

Policy and Procedure Templates for Use with Recommended Practices

The following template and samples are provided to assist the health care organization in creating policies and procedures for the perioperative practice setting that incorporate AORN recommended practices. The template includes a suggested policy format and an explanation of the intended content of each section. Also included are two policy and procedure samples: "Verification of correct site, correct procedure, and correct patient," and "Fire safety."

These documents are copyrighted by AORN, but they may be used as-is or customized to the practice

setting. They are excerpted from an AORN companion product, *Policy and Procedure Templates*, 3rd edition, which is a CD that contains a collection of sample policies and procedures based on AORN recommended practices that were published in the past few years. The third edition of the CD was published in 2013 and features 15 policy and procedure documents, formatted in Word®, that are fully customizable by the user to suit any perioperative work setting.

Editor's note: *Word* is a registered trademark of Microsoft Corp, Redmond, WA.

Policy and Procedure Templates, 3rd Edition

This CD includes documents based on the AORN Recommended Practices related to:

- Airborne Precautions
- Contact Precautions
- Droplet Precautions
- Electrical Equipment
- Isolation Technique
- Latex Safety
- Medication Administration
- Medication Documentation
- Medication Transfer to the Sterile Field
- Standard Precautions
- Sterile Field, Preparing, Maintaining, and Monitoring
- Sterile Gowns and Gloves, Donning
- Sterile Items, Opening, Dispensing, and Transferring
- Sterilization
- Warming Cabinets, Blanket and Solution



This CD-ROM is available for purchase from the AORN Bookstore at <http://www.aornbookstore.org>.

Policies and Procedures

[INSERT POLICY AND PROCEDURE TITLE]

[Insert facility name or a header]

ADMINISTRATIVE APPROVAL

Insert the publication history of the document and the signature(s) of the team members in a leadership role who are responsible for the approval (eg, educator, manager, director, vice president of nursing; also may include the responsible physician) in accordance with health care organizational policy.

Date Created: _____

Last Date Revised: _____

Last Date Reviewed: _____

Date of Next Review: _____

Approval signature(s) with title and date of signature:

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

Signature _____ Title _____ Date _____

Purpose

Insert a brief purpose statement.

The purpose statement is the intention of the policy. It is a concise summary with brief highlights. The purpose statement may be based on the purpose statement of the recommended practice or on outcome statements of the *Perioperative Nursing Data Set* that are related to the policy and procedure.

Policy

Insert a policy statement followed by recommendations or interventions. For example:

It is the policy of ***[insert name of facility]*** that:

The policy is a statement describing activities that must be completed, including requirements from regulatory and accrediting agencies. Recommendations or intervention statements from the recommended practices may be used as policy statements. The recommendations are signified by a Roman numeral (eg, I, II, III) in **bold** font, whereas the intervention statements are signified by a Roman numeral followed by a letter (eg, I.a., I.b., I.c.). The “should” statements in the recommended practice may be changed to “will”; regulatory requirements may be changed to “must” statements. Several recommendations may be grouped into one policy statement.