



Loma Linda University Medical Center

VENDOR REPRESENTATIVES

IN THE

OPERATING ROOM

Orientation Packet

July 27, 2004

Table of Contents

	<u>Page</u>
Objectives	4
Instructions	4
I. Physical Environment	5
A. Restricted Zones	5
B. Personnel in the Room	5
II. Aseptic Technique	5
A. Sterile versus Non-Sterile Personnel	6
B. The Sterile Field	6
C. Talking in the Surgical Suite	6
D. Traffic Patterns	7
E. Ventilation, Temperature and Humidity	7
III. Surgical Attire	7
A. Scrub Suit	7
B. Hair Coverings	8
C. Shoe Covers	8
D. Masks	8
E. Jewelry	8
F. Vendor Identification and Dress	8
IV. Potential Hazards in the Operating Room	9
A. Fire	9
B. R.A.C.E.	9
C. Laser Safety	10
D. Electrical Safety	10
E. Electrical Outages	11
F. Miscellaneous Safety	11
V. Radiation Safety	11
VI. Handwashing	12
A. Handwashing Technique	12
B. Fingernails	13
VIII. Infection Prevention	13
A. Standard Precautions	13
B. Tuberculosis	14
C. Human Immunodeficiency Virus (HIV)/Hepatitis B & C	14
D. Methods of Transmission in the Operating Room	14
E. Protocol Following Exposure to BBP	14
F. MRSA/VRE	14
G. Specific Questions & Answers	14
VIII. Confidentiality	15

IX.	Visitor Etiquette		15
	A.	Parking	15
	B.	Checking In	15
	C.	Sales Activities	16
	D.	Access to Phones	16
	E.	What to Do	16
X.	Sterile Processing Department		17
	A.	Bringing in Loaner Instrumentation/Items	17
	B.	Repairs/Loaned Out Items	18
XI.	Purchasing Guidelines		18
	A.	Ordering of Items	18
	B.	Contracts	18
	C.	Unexpected Outcomes	18
	D.	HCPCS for Products	18
	E.	Approval for Evaluation/Using New Products	18
	F.	Vendor Representative Noncompliance	19
XII.	Inservice Requirements		19
Attachment:	Vendor Agreement		21

Objectives

Following completion of the self-directed learning module, the Vendor will be able to:

1. Identify various areas within the surgical suite, (e.g., restricted, semirestricted and unrestricted).
2. Describe proper surgical attire.
3. Describe proper handwashing technique and its importance.
4. Compare and contrast the communicability of HIV and HBV.
5. Describe steps to follow during a fire in the Operating Room.
6. Describe basic procedure during electrical outage.
7. Describe the proper behaviors for maintaining patient confidentiality.
8. Explain how to check into the Operating Room.
9. Describe how loaner items should be checked into the Operating Room.
10. Clarify how new items are to be brought into the Operating Room.

Instructions

This self-directed learning module is designed for easy progression through the sections without assistance from perioperative personnel.

Please complete the *Vendor Agreement* form at the end and deliver it, along with results of your most recent TB test to the Perioperative Services Purchasing Buyer.

For access to any of the OR's affiliated with Loma Linda, the requirements stated above must be completed prior to your next visit or before a procedure involvement.

I. PHYSICAL ENVIRONMENT

A. Zones: Operating suites are designed with successively more restricted zones. The closer you get to the actual operating room (OR), the more restricted the zone.

1. In unrestricted zones, authorized personnel may work and wear street clothing. Shipping cardboard may be found in this area. This area includes outer hallways, dressing rooms, and bulk storage rooms.
2. In semirestricted zones, OR personnel wear scrubs, hair covers, and have the option of wearing shoe covers. No shipping cardboard may enter this area. Only freshly laundered scrubs and covered scrubs are allowed in this area. This area includes the hallways around the OR's, decontamination areas, and the scrub sinks.
3. In restricted zones, personnel wear close-fitting masks at all times in addition to the other surgical attire. This area includes OR's and substerile rooms between OR's.

B. Personnel In The Room

1. At the patient's head: the anesthesiology resident & anesthesiology attending have the responsibility for maintaining the patient's airway, for monitoring and managing the patient's vital signs, for maintaining the patient's analgesia, and for administering fluids.
2. The circulating nurse is in charge of the room: She/he has the responsibility to assess the patient's needs, to function as the patient's advocate and to anticipate the needs of the surgical and anesthesia teams. The circulator also communicates with other departments to ensure that all necessary supplies and equipment are at hand.
3. Within the sterile field there may be a number of persons; the surgeon, assisting surgeon, other assistants, and scrub personnel. Assisting surgeons are frequently resident physicians or physicians in fellowships. Medical students may also be in the sterile field, as may nursing students, surgical technology students, and other trainees.
4. Outside of the sterile field: X-ray technicians, perfusionists, respiratory therapists, representatives from OR, and observers

II. ASEPTIC TECHNIQUE: Aseptic technique (procedures used to maintain sterility or prevent contamination) is essential in all OR's. If breached, the consequences can be far-reaching and potentially devastating to the patient. The patient is particularly at risk for invasion of exogenous bacterial infections because the most significant protective barrier (the skin) is interrupted during surgery.

