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OR Protocol & Aseptic Technique Training for the Sales Professional



Welcome to:
OR Protocol Training

This course was developed in accordance
with the **AORN Standard**.

Click on Course Overview to begin!

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Representative Levels

Not all hospital representative's have access to the OR or procedure rooms. Therefore, Health Care Industry Representatives (HCIR's) are generally divided into two levels.

Level 1 Representatives : Consist of those individuals who do not have direct patient contact, do not conduct business in the OR and procedure rooms, do not provide direct technical assistance and do not enter patient care areas. Most pharmaceutical representatives, general supply and delivery vendors fall into this category.

Level II Representatives : Those who conduct business in patient care areas, advise patient care staff, are present during procedures, provide technical assistance, and may operate equipment. Medical device representatives, equipment technicians, clinical consultants and contract nurse would be classified as Level II HCIRs.

This course focuses on **Level II HCIR's (Health Care Industry Representative's)**. Please remember the HCIR acronym as it is reference throughout the course



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The Role of the Health Care Industry Representative (HCIR)

It is important to understand the role of the HCIP while visiting healthcare facilities.

Every healthcare facility wants to provide high quality, cost effective care so their patients.



The health care industry recognized that the HCIP can play an important role in helping to meet these goals.

HCIR's provide technical assistance, training and support to the surgical team to help achieve a desired clinical outcome.



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HCIR Role



HCIRs take on many roles. They are educators providing valuable product training and in-services to keep surgical staff up to date on proper product usage. As educators they also keep the staff up to date on scientific data, technical and safety information, and proper sterilization procedures.

They are required to protect patient information and confidentiality.

BY training the staff and doctors on proper techniques and proper use of their equipment they ensure positive patient outcomes. **The training HCIR's provide ensures staff competency and confidence during difficult procedures.**



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HCIR Role



HCIR's are often asked to perform cost value analyses and inventories.

Your role as an HCIR includes helping the hospital work within their defined budget and helping them find ways to increase safety and predictable positive outcomes.



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Hospital Visitation Procedures

The first time you call on a new hospital you should first contact the materials management or purchasing department

Hospitals have different rules for vendor access and conducting sales calls. These rules are typically found in a vendor policy. You will want to review these policies before your first appointment.

These policies will most likely cover the dress code, patient privacy, patient rights, biomedical screening procedures, safety hazards, sampling, consignment product purchasing guidelines, parking, scheduling appointments, etc.



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Scheduling Appointment

The first time you call on a new hospital you should first contact the materials management or purchasing department

“Account discovery” is the process of finding pertinent information about the departments and customers you wish to contact.

Call the appropriate person in the department you wish to visit and **schedule appointment**.

If you are visiting multiple departments or physicians, you need to set an appointment for each one separately.



Respect your customers' time and the process in making appointments. Cold calls are not well tolerated. If caught “cold calling” you will most likely be asked to leave or put on some type of suspension.



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Biomedical Department Approval

The equipment you bring into the hospital for use may have to be approved by the **Biomedical Department** before it can be used. To be safe, you will want to make sure the equipment is at the hospital **48 hours** prior to your case.

You may also have to have a **PO number** issued prior to sending or taking the equipment to the hospital. The materials manager will be the best person to guide you through this process. It is important to ask the materials manager these questions because you **may not be reimbursed for the equipment that you see in a procedure** if you do not follow the hospital policies.



Loaner equipment may have a sign-in and sign-out log at the OR department or in purchasing.



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Questions

Select the appropriate answer for each question.

Q.1. The best way to gain access to a hospital is to:

- Bring food
- Make an appointment with purchasing
- Just show up and cold call
- Come in with the physician you will be working with

Q.2. Before using your medical equipment in a case you may have to have it checked first through the hospital biomedical department. You should drop off your equipment with biomed at least how many hours before your case begins?

- 12
- 24
- 48
- 72

Q.3. Level I representative's provide direct technical assistance and enter patient care area's.

- True
- False

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Expectations

Let's discuss a few important OR and procedure room expectations.



No HCIR shall.

