Recommended Practices for a Safe Environment of Care

The following recommended practices for maintaining a safe environment of care were developed by the AORN Recommended Practices Committee and have been approved by the AORN Board of Directors. They were presented as proposed recommendations for comments by members and others. They are effective December 1, 2009.

These recommended practices are intended as achievable recommendations representing what is believed to be an optimal level of practice. Policies and procedures will reflect variations in practice settings and/or clinical situations that determine the degree to which the recommended practices can be implemented.

AORN recognizes the various settings in which perioperative nurses practice. These recommended practices are intended as guidelines adaptable to various practice settings. These practice settings include traditional operating rooms, ambulatory surgery centers, physician's offices, cardiac catheterization laboratories, endoscopy suites, radiology departments, and all other areas where surgery may be performed.

References to nursing interventions (I) used in the Perioperative Nursing Data Set, second edition, (PNDS) are noted in parentheses when a recommended practice corresponds to a PNDS intervention.[1] The reader is referred to the PNDS for further explanation of nursing diagnoses, interventions, and outcomes.[1]

Purpose

These recommended practices provide guidance for providing a safe environment of care and assist perioperative registered nurses in the identification of potential hazards in the practice setting. They include information on

- ♦ security;
- ♦ privacy rules;
- ♦ workplace ergonomics;
- ♦ electrical safety,
- ♦ heating, ventilation, air conditioning (HVAC);
- ♦ medical equipment;
- ♦ clinical alarms;
- ♦ blanket- and solution- warming cabinets;
- ♦ fire safety;
- ♦ medical gases,
- ♦ anesthesia gas systems;
- ♦ surgical smoke plume;
- ♦ chemicals;
- ♦ methyl methacrylate bone cement;
- ♦ chemotherapeutic agents;
- ♦ tubing connections; and
- ♦ hazardous upon disposal waste.

They are not intended to cover aspects of perioperative patient care addressed in other recommended practices.

Recommendation I

Potential security risks associated with the perioperative environment should be identified and safe practices should be established.

A security program helps to promote the
- ♦ safety of patients,
- ♦ safety of staff members,
- ♦ safety of visitors,
- ♦ prevention of drug diversion,
- ♦ theft, and
- ♦ protection of patient information.

I.a. A risk assessment should be conducted by an interdisciplinary committee at least annually, to identify potential security issues. The interdisciplinary committee members provide various areas of expertise and the resources necessary to evaluate the entire scope of security issues.

I.a.1. Occurrence reports regarding security-related incidents should be reviewed along with electronic surveillance records and logs to determine the numbers, seriousness, and types of issues.

I.a.2. Potential resolutions should be determined, based upon this risk assessment.[2,3]

I.b An identification process should be in place to identify all persons entering the perioperative suite or the ambulatory surgery center. Access to the perioperative environment should be limited to those who have authorized access verified by proper identification.[2,4]

I.b.1. Photo identification badges should be
- worn by all authorized personnel,
- worn on the upper body, and
- be visible.[5]

I.b.2. Anyone without an authorized badge should be stopped and questioned to assure the appropriateness of their presence in the facility.[5]