When there is a breach in aseptic technique or when it is noticed that instruments are contaminated, it must be reported so corrective action can take place immediately, regardless of personal consequences or embarrassment. A delay in reporting such incidents unnecessarily places the patient at great risk. Placing of the patient's well being above personal/professional embarrassment demonstrates good surgical conscience.

A. Sterile Versus Non-Sterile Personnel: Surgeons, assistants, and perioperative personnel who have performed a surgical handscrub and donned sterile gowns and gloves should be considered sterile. Care must be taken to avoid inadvertent contamination of these team members. The surgical gown is considered sterile in the front from axilla to waist level, from hands to just above elbows and from side to side. Although the back of the gown is considered unsterile, it is poor technique and inappropriate to touch a scrubbed team member on the shoulder or back. If you need to gain the attention of the surgeon or member of the sterile team, it is highly recommended that you enlist the assistance of the circulating nurse. Non-scrubbed personnel in the room include the anesthesiologist or nurse anesthetist and the circulating nurse. All are typically dressed in the standard surgical attire of scrub pants, top and warm up jacket.

B. Sterile Field: The sterile field consists of those areas in the operating suite that are covered with sterile drapes as well as personnel wearing sterile gowns. Sterile fields are set up and maintained under well-defined rules that everyone who enters the OR must understand and follow. Sterile fields may be blue, green, or white in appearance. Clear plastic bags may be used to drape equipment such as microscopes, saline slush/warming machines, and fluoroscopy units. It is best to be aware of your location (360° around you) and ask before you touch anything or back into something.

Generally speaking, the sterile field includes:

- ◆ the patient
- ◆ the back table
- ◆ the Mayo stand
- ◆ the microscope, C-Arm, slush machine, or other draped equipment
- ◆ radiological equipment
- ◆ the surgeon, assistant, & scrub person

The personnel in the room constantly monitor the sterile field. You should maintain an area around the sterile field of no less than one foot.

Don't reach over, touch, or pass closely by any sterile field at any time. All items within the sterile field should be sterile. All items placed upon or within the sterile field should be sterile. When presenting items to the sterile field there are a variety of things to be checked, proper packaging, package integrity, and sterile indicators are a few. Although presentation of supplies to the sterile field is not a difficult skill to master, it is one that requires practice to become proficient. The sales representatives will not engage in this activity.

C. Talking in the Surgical Suite: Keep conversation to a minimum. Nosocomial infections of nasopharynx origin are common surgical site infections. Talking in the surgical suite should be kept to conversations that are pertinent and essential. The patient should always be the focus of your attention. During induction of and emergence from anesthesia, it is always courteous to the anesthesia provider and the patient to refrain from talking. There have been studies that indicate patients may experience some awareness while under anesthesia. This is one reason why conversations within the surgical suite should be pertinent, essential, and *a/ways* professional. Another reason talking should be kept to a minimum is the surgical mask itself. Once saturated

with moisture, the mask lacks effective filtration properties. Human breath is laden with moisture that is expelled while breathing, talking, sneezing, and coughing. The mask is a protective barrier that benefits both the wearer and the patient, when worn properly. Masks are covered more in-depth in the Surgical Attire section of this module.

D. Traffic Patterns: Movement in and around the surgical suite should be limited to that which is absolutely necessary. Air turbulence is created with movement that in turn increases the likelihood of bacterial fallout from the skin and lint from draping materials to contaminate the sterile field and wound. Shaking of items should not be done in an OR environment.

When it is necessary to move around a functioning OR, you should face the sterile field at all times. One should never take a pathway between two sterile fields. It is the responsibility of the entire surgical team to monitor and protect the sterile field and the integrity of the room. Entry into and exit from a surgical room should be done only when absolutely necessary.

Vendors: Once inside the OR, the circulating nurse will show you where to stand. Please stay where directed in order to avoid contamination of the sterile field.

E. Ventilation, Temperature, and Humidity: OR's are held to extremely high standards when it comes to ventilation. A typical surgery suite employs a sophisticated ventilation system. The air is filtered prior to return into the room for ultra clean air. Surgical suites also are equipped with a positive air pressure environment. Thus, when a door that leads out of the surgical suite is opened to the main corridor or a substerile room, the air within the surgical suite is pushed out to prevent less clean air from entering the suite. Therefore, it is important that the doors remain closed except when patients or equipment are moving in or out. Typically you will find OR's anywhere from 65^o-75^oF and 45%-60% humidity. The level of comfort for the scrubbed personnel versus the safety of the patient is a challenge. An environment that is too cold would subject the patient to increased potential for hypothermia. An environment that has too much humidity (moisture in the air) can affect the sterility of packaged items. There are guidelines set dictating ranges for temperature, humidity, and air exchanges in surgical suites, it is important that they are followed.