- ❖ Scrub in for any procedure
- ❖ Open sterile supplies
- ❖ Operate any equipment



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Patient Information



- ❖ The HCIR should not have access to any patient information outside of the single case which *patient consent* was obtained.
- ❖ HCIR access to patient information should also be limited to a clinical, patient specific need to know basis.



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Recording Your Visitation



The presence of the HCIR during a procedure should and most likely will be recorded in the permanent medical record.

It is therefore vital that the HCIR's conduct be strictly professional at all times.



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Arriving to the OR or Procedure Room



You will want to plan your day appropriately when you are visiting the OR. Make sure eat a good meal prior to visiting the hospital

Some procedures take multiple hours to complete so dress appropriately. Wear comfortable shoe as you may be standing for long period of time.

You may be required to change into hospital scrubs when you arrive. Most hospitals do not offer secure lockers for HCIR's so leave valuables in you car or at home.

Make sure you arrive at the hospital with enough time to check in at purchasing, check that your equipment is ready for use and that you have enough time left to answer any questions that the staff may have.



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Feeling Ill While in The OR



If you are feeling light headed or about to faint, sit down immediately and alert the staff.

Don't try to be a hero and stick it out if you are feeling light headed. Sitting and then leaning forward may prevent you from fainting.



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Talking



Talking during the procedure should be kept to a minimum and should only apply to the procedure.

All equipment that is going to be used in the procedure should be in-serviced prior to using it in a live case.

In-servicing during a procedure is not acceptable, unless approved by staff & physician(s).

You should **never try to sell during a procedure**. Wait until you have your targeted audience in a private setting, away from patients and patient areas.

The proper time for selling **is not during a procedure**.

Everyone's attention should be on the patient.



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Questions

Select the appropriate answer for each question.

Q.1. During a procedure if a staff member or physician asks you to hold an instrument, you should:

- Hold the instrument
- Only hold the instrument if a physician asks
- Go and get approval from the nurse manager or director
- Respectfully decline, and tell them you are not qualified to do so.

Q.2. If you are present during a procedure and you begin to feel light headed, you should:

- Take slow deep breaths and stay focused on the procedure
- Hold your breath and slowly count to 10
- Tell a staff member, sit down, and lean forward
- Immediately go to the restroom and apply a cold compress to your face and neck
- Lean against the wall for support until you feel better

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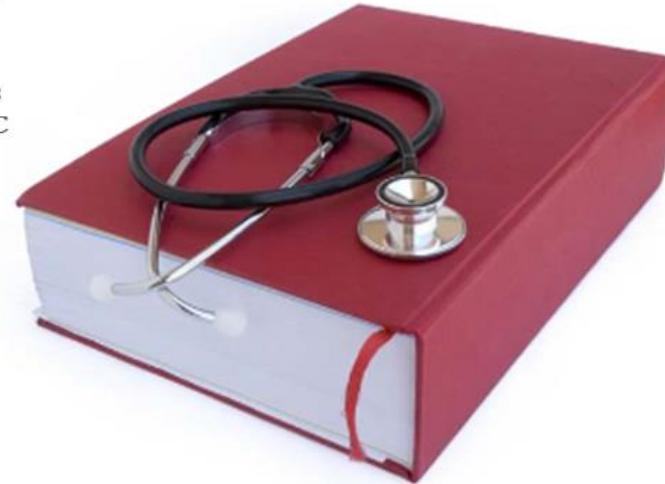
Terminology

The following terms are used throughout any healthcare facility.

It is important that you understand what these terms mean and how they apply to your job.

During this course you will hear the following terms used. Please print out glossary of terms from the CDC and read the definitions for:

Administrative controls, antiseptic, bloodborne pathogens, decontamination, disinfectant, disinfection, engineering controls, high-level disinfection, nosocomial, OPIM, resident flora, sterile, sterilization, transient flora, ventilation, and work practice controls.



[Click > CDC's glossary of terms](#)



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Infectious Diseases

The following is a list of infectious diseases that may be acquired in healthcare facilities.

For more detailed information, click on the CDC's link below.

