precautions used? \* Who do Standard Precautions affect in the Operating Theatre? What are the methods used in Standard Precautions? The author will also look at the local and national policies surrounding Standard Precautions and how this is linked to other clinical issues, such as hand washing, sharps and the wider topic of Infection Control. What are standard precautions? Standard Precautions were introduced under the name ‘ universal precautions’ in the U. S. A in the 1980’s as a guide to protect health workers from Human Immunodeficiency Virus (HIV) and Hepatitis viruses.

It is the concept that all bodily fluids are assumed to be infectious and the necessary, protective precautions are taken (McCulloch et al 2000). There are several reasons why this was an important step towards what is now considered effective infection control in a clinical setting; firstly, it minimises the risk of infection to either the health care worker or patient. Secondly, it meant that patients are not discriminated against and are all treated equally because unfair assumptions are not made of them. REF] More specifically, standard precautions encompass a broad range of practices and techniques that are used in order to minimise the spread of infection. In the Operating Theatre, standard precautions are vitally important due to the fact that the practitioner will almost certainly be exposed to bodily fluids, therefore items such as the surgical glove are extremely important; in this area the surgical glove is the most preventative barrier to contamination (Bernthal 2000. ) this is linked to the role of the O. D. P in the surgical role as they will be wearing surgical gloves on a regular basis.

Standard precautions are closely linked with the broader topic of infection control and include practices such as hand washing to achieve optimum hand hygiene to minimise the transfer of bacteria and infection, the use of gloves, gowns, face masks, goggles, aprons and other protective clothing known as Personal Protective Equipment (PPE), safe handling of sharps, good waste management and good training and education for everyone involved in patient care, be it directly or indirectly to achieve minimal risk to practitioner or patient. (Harrup 2010).

When are Standard Precautions used? Standard Precautions are applicable to all roles that the O. D. P undertakes and therefore apply to all areas of the Operating Theatre although the techniques and requirements may vary from area to area, for example; surgical hand washing in practice will rarely be used in a recovery role but O. D. Ps working in that role still have a responsibility to adhere to the local policy. In contrast, there are many techniques and procedures that must be adhered to that are applicable to every part of the role of an O.

D. P. for example; Nottingham University Hospitals Trust Hand Hygiene Policy (2009) states that: “ Hands that are visibly soiled or contaminated with dirt or organic material must be washed with liquid soap and water. ” This is an example of a branch of standard precautions that is applicable across the generic role of the O. D. P. Who do standard precautions affect in the Operating Department? In short, standard precautions affect everyone working in a clinical environment and therefore all roles undertaken by the O.

D. P who have a legal and ethical responsibility to ensure that they take all reasonable steps to maintain the safety of both service users and other workers as well as an obligation to promote and comply with infection control measures (Health Professions Council 2008). This explains that ODPs’ should have a working knowledge of the topic and practice within the guidelines set out in national and local policies, as well as maintaining and updating skills in order to carry out best practice.

Employers have particular responsibility to ensure that training is given and that resources are available to work within the guidelines set out in the Health and Safety at Work Act (1974). All employers and employees have a responsibility not to place anyone on the premises in any avoidable risk (Expert Advisory Group on AIDS and The Advisory Group on Hepatitis 1998). This is important because it is a shared responsibility of everyone working in the Theatre environment to ensure that best practice is undertaken to safeguard themselves and patients. What are the methods used in standard precautions?

There are many areas that are covered as part of standard precautions all of which aim to minimise the risk of contamination and infection to both patient and worker. There are several areas that underpin the ideas of standard precautions which include effective hand hygiene, the use of PPE, safe handling of sharps, decontamination of equipment, good communication between staff and patients, maintaining cleanliness in the environment and good training and education. \* Hand washing is the most important method of preventing the spread of infection by contact (Ayliffe et al 1999).

The Nottingham University Trust Policy on Hand Hygiene (2009) states that there are three types of hand hygiene, the first is ‘ routine hand hygiene’ which involves the use of soap and water for 15 – 20 seconds or the application of alcohol hand rub until the hand are dry. The second is ‘ hand disinfection’ which should be used prior to an aseptic procedure by washing with soap and water and applying alcohol hand rub afterwards. The third is ‘ surgical hand washing’ which is the application of a microbial agent to the hands and wrists for two minutes. In addition to which a sterile, disposable brush may e used for the first surgical hand wash of the day although continued use will encourage colonisation of microbes. The third example is the most appropriate to any O. D. P undertaking the surgical role as it is the best way for the surgical team to eliminate transient flora and reduce resident skin flora (World Health Organization 2010). The first and second are important to any O. D. P undertaking any other role within the Operating Department as this is the best way to reduce the transient microbial flora without necessarily affecting the resident skin flora (World Health Organization 2010). The use of PPE within the work of the O. D. P can vary from role to role and each case should be assessed on the risk of transmission of micro-organisms to the patient, and the risk of contamination to a member of staff by a patient’s body fluids. (Nottingham University Hospitals Trust 2009). PPE includes the use of; gloves when in contact with a patient and undertaking caring for that patient, they should be changed between caring for different patients and should be used in conjunction with effective hand hygiene. This is important in all areas of the O.

D. P’s work as they are regularly in contact with patients. The World Health Organisation (2009) suggests that the increase in glove use over previous years is a result of an effort to prevent transmission of HIV and blood borne pathogens from patients to Health Care Workers. Aprons and Gowns must be used as part of PPE; aprons should be used if there is a risk of splashing or exposure to blood, bodily fluids or excretions and full body, fluid repellent gowns should be worn if there is an excessive risk of splashing of blood, bodily fluids or excretions.