III. SURGICAL ATTIRE: Surgical attire is multipurpose. Not only do OR personnel wear surgical suits, gowns, and masks, they also wear sterile gloves and eyewear to protect against transmission of blood borne pathogens and other hazardous materials.

A. Scrub Suit: The standard scrub suit consists of a two-piece pantsuit made of a closely woven fabric. Attempts should be made to ensure the scrub attire stay as clean as possible while donning the suit. Scrub pants with draw string ties should have the ties tucked in. Long sleeved jackets should be worn by nonscrubbed personnel and be snapped closed when in the OR. These practices will lessen the likelihood of contaminating the sterile field when moving near it. Long sleeved jackets are also useful for nonscrubbed personnel to keep warm.

B. Hair Coverings: Hair coverings come in a variety of styles. The most prudent one to wear is the bouffant type hair covering. Shedding hair and dandruff can be a major

source of bacteria in the environment, therefore, all hair should be covered. Hair coverings are required when entering a semi-restricted area of the OR. A hood may be necessary to confine and contain the hair. Persons with beards should cover facial hair.

C. Shoe Covers: Historically, the purpose of shoe covers was to keep the shoes of the surgical team clean and reduce the tracking of blood throughout the surgical suite. In today's environment of deadly blood borne pathogens, the shoe cover has taken on an additional significance, that of personal protective equipment (PPE). Shoe covers are optional in the surgical arena. This means the responsibility of self-protection has fallen on the individual team member. It is highly recommended that all components of protective attire be worn when the risk of exposure to blood and or body fluids is likely. Please remember to remove shoe covers before leaving the OR arena.

D. Masks: Masks are required in restricted areas of the OR when sterile supplies are open. To don a mask properly the fit should be snug. The top tie should be tied high up on the back of the head and the lower ties should be tied at the base of the neck. There should be a no gapping on the sides of the mask. Gapping allows respiratory contaminants to escape, unfiltered, into the clean surgical environment. Respiratory contaminants increase a patient's risk to post surgical wound infection. Masks are not to be left hanging around the neck, placed on top of the head or stored in a pocket for future use. Once worn, masks are contaminated with respiratory expiration and should be discarded. The life of a mask is limited to approximately 1½ to 2 hours. The mask should be changed after each case or when soiled. When removing a mask, handle it by the strings only. Immediately wash hands after handling a soiled mask to avoid cross contamination of patients, staff members and equipment.

E. Jewelry: It is preferable that all jewelry be removed prior to entering the OR. Rings, watches and bracelets can harbor harmful microorganisms. The only allowable jewelry is a watch and wedding band; any earrings should be small and completely covered at all times by the hair cover. There should be no dangling jewelry outside of the scrub suit. It is not recommended practice to attach jewelry to the exterior of the scrub suit. This creates the possibility of the item falling into the sterile field.

F. Vendor Identification & Dress: "Scrub Avail" surgical scrub dispensing machines are utilized at all three sites. You can receive one set of scrubs from the system with a temporary badge (obtained from Purchasing Buyer). These scrubs must be returned to the "Return Scrub Avail" machine, located in the locker rooms. Return the temporary badge to the deposit box in the locker room, or to the Purchasing Buyer Assistant. There is a \$10.00 fee for lost temporary badges.

Change into scrub clothing and fold your clothing or hang-up on hangers, if any are available. Put on a hair cover (and shoe covers if desired). Surgical masks are located in the scrub sink areas, next to the OR suite doors.

There will probably NOT be available locker space in the dressing rooms, so it is best to leave purses and backpacks at home, as well as any jewelry or expensive clothing. Theft of clothing and other articles has been known to occur. Scrub clothing has limited pocket space

Wear your OR and Vendor Pass on your scrubs. It is also recommended that you wear your nametag so your name can be read.

Scrubs are not to be worn outside the facility. Cover gowns are not required within the facility.

IV. POTENTIAL HAZARDS IN THE OPERATING ROOM

A. Fire: Equipment used on a routine basis during a surgical procedure can be a source of possible combustion, given the oxygen-enriched atmosphere. Although fire in the OR is a rare occurrence, it is always a possibility. The code that you will hear announced in situations of a fire is "Code Red."

B. R.A.C.E.: If a fire should start in the surgical suite, the first concern is always for the safety of human life, the patient's, visitors, and OR personnel. You may or may not be directly involved in the rescue of patients or personnel. However, preparation for emergency situations is necessary. The R.A.C.E. mnemonic may help prevent panic by aiding memory for effective steps to a fire emergency.

- R - Rescue those in immediate danger
- A - Activate the nearest fire alarm
- C - Confine and contain the fire, if possible, without endangering yourself or others
- E - Evacuate the room, area, floor or department

If deemed necessary, the patient should be removed from the room. Due to the production of toxic gases from burning materials in the OR, time is essential. If the patient is under anesthesia, the entire OR table should be moved to prevent injury to the patient and staff.