Acinetobacter	Gastrointestinal (GI) Infections	Mumps	S.Pneumoniae (Drug resistant)
Burkholderia Cepacia	Hepatitis A	Norovirus	Tuberculosis
Chickenpox (Varicella)	Hepatitis B	Parvovirus	Viral Hemorrhagic Fever (Ebola)
Clostridium Difficile	Hepatitis C	Poliovirus	VISA – Vancomycin Intermediate Staphylococcus Aureus
Clostridium Sordellii	HIV / AIDS	Pneumonia	VRE – Vancomycin-Resistant Enterococci
Creutzfeldt-Jakob Disease (CJD)	Influenza	Rubella	SARS
Ebola (Viral Hemorrhagic Fever)		MRSA – Methicillin-Resistant Staphylococcus Aureus	



Click > CDC Diseases and Conditions



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Nosocomial Infections (hospital acquired)

Nosocomial infections are infections that are acquired during a hospital visit. A new report from the CDC updates previous estimates of healthcare-associated infections. In American hospitals alone, healthcare-associated infections account for an estimated 1.7 million infections and 99,000 associated deaths each year.



Of these infections

- ❖ 32 percent of all healthcare-associated infection are urinary tract infections
- ❖ 22 percent are surgical site infections
- ❖ 15 percent are pneumonia (lung infections)
- ❖ 14 percent are bloodstream infections



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Nosocomial Infection Prevention

- **Nosocomial infection prevention** is a major concern for all healthcare facilities.
- Healthcare facilities are ideal settings for the **transmission of diseases**.
- **Everyone** who works in and around a healthcare **facility is at risk of being exposed** to potentially infectious material.
- Most nosocomial infections **are caused by the patients themselves**.
- People seeking medical attention are **often already sick and susceptible to infection**.
- **Endogenous Flora** are microorganisms that are in or on the body of a person and **are the cause of most nosocomial infections**.
- These **infections increase the cost of health care** by lengthening the amount of time a person is hospitalized.



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Surgical Site Infections (SSI)



Surgical site infections are still a major cause of hospital acquired (nosocomial) infections. According to the CDC, **22%** of all nosocomial infections are **surgical site** infections.

All healthcare facilities focus on **limiting surgical site infections** and have protocols in place to limit the transmission of infectious microorganisms. It is important that you know some of the prevention methods so that you do not compromise these efforts. These prevention methods include requiring **positive-pressure room ventilation** which exchanges and filters the air coming into the room. Other prevention measures are **sterilization practices, cleaning procedures, using proper surgical attire that is fluid-resistant, traffic control patterns, and the use of aseptic technique**.

Next we will discuss how infections are transmitted.



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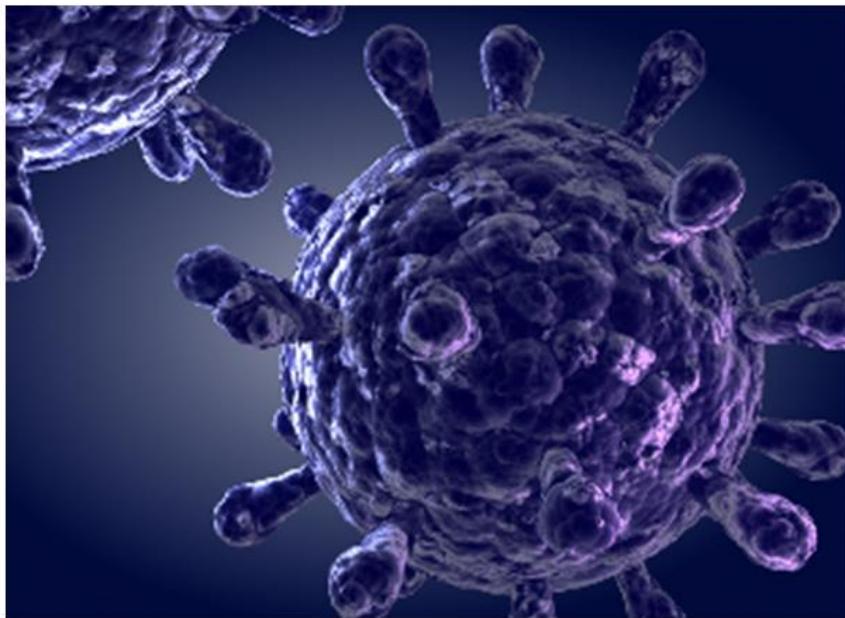
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Modes of Transmission



Infections are caused by microorganisms that are everywhere! Some are on your skin or your intestinal tract and they are called **normal flora**.