This is particularly used in the role of the O. D. P when in the ‘ scrubbed’ role as the risk of splashing is excessive. These should be used alongside masks and goggles or visors which should be used as a barrier between the patient and O. D. P and vice versa to prevent the splashing of fluids into the eyes or mouth. [REF] \* Safe handling of sharps is another branch of Standard Precautions that is applicable to the O. D. P in all roles. Nottingham University Hospitals Trust (2009) defines Sharps as an item that has the potential to cause an inoculation injury.

The main hazard through sharps injuries are usually Blood Borne Viruses such as Hepatitis B, C and HIV but could be involved in the transmission of more than twenty other pathogens (Association of Perioperative Registered Nurses, Guidance Statement: Sharps Injury Prevention in the Perioperative Setting). Ayliffe (1999) suggests that most injuries sustained by laundry workers are from ‘ sharps’ injuries and that porters removing waste are particularly at risk from injury. This means that Sharps disposal and management is linked closely with waste management procedures in order to protect other staff from harm.

Sharps usage should be avoided wherever possible and it is the responsibility of the person using the sharps to safely dispose of them, needles should not be resheathed and appropriate equipment must be used when dealing with sharps, for example in the Operating Theatres Department there will be sharps bins throughout the department in order to dispose of them in the correct manner therefore an O. D. P will encounter these procedures in every role that they undertake. \* Waste Management will be undertaken as part of the role of the O. D.

P in every area in which they work and is very much local policy based. Simply put, it is the management of waste in a clinical area in order to minimise the risk of infections to members of staff and particularly third party workers such as ancillary staff (Expert Advisory Group on AIDS and The Advisory Group on Hepatitis 1998). For this reason, waste in the Operating Department should be adequately labelled so that it can be traced. The O. D. P will encounter this in all areas of work and has a responsibility to adhere to local and national policies in order to safeguard others.

This is closely linked to the topic of decontamination of equipment and environment which the O. D. P will also be involved with at every level of the role. Its aim is to remove and not redistribute soil, body fluids or micro – organisms from the equipment or environment. (Ayliffe 1999). An example of where an O. D. P will be engaged in decontamination of equipment is that after a case in the Operating Theatre any equipment that is reusable should be sent to Sterile Services to be washed and sterilised or the washing of a Theatre table with detergent and hot water which should then be dried. Nottingham University Hospital Trust 2009). Training , education and communication between staff and patients is also another vital component of Standard Precautions in the Operating Theatre and is the responsibility of every O. D. P. the Health Professions Council (2008) state that O. D. Ps must understand the importance of keeping their skills and knowledge up to date. This shows that an O. D. P must be able to work within current guidelines and practices in order to safeguard the patient. The Nottingham University Hospitals Trust’s Infection Prevention and Control

Policy (2009) states that this should be implemented this through a mandatory training session for all staff on Infection Prevention and Control and a yearly training update for all staff. Author’s Experience. Whilst undertaking a clinical placement in the Operating Department, the author has had opportunity to observe and use Standard Precautions in many situations, although one particular aspect of Standard Precautions is widely used across the role of the O. D. P which is the use of gloves.

The author has experienced the use of gloves in all areas of the Operating Department and has had the chance to gain firsthand experience of why they are important and the role that the serve in providing a barrier between the O. D. P and patient. In one instance; the author had cause to come into contact with blood from the cannulation site of a patient and the wearing of gloves and subsequent handwashing provided adequate barriers for any potential route of infection. The author has learnt from this that standard precautions are used across the role of the O. D. P and if used effectively can decrease risk to the O.

D. P and patient and will now use this in their own practice in order to protect both themselves and the patient. Summary. In this assignment the author has explored the topic of Standard Precautions in the Operating Theatre and in particular the ways in which it affects the O. D. P’s practice in all roles that they undertake. The author has concluded that Standard Precautions encompass a wide range of practices and procedures in order to minimise the risk of infection to patients and staff as well as discussing the methods used in Standard precautions and why they are important.

The author has found that the rationale behind Standard Precautions is chiefly one of protecting the patient and staff from infection from Blood Borne Viruses. The author has also found that there are many methods used in Standard Precautions and that they are all aimed at the issue of protection, these methods include; the use of PPE, effective handwashing, safe handling and disposal of sharps, good waste management as well as decontamination of equipment and good communication and training for staff and patients.

Also discussed are the local and National policies that effect the implementation of Standard Precautions in the Operating Theatre and how they are linked to the topic of infection control as a whole. The author has discussed the role of the O. D. P in relation to Standard Precautions and how it effects practice as well as its relation to all areas of the Operating Department and the differences that an O. D. P will need to understand between roles in order safeguard patients, staff and themselves.

The author has also reflected on their experiences whilst in an Operating Department and how Standard Precautions are implemented and how they work in practice. References. Association of Perioperative Registered Nurses (2005). AORN Guidance Statement: Sharps Injury Prevention in the Perioperative Setting. http://www. aorn. org/docs\_assets/55B250E0-9779-5C0D-1DDC8177C9B4C8EB/A33331A5-17A4-49A8-866909AF7F01B91D/AGS\_Sharps\_Injury\_Prevention\_in\_the\_Perioperative\_Setting. pdf (14/05/10) Ayliffe, G. A. J, Rabb, J. R, Taylor. L.

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