Know the locations of all fire alarms within the department and where the nearest alarm is to your location. Should a fire break out within your surgical suite, you can be of great assistance by simply initiating the fire alarm or dialing 911. Fire alarms go directly to the fire department, thus allowing them to know the exact location of the fire within the hospital.

It is preferable, but not always possible, to extinguish the fire in the room. You may be asked to participate in the following:

- ◆ Activate the fire alarm to notify the fire department or call 911. You may also be requested to notify the front desk.
- ◆ Obtain the fire extinguisher nearest to the room.

Always know where the closest fire extinguisher is to your location. Proper application of the device is imperative to the personal safety of the operator and other personnel within the vicinity. Another mnemonic to help with this is PASS.

- P - Pull the pin from the handle
- A - Aim the delivery device at the base of the flame
- S - Squeeze the handle of the fire extinguisher

S - Sweep. Deliver the contents of the extinguisher in a sweeping motion over the base (bottom) of the fire. Incorrect application may cause the fire to splash back and injure the operator of the fire extinguisher.

Once evacuated from the room, close the door. If the fire is too large to be extinguished with a fire extinguisher, smoke and fumes will likely seep out into the common OR corridor. This may require the evacuation of the department. Know the quickest way out of the department and out of the building. You should not bring in supplies and place them where they would block an exit.

C. Laser Safety: Lasers are used in a variety of surgical procedures. Generally, the atmosphere in a laser case is one of extreme caution. Many safety procedures are meticulously followed.

The facility will provide you with laser safety glasses or goggles to wear while attending a surgical case that involves laser. Regular prescription glasses do not have the necessary wavelength protection to adequately protect your eyes from damage and should not be relied upon for protection.

The possibility of stray laser beams damaging your skin does exist. Wearing a long sleeved warm-up jacket will help in this area. High filtration surgical masks, specific for laser use, are available. Stray laser beams can create a fire hazard. When not in use the laser is on stand by. You will hear the circulating nurse, scrub person and surgeon communicating the status of the laser frequently during the case. The surgical team is constantly monitoring the field and the room for possible hazards.

D. Electrical Safety: Just about every device used in the OR is electrical. With so much equipment in operation at one time, the source and type of system becomes important. The length of the electrical cords also is an important safety feature. Electrical cords should be contained and should not be attached to extensions if at all possible.

Within OR's are line isolation monitors (LIM). Their purpose is to continuously monitor the relation between the capacity and resistance in the two lines and the ground. Therefore, should degradation of electrical equipment used with an isolated electrical system occur and leakage of current goes to ground, the LIM warning system will alarm. This warning alerts OR personnel to a potentially dangerous situation. Generally, the initial course of action is to unplug the last piece of equipment plugged in. If this is unknown, equipment is unplugged in a systematic fashion until the offending article is located. If the offending article happens to be a piece of equipment you are demonstrating, try another plug. If it is the outlet, your equipment will work satisfactorily in another one. If your equipment is faulty, the LIM will alarm. The article is then removed from service until the biomedical engineers can examine it and make needed repairs. Faulty outlets require maintenance to make the necessary repairs. Until this has been accomplished the outlet will be tagged as "Out of Order" to prevent inadvertent usage while faulty.

Assure the integrity of your equipment prior to inservice and operation within the department. It is expected that equipment is delivered in proper condition to perform

properly and safely. Cords and plugs should be intact without evidence of fraying. Check the plug/outlet compatibility. If you need an adapter, the OR staff must be informed of this in advance of your arrival. All equipment must be checked by the Biomedical Department before being brought to the OR. Each time the equipment leaves the hospital property it is to be rechecked. Biomed hours are from 7:30 to 4:00 M-F. After hours Biomed clearance necessitates calling in a technician and it is preferred that items be inspected during normal working hours. Biomed will affix a sticker to the equipment to communicate that it has been checked and is acceptable to use.

E. Electrical Outages: Electrical outages in the hospital setting can be quite disruptive. The hospital has a back-up generator(s) for emergency electrical supply. When there is an interruption of the commercial electrical supply to the hospital, the generator automatically begins supplying electricity within 10 seconds. The generator will continue supplying energy until commercial power is restored. During the period before the generator kicks in, it is important to refrain from movement. Doing so could result in injury or contamination of the sterile field

F. Miscellaneous Safety: There are many structural and equipment hazards in an OR. IV poles, prep stands, air hoses (attached to wall, ceiling, or tank source), electrical cords, lifts/steps/stools/ stands, electrical and medical gas booms that hang from the ceiling, etc. can create hazardous surroundings for visitors of the OR. For this reason you must be aware of your surroundings at all times.

V. RADIATION SAFETY: Radiography is common in the OR setting. X-rays are utilized frequently to visualize structures within the body that cannot be seen without assistance. Cumulative effects of radiation exposure have been linked to a variety of health problems and birth defects, radiation has the ability to modify molecules at the cellular level. To lessen your likelihood of over or inadvertent exposure to radiation remember that time, distance, and shielding are all factors to be considered. All precautions from hazards of radiation exposure must be observed when x-rays are taken, fluoroscopy is used, or during implantation of radioactive material.