Other microorganisms not normally found on or in the human body are usually associated with disease and are called **pathogens**. Transmission occurs when these microorganisms are transferred from an infected person to a non-infected person.

Normal flora found on the skin can also cause infection or disease if it is introduced into a part of the body where it is not normally found. For example, when **normal flora** found on the skin is transferred during surgery to **the internal organs**.



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Four Modes of Transmission



There are four modes of transmission:

Contact This comes from direct contact or touch transferring the microorganisms. An example would be contracting HIV from sexual intercourse, staphylococcus by touch, or hepatitis A or shigella from fecal/oral transmission.

Vehicle This is when transmission occurs through an intermediary source. An example would be contracting salmonella from food or Hepatitis B from instruments used in a procedure.

Airborne Transmission of microorganisms is spread through the air. An example would be TB and measles.

Vector Invertebrate animals can be the source of transmission. An example would be mosquitoes passing malaria or yellow fever and fleas passing the plague.



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Control Prevention



Hospitals develop controls and protocols to prevent the transmission of microorganisms that cause infections. It is important to understand how transmission occurs and how to stop it.

The most effective way to prevent infections is to follow Standard Precautions.

Standard Precautions were established in 1990 by the CDC to help minimize the risk of exposure to infectious materials. They include **Universal Precautions**, which is treating **all blood and body fluids as if they were infectious**, and Body Substance Isolation.

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Standard Precautions

Standard Precautions include:

Washing your hands, wearing gloves, wearing eye protection and face shields, preventing sharps injuries, correctly processing instruments and patient-care equipment, maintaining environmental cleanliness and waste disposal practices, and the proper handling and processing of linens.

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Standard precautions are followed regardless of whether or not the patient does or does not have an infection.

The most effective way to prevent infections is to follow Standard Precautions.



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Breaking the Chain of Infection



It is important to break the chain of infection. For an infection to occur you must have, at a minimum, the following:

A pathogen, a host, a mode of transmission, and a susceptible recipient.

In order to break the chain you must remove one of the links.

First, use PPE to provide a barrier to block the transmission of any infectious materials.

Second, destroy the pathogen by disinfecting it.

Third, remove any susceptible recipients from having contract with the infectious host.

Fourth, destroy the host or quarantine them.



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Aseptic Technique



Aseptic technique refers to the practices that help reduce the risk of post procedure infections in patients by decreasing the likelihood that microorganisms will enter the body during clinical procedures.

Aseptic techniques are those things that remove or kill microorganisms from hands and objects, employ sterile instruments and other items, and reduce a patient's risk of exposure to microorganisms that cannot be removed.

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Components of Aseptic Technique



Components of aseptic technique include.

Hand washing, surgical scrub, using barriers (surgical attire), patient prep, maintaining a sterile field, using safe operating techniques and maintaining a safe environment in the surgical or procedure area...



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Sterile Field Description



A sterile field is an area free of microorganisms created by placing sterile towels or surgical drapes around the procedure sites and on the stand that will hold sterile instruments and other items needed during the procedure.

When a person is properly dressed in surgical attire their sterile area is the only area that should come in contact with the sterile field.

Only sterile objects and personnel may be allowed within the sterile field.



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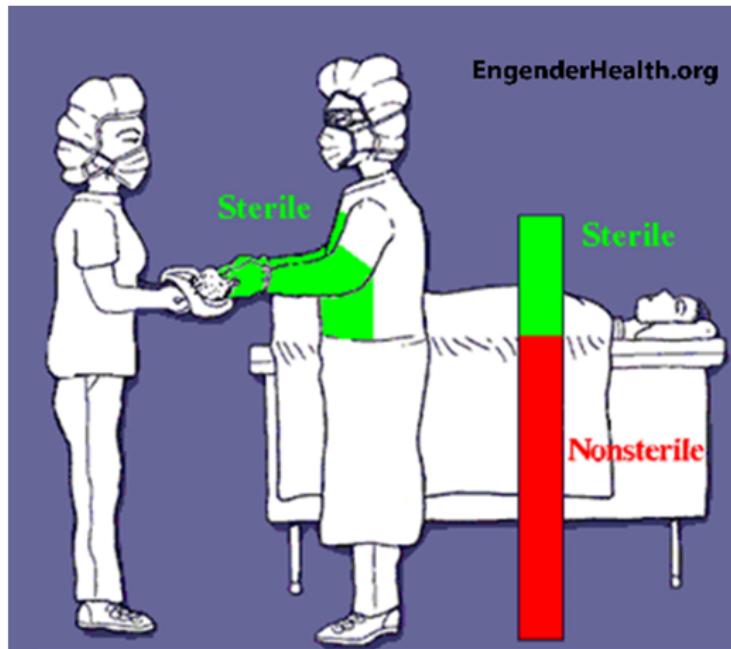
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Sterile Field Diagram



The sterile field extends outward from the patient. Any item below the level of the draped patient is outside of the sterile field and not sterile. All tabletops covered with a sterile drape are within the sterile field which extends only to the edge of the table top. Do not reach over a sterile table. Also, all equipment that has a sterile drape on it is a part of the sterile field. A gloved and gowned staff member's sterile area extends from their chest to the level of the sterile field. Their sleeves are sterile from 5 centimeters above the elbow to the cuff. Once a sterile object comes into contact with a non-sterile object or person it is no longer sterile. You are responsible for knowing how to maintain a sterile field.

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Sterile Field Details



A sales representative **should** never be within the sterile field. Maintain a distance of at least one foot from any other part of the sterile field. Do not open, transfer, or dispense items. If there is a doubt to whether or not an item is sterile it is considered contaminated. If you ever have a doubt about what is in or outside of the sterile field ask the circulating nurse.

You should also know who is allowed in the sterile field. The surgeon, surgical staff, and scrub personnel are considered sterile. **The other staff members such as the circulating nurse, CRNA, Anesthesiologist, radiology personnel, attendants and visitors are all non-sterile personnel.** These principles apply to procedure room as well.



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Traffic Control Patterns



The **traffic control patterns** are designed to help limit the amount of microorganism that are transferred around the facility and from contaminating areas where procedures take place. These **traffic patterns** are carefully planned and organized to minimize the risk of infection to patients, staff, and visitors.

You do not want to soiled instruments and other items crossing paths, with cleaned, high-level disinfectant or sterilized items. The surgical unit involves the lockers and dressing rooms, preoperative and recovery rooms, peripheral support areas, corridors leading to restricted areas, nurses station and the operating room

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Traffic Control Patterns



You must understand what procedures you must follow in each part of the surgical unit.

The **unrestricted area** consists of the entrance from the main corridor and is isolated from surgical unit. The **transition zone** consists of the dressing room and locker area. This is where you are required to change into surgical attire and is for authorized personnel only.

The **semi-restricted area** consists of the preoperative and recovery rooms, storage space for sterile equipment and the corridors leading to the restricted area. You should be wearing your surgical attire with cap and closed shoes that will protect you from fluids and dropped items in the semi-restricted area. The **restricted area** consists of the operating rooms and scrub sink area.

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Traffic Control Patterns

Traffic is limited to staff and patients at all times.

Doors should be kept closed except to permit movement of the staff, patients and supplies.

If you are around sterile supplies, you are required to wear a mask.

It is important to understand the traffic patterns at each facility you visit.



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Disinfection or Sterilization

Sterilization protects clients by eliminating all microorganisms (bacteria, viruses, fungi, and parasites), including bacteria endospores, from instruments and other items. Sterilization should be performed on any items that will come in contact with the bloodstream or tissues under the skin, as well as on drapes and some surgical attire.