- ◆ **Time** - Length of exposure is always a determining factor for risk. Whenever possible, limit your time to radiation exposure. If this is not possible, attempt to employ the following two factors; both reduce exposure significantly.
- ◆ **Distance** - Radiation scatters when it hits the patient but only travels a short distance. There is a significant exponential decrease in radiation exposure with increased distance.
- ◆ **Shielding** - When you know you are going to participate in a surgical procedure that involves radiation exposure (x-rays or fluoroscopy), it is important to wear a lead apron or other supplied shields. When exposed to radiation, you should always face the source. This will provide the maximum amount of protection that the lead apron has to offer. Lead absorbs approximately 95%-99% of the scattered radiation and is an excellent source of protection. Lead doors are used in the OR. During cases that require x-rays, staff members may stand behind the lead door for protection from radiation. It is not recommended that

sterile personnel leave the surgical suite because of decreased air quality outside the room.

VI. HANDWASHING: Handwashing is the single most important thing you can do to ensure the best patient outcome and maintain your own health. The majority of hospital acquired (nosocomial) infections could be eliminated with effective hand washing techniques. All persons entering the surgical suite should wash their hands thoroughly.

Everyone carries with them resident microorganisms. These microorganisms have seated themselves not only on the surface of our skin, but also securely in the deep epidermal layers of our skin. Although they may not be harmful to us, they can be devastating to another person if transmitted.

Abrasions and cuts on the skin create an optimal environment for infection if not cared for properly. All cuts and abrasions should be covered with an occlusive dressing prior to entering the OR. Individuals with infected cuts, lesions, lacerations, etc. should not be permitted into the OR.

To minimize the potential for retention of harmful microorganisms on your skin, wash regularly. The Centers for Disease Control (CDC) has issued guidelines for hand washing. Although basically common sense, they are good rules of thumb to follow.

Wash your hands:

- ◆ prior to and after using the restroom
- ◆ prior to and after eating
- ◆ prior to and after smoking or blowing your nose
- ◆ prior to entering the OR and after leaving the OR
- ◆ following removal of gloves: the integrity of nonsterile exam gloves and sterile surgical gloves are not, nor do they claim to be, 100% free of breaks or holes.

A. Handwashing Technique: To properly wash your hands, complete the following steps:

1. Wet hands and as much exposed arm as possible.
2. Liberally apply lotion soap to your hands and exposed areas of arms.
3. Lather ALL surfaces for approximately 15-30 seconds. The areas under the fingernails and the cuticle areas frequently culture high for microbes. It is important to note that heavy scrubbing of the skin is of no additional value. The converse is true. Heavy scrubbing will break down the surface of the skin and can cause dermatitis.
4. Rinse all soap from hands and arms.
5. Pat dry with paper towel (do not rub)

B. Fingernails: Fingernails should be well manicured and free of jagged edges, this aids in the removal of harmful bacteria from the hands when washed. Artificial nails may harbor fungi and other microorganisms that can be harmful and are not recommended. Nail polish should be free of chips or cracks.

VII. INFECTION PREVENTION

A. Standard Precautions: Standard Precautions currently recommended by OSHA and the CDC are guidelines for safe practice in the workplace. It is critical that needle sticks, cuts and blood exposures be prevented. One should assume that all blood and body fluids are infected and direct contact should be avoided if at all possible. If inadvertent exposure occurs, thorough cleansing of the area should occur as soon as possible. Potential for exposure is a reasonably anticipated skin, eye, mucous membrane or parenteral contact with blood, blood tinged body fluids or other potentially infectious materials. They include semen, vaginal secretions, pleural fluid, amniotic fluid, saliva, feces, and urine. Standard Precautions can be divided into three major categories:

- ◆ Barrier precautions, PPE (personal protective equipment)
- ◆ Handwashing
- ◆ Sharps precautions

Gloves are to be worn when there is a potential for direct contact with blood and or body fluids, non-intact skin, invasive procedures, when the skin on the practitioner's hands is interrupted, if working directly with contaminated instruments or situations involving phlebotomy. When gloves are removed, hand washing should occur.

Masks/protective eyewear is to be worn to prevent contact of potentially infectious blood and/or body fluids with mucous membranes of the oral cavity, respiratory tract and/or eyes. Masks should be worn whenever aerosolization or exposure to blood or body fluid is likely.

Impervious Gowns are worn to prevent contact of blood or other body fluids with clothing or skin. These items are to be removed prior to leaving the surgical suite.

Shoe covers are recommended and should be worn when involved in procedures that are likely to produce gross contamination, (e.g., orthopedic procedures)

B. Tuberculosis: Because of the need for fit testing of the N95 mask prior to entering the room of a patient with active TB, vendors will not be allowed to enter any OR suite where a patient with the diagnosis of active or potential TB is located. Prior to allowing access to the OR, Loma Linda must have annual validation of negative TB status. This documentation is to be shown to the Purchasing Buyer.