Sterilization can be performed using steam (autoclaving), dry heat, or chemicals. HLD (High Level Disinfection) is the process that eliminates all microorganisms (including bacteria, viruses, fungi, and parasites), but does not reliably kill all bacteria endospores, which cause diseases such as tetanus and gas gangrene.

HLD is suitable for instruments and items that come in contact with broken skin or intact mucous membranes. If sterilization is not available, HLD is the only acceptable alternative. HLD can be achieved by boiling chemicals or steaming.

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Infection Control: Personal Protective Equipment (PPE)



Personal Protective Equipment (PPE) should be worn in and around patient rooms, procedure rooms or operating rooms if you are asked, or if you expect potential contact of body fluids. PPE is generally characterized as gloves, gown, mask, eye protection and shoe covers.

Personal Protective Equipment (PPE) should be used at all times when around human tissue to prevent the transmission of infectious or contagious diseases.

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Infection Control: Universal Precautions



Practicing Universal Precautions is the assumption that all human tissue is infectious for HIV, HBV and other Bloodborne pathogens.

Human tissue can include but is not limited to:

Blood, saliva, cerebral spinal fluids, vaginal secretions and wound secretions. Everyone that works in and around healthcare facilities should adopt the concept and practice Universal Precautions.

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Questions

Select the appropriate answer for each question.

Q.1. Nosocomial infections are also known as hospital acquired infections.

- True
- False

Q.2. The following, according to the CDC, are the most common nosocomial infections. 32% Urinary Tract Infections, 22% _____ infections and 15% pneumonia infections

- Influeza
- Staphylococcus
- Surgical Site
- Bloodstream
- MRSA

Q.3. Which of the following is NOT one of the 4 modes of transmission?

- Vehicle
- Host
- Contact
- Airborne
- Vector

Q.4. Standard Precautions were established in 1990 by the CDC to help minimize the risk of exposure to infections materials?

- True
- False

Q.5. Which is NOT considered part of the sterile field or in the sterile field?

- Scrub tech (scrubbed in)
- The Anesthesiologist
- Draped table of instruments
- Surgeons sleeves from 5 centimeters above the elbow to the cuff

Q.6. Disinfection eliminates all microorganisms including bacteria, viruses, fungi, parasites and bacterial endospores.

- True
- False

Q.7. Personal Protective Equipment (PPE) includes?

- Masks
- Gowns
- Gloves
- Eye protection
- All of the above

Q.8. Practicing Universal Precautions is the assumption that all human tissue is infectious for HIV, HBV and other Bloodborne pathogens. It is recommended to use PPE before coming into contact with human tissue.

- True
- False

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Chemicals



Hazardous chemicals found in the OR and other treatment areas can include:

Anesthetic gases

Methylmethacrylate (bone cement)

Skin prepping solutions

Disinfectants and sterilants

Chemo drugs

Tissue preservation solutions



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Latex



The medical device industry strives to eliminate the use of latex in their products. Latex contains sugars, lipids, nucleic acid and proteins that vary in their potential to cause allergic reactions.

Latex can be found in the following hospital products: Adhesive bandages, airways, ambu bags (black, reusable), anesthesia circuits, blood pressure cuffs, bulb syringe, catheters, elastic bandages, electrode pads, endotracheal tubes, gloves (surgical and exam), IV tubing, injection ports, medication vial stoppers, stethoscope tubing, syringes, tape and tourniquets.

Reactions to latex can include any of the following:

Irritant contact dermatitis (the most common reaction) – not a true allergy

Allergic contact dermatitis (type IV allergy) – a true allergy

Immediate allergic reaction (type I allergy) – a true allergy that can be fatal



[Click > Preventing Allergic Reactions to Natural Rubber Latex in the Workplace](#)

[Click > Wikipedia: Latex Allergy](#)



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Radiological Exposure



Health care workers are susceptible to large amounts of radiation which can cause birth defects and cancer. Protect yourself by following the hospital recommendations including:

Stand at least **six feet away** from the radiology equipment when being used. You should always wear a **lead apron and thyroid collar** when you are present for an x-ray.