C. Human Immunodeficiency Virus (HIV)/Hepatitis B & C: Within the OR these threats are significant due to the fact there is blood and/or body fluid exposure on almost every case. How we deal with this exposure is of utmost importance.

D. Methods of Transmission in the Operating Room: HIV is found in blood, semen, and vaginal secretions of carriers. These substances can be found in the typical OR during various procedures. There have been documented transmissions after skin or mucous membranes were exposed. Precautions have also been applied to feces, saliva, nasal secretions, sputum, or vomitus. The rationale is that there is a

possibility that these substances may contain blood, yet may not be visible to the naked eye.

Orthopedic surgical procedures expose personnel to high-speed drills and sharp instrumentation with potential for aerosolization/exposure of bloody fluid.

E. Protocol Following Bloodborne Pathogen (BBP) Exposure: If you sustain a puncture type injury or a BBP exposure while in the OR:

1. Wash the exposed area thoroughly.
2. Notify the charge nurse.
3. File an injury report.
4. Follow the facility's formal procedure/protocol.

The CDC estimates that HIV is 100x less virulent than the Hepatitis B virus (HBV). Your chance of contracting hepatitis is far greater than HIV. Standard precautions should be followed at all times to protect yourself.

F. MRSA/VRE: These are two of the most prevalent drug resistant bacteria found. What makes these organisms a challenge in the hospital is many of our patients are compromised, and in surgery we offer the bacteria a portal of entry that they would not otherwise have. These bacteria are resistant to most of the antibiotics on the market, so they are very difficult to kill. We maintain these patients on Contact Isolation. This entails wearing gloves and a gown when entering the room. These items must be removed when leaving the room, and, of course, thorough handwashing is essential. These practices will help in the "contain and confine" theory, and lessen the chance of spreading the organisms to another patient.

G. Specific Questions and Answers

Suggestions to make your work environment safer include:
Do not handle contaminated items.

Hepatitis B is preventable with the HBV vaccine. Check with your family physician and check with your employer. There is always the possibility your employer will provide the vaccination to you at no cost.

Indications for surface longevity for HBV is one week, possibly longer, whereas with HIV, drying causes a 90-99% reduction in HIV concentration within several hours.

Is there risk of HIV seroconversion after mucous membrane exposure?

Yes, there have been reported cases of HIV seroconversion due to mucous membrane exposure. The estimated risk factor is 0.3%-0.44%. Mucous membranes include eyes, nares, and mouth.

If you are in any communicable stage of an infection (fever, chills, productive cough, weeping skin sores, etc.) please reschedule your visit. Patients are incredibly vulnerable to infection.

VIII. CONFIDENTIALITY

It is tempting to discuss patient events with your family and friends. Don't. It is never appropriate to discuss patient events outside of the hospital setting. Federal rulings have clarified and reinforced the responsibility of all of us to protect all patient information.

The issue of patient confidentiality is of utmost importance. Every patient who enters any hospital facility has the right to expect privacy. This means you must never divulge a patient's name and situation to anyone who is not directly involved with their care. For example, it is not acceptable to discuss the cases you are involved with in the hospital elevator, cafeteria, lobby, hallways, or anywhere else where a lack of privacy may be an issue. You never know who can overhear your conversation and/or what their relationship is to the patient involved.

The patient has the right to expect their medical record will also be held in confidence. Normally vendors have no need to have access to the patient's chart, therefore vendors should not be viewing the record. This is a tremendously important issue.

IX. VISITOR ETIQUETTE

A. Parking: You may park in the designated visitor area at the front of the Medical Center. Vendor representatives are never to park in reserved parking spaces. There is a "No Parking" policy enforced in the Receiving Area. Vehicles in violation will be towed at the owner's expense. For vendors going to the Outpatient Surgery Center (OSC), they must park in the front parking lot and come in the OSC Lobby door; that is at the west end of the Faculty Medical Office (FMO) building. When visiting the East Campus OR, park in the front parking lot.

B. Checking In: Between the hours of 7:00 a.m. to 8:00 p.m. (Monday through Friday), you may enter through the Medical Center front lobby and receive your Guest Pass. Vendors should then check in on A level, room A-740, where you will be issued a vendor pass. Calls to the Clinical Coordinators can be made from the phone across the hall (room A-736). If you have been authorized to enter the OR, the OR Purchasing Buyer Assistants (room A-736) will issue you an O.R. pass and a temporary badge that will allow you access to the locker room and the "Scrub Avail" machine (to get one set of scrubs). If you come to the Medical Center before 7:00 a.m. and after 8:00 p.m. (Monday through Friday), you must enter and obtain your Guest Pass through the Emergency Room. You may then go up to the OR and call the Front Desk for admittance and the temporary badge.

We discourage unscheduled meetings. Prior to arriving at the hospital, please make arrangements with the Clinical Coordinator that you plan to see. When a surgeon has requested your presence, it is still important that you contact the coordinator for that specialty. The coordinator will ensure your name is on the roster for admission to the OR. Vendor representatives must only go to areas where they have specific appointments or approval and are not permitted in any other areas.

When visiting OSC, vendors must check in at the front desk with the receptionist. They can ask to see the charge nurse for either the Perioperative area, Peri-anesthesia area, or the Purchasing Buyer Assistant. The vendor will be directed to the area mentioned or asked to take a seat and wait for the employee to come to the lobby.

When visiting East Campus, obtain a visitor's pass from the receptionist at the Front Lobby. The vendor should ask for the OR Charge Nurse, or the Purchasing Buyer Assistant. They should either wait for the employee to meet them in the lobby, or go to the OR to meet with them.

C. Sales Activities: LLUMC has strict guidelines on soliciting and/or the distribution of literature on Medical Center property (LLUMC Operating Policy A-15) (see attached).

D. Access to Phones: All vendors and service representatives may not utilize LLUMC's house phones to conduct their routine business. There are public payphones throughout the facility that are available for use. The use of two-way pagers and/or cell phones in the OR's is limited (with the exception of LLUMC approved transceivers). Please place pagers on silent mode while in the OR. Cell phones and two-way pagers can be used outside patient care areas, to include the hallways outside the OR's.

E. What to Do

If you feel "funny," faint, suddenly warm, etc, sit down and put your head between your knees. Sit on the floor against a wall if no stools are available. Breathe slowly and deeply. Inform the circulating nurse of your symptoms and she or he will assist you.

If you need to leave your designated room, inform the circulating nurse and go directly to your destination. Please do not go to other OR's, look in doors or windows, or just "look around". Patient confidentiality is of utmost importance.

Ask questions during quiet, calm times of the surgery.

Vendors are not to operate equipment in the OR suite. This responsibility is for the OR team. If you are there in an educational capacity, instruct the team how to perform the necessary procedures.

X. STERILE PROCESSING DEPARTMENT

Appropriate attire such as "bunny suits" or LLUMC scrubs and hair covering are required attire for the Medical Center SPD Processing area.

Representatives/Vendors are not authorized access to the restricted area of the Decontamination area of SPD.

Under no circumstances is a vendor to decontaminate items that belong to LLUMC or that have been loaned/consigned to our organization.

A. Bringing In Loaner Instruments for the Medical Center OR

Loaner instruments must be delivered to the back door of the Sterile Processing Department, Room A721 (phone # 909-558-4000, ext. 41330).

Loaner trays should have a blue tag placed on the handle, or another conspicuous area to allow for easy identification that it is a loaner item.

Loaner instrumentation and implants that are left in the delivery area after the procedure are not the responsibility of the Medical Center. SPD staff has been instructed not to sign contracts accepting responsibility for trays of loaner instruments, equipment, or implants.

All Loaner instrumentation and/or any other items needing sterilization should be accompanied with sterilization instructions, preferably on company letterhead. All Loaner instruments will be washed prior to set-up when they are brought in from outside the facility.

It is highly recommended that the instruments arrive early on the day prior to their use. This allows adequate processing time.

Instruments loaned to the hospital for certain procedures must be accompanied with at least 3 of the following 4 pieces of information:

- ◆ Date of surgery
- ◆ Name of patient
- ◆ Surgeon
- ◆ Name of Procedure

If the information is lacking, the instruments will not be accepted. Trays should be clearly labeled in order to assist the SPD staff in labeling the tray properly.

It is recommended that the company call prior to sending a courier to pick-up instruments after a procedure. This facilitates notification to the Care Delivery Assistant (CDA), specialty coordinator, and SPD staff who will ensure all trays are ready for pick-up.

All other deliveries must be accompanied by a packing slip, receiver, bill of lading, or purchase order to room A 736 between the hours of 05:00 – 3:30 p.m. Monday through Friday. Emergency deliveries (after 3:30 p.m. and on weekends) are to be made to the Central Service Department. All merchandise must be signed for.

B. Repairs/Loans: No equipment or instrumentation will be removed from any of the sites unless accompanied by authorized paperwork. A charge nurse or specialty coordinator must fill this out.

XI. PURCHASING GUIDELINES: LLUMC must be notified within 30 days if any officer of the corporation or the corporation is placed on the Sanctions' List as published by the Office of the Inspector General (OIG).

A. Orders: Vendors are not authorized to accept any verbal, written, or telephone orders for any new products or line of products, without the official purchase order assigned by a Purchasing Buyer. The name of a staff member or surgeon, department number, or requisition number is not accepted as purchase authorization. All orders accepted by vendors that are not duly authorized by a Purchasing Buyer will not be reimbursed.

B. Contracts: All contract negotiations must be approved by Mercantile. This includes consignment items. No contract may be executed without appropriate administrative/legal review. Finalized contracts may not be signed by anyone other than the appropriate administrative representative, as defined by LLUMC Operating Policy.

C. Untoward Outcomes: In the event that there is an untoward patient outcome that is directly attributable to, or could be attributed to, the use of the vendor's equipment, product, or drug, the item will be sequestered under hospital Medical Device Reporting policies. Risk Management and Clinical Engineering will coordinate an investigation. The vendor will be included in all steps of the process. The equipment, product, or drug will remain sequestered with Clinical Engineering until released by the Risk Management Department.

D. HCPCS for Products: It is the responsibility of the vendor to provide the HCPCS (HCFA Common Procedure Coding System) defined for transitional pass-through payments of APCs (Ambulatory Payment Classification) for any current and future products (as defined under HCFA's Outpatient Prospective Payment System). Vendors are responsible for ongoing updates and changes to products that are eligible for pass-through and are required to report these to the hospital. LLUMC will not use or evaluate any product prior to code assignments by HCFA unless there is no other clinically acceptable product available.

E. Product Evaluation/ New Products: Any member of the health care team wanting to use or evaluate new products, equipment, or technology must submit a request to the Expense Management Committee for approval via the specialty coordinator or nurse manager. The vendor requesting the purchase or evaluation of a product must obtain prior authorization from the specialty coordinator before the demonstration or use of the vendor's products or equipment.

The packing slip delivered with the product must include a Purchase Order number, product description, catalog number, pricing, and quantity delivered. Upon receipt, the medical center personnel will review the packing slip.

The Specialty Coordinator must be notified by the vendor when products or equipment are left in any of the LLUMC Perioperative Services sites to be used by members of the healthcare team. This facilitates tracking of items during product recall.

Chemicals offered as samples will not be accepted unless accompanied by an OSHA Materials Safety Data Sheet (MSDS). A current MSDS must accompany equipment and/or products containing chemicals when purchased by LLUMC. Under no circumstances are products to be used on patients without the proper inservicing to Medical Staff and health care providers.

F. Vendor Representative Noncompliance: Vendors are expected to comply with the guidelines provided. In the event that LLUMC experiences noncompliance by vendors the following progressive discipline plan shall be used.

First Offense: Vendor will receive a verbal warning from the Specialty Coordinator or Charge nurse. The Coordinator or Charge nurse will inform the vendor what the issue of noncompliance is and communicate the expectations. The Coordinator Charge nurse will notify the OR Purchasing Buyer of the offense and it will be recorded on a vendor incident log.

Second Offense: The Department Director will notify the vendor representative and document corrective action plan on the vendor incident log. Vendor Regional/ National Sales Manager will be notified of the incident and shall be requested to take corrective action with the vendor representative in question.

Third Offense: The OR Director notifies vendor representative that they are prohibited from conducting business with LLUMC. This decision will be documented on the vendor incident log and notification will be made to the Vendor Regional/National Sales Director. At LLUMC's sole discretion, the company may be prohibited from doing business with LLUMC, or the hospital may request a different vendor representative.

At LLUMC's sole discretion, situations may occur that necessitate the bypassing of one or more steps in the non-compliance process. The decision will be made after consulting with the Department Head, Risk Management, and/or Administration, when applicable.

XII. INSERVICE REQUIREMENTS: It is the responsibility of the vendor representative to obtain an in-service education log sheet and to ensure that all LLUMC staff sign in when attending an in-service session. These log sheets must be returned to the educator charge nurse or department manager. It is the policy of LLUMC that all education and continuing education units (CEU's) are provided at no charge. Vendor representatives who conduct in-service sessions must provide documentation of their competency and/or credentials.

As product demonstrations and trials may impact other departments in the facility, vendor representatives must work with education staff or management staff from all potential areas that may be impacted by this product or equipment.

All education of facility staff and physicians must be coordinated and completed prior to the day of the procedure or implementation. If the education has not been completed, the product or equipment will not be approved for use.

**LOMA LINDA
PERIOPERATIVE SERVICES
Vendor Agreement**

Name: <i>(Please print)</i>	
Name of Company:	
Local Mailing Address:	
Local Telephone Number:	Beeper:
Will you be in the Operating Room? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Description of function to be performed in the Operating Room:	
Qualifications/Training:	

Operating Suite Orientation

Subject	Orientees Initials
I. Physical Environment	
II. Aseptic Technique	
III. Surgical Attire	
IV. Potential Hazards in the	
V. Radiation Safety	
VI. Handwashing	
VIII. Infection Prevention	
VIII. Confidentiality	
IX. Visitor Etiquette	
X. Sterile Processing Department	
XI. Purchasing Guidelines	
XII. Inservice Requirements	

I have read the information in *Vendors in the Operating Room* packet and agree to abide by the conditions presented in the packet.

Signature of Representative: _____ Date: _____

For Perioperative Use Only

Signature of Purchasing Buyer/Specialty Coordinator	Date
TB Test Results Validation – <i>(Please Initial)</i>	Date