Spend as little time as possible in a patient's room or near a patient who is being treated with **radionuclide therapy**.



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Radiological Exposure



If you need to be around a patient that is being treated with a radioactive implant try to maintain at least **six feet of space** from the patient.

Do not participate in procedures where patients are having radionuclide seeds or implants placed or removed. If you must be present **discuss safety measures** with the perioperative nurse and surgeon.

While working in and around healthcare facilities pay attention to your surrounding **and look for universal warning symbols** such as the universal symbol for radiation.



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Electrical Devices



Exposure to electrical hazards can include electric shock, electrocutions fires, and explosions.

Damaged electrical cords can lead to possible shocks or electrocutions. Utility cords, extension cords or equipment cords can be damaged by misuse and neglect. Cords integrity is often jeopardized by door or window edges, by fasteners such as nails, and by equipment rolling over them.



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Electrical Devices



Wear and tear on electrical equipment or tools can result in insulation breaks, short-circuits and exposed wires. If there is no ground-fault protection, these exposed wire(s) can cause a ground fault that sends current through a person's body, resulting in electrical burns, explosions, fire, or death.

The ground-fault circuit interrupter, or GFCI, is a fast-acting circuit breaker designed to shut off electric power in the event of a ground-fault.

As in normal daily living, take precautions against shock and electrocution when dealing with electrical devices. Be sure to observe for frayed cords and to keep wires from water sources. Safety is everyone's responsibility.

Report any damage cords or equipment to the department immediately!



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Biohazardous Waste



All healthcare facilities have a biohazard waste program that is required to meet local, state and federal regulations. These regulations guarantee protection of the environment and the protection of every person who enters into their facility.

Biohazard waste is waste from biological material that has the capacity to transfer an infectious disease to humans or animals. This transfer can be by blood, fluid, sharps or inoculated culture media.

Protect yourself by following these hospital recommendations.

Never touch **Biohazardous waste** without the use of Personal Protective Equipment (PPE). PPE is generally characterized as gloves, gown, mask, eye protection and shoe covers. As a representative, there should not be any reason to touch Biohazardous waste.



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Biohazardous Waste



While in procedure rooms or any patient room never pick up items off the floor. As a vendor, there should not be any reason that would require you to do so.

While in procedure rooms or any patient room be careful where you walk so that you do not step in waste that has spilled on the floor. If you step in waste you will potentially cross contaminated every place your shoes make contact until it is decontaminated.

While working in and around healthcare facilities pay attention to your surrounding and look for universal warning symbols such as the universal symbol for Biohazardous waste.



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Back Safety

Back injuries can happen at any time, even lifting light objects. To help prevent back injuries please follow these general guidelines.



When lifting an object of any size or weight move slowly and smoothly. Quick movements especially while twisting can strain the muscles in your back.

Face the object and hold it close to your body. Holding an object away from your body adds more strain on your back and may cause you to become off balance

When lifting an object bend at your knees and not your back. Using your back as a fulcrum can strain the muscles in your back.

If your supplies are too heavy or bulky to lift utilize a cart or dolly. Most hospital departments have their own carts that they can temporarily let you use.

Before lifting, visualize your path and make sure you can see the path while holding the object.

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Lasers



On occasion, you may be involved in a surgical procedure where **laser** are to be used.

There are various wavelengths used to **resect or vaporize** tissue. Specific wavelength protective goggles must be worn during laser applications. Laser beams can be so hot that fire is always a potential.

Should you come in contact with any of the wavelengths, **tissue burns can result**, so caution is a priority. All lasers wavelengths have biophysical impacts. Therefore, you will need to ask the **perioperative or procedural nurse** what protective eyewear is needed.

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Sharps



The term "sharps" refers to any sharp instrument or object in the delivery of health care services including hypodermic needles, suture needles, scalpel blades, sharp instruments, IV catheters, and razor blades.

Most of the documented cases of workplace-acquired HIV and hepatitis B and C infections have occurred through preventable accidents, such as needle sticks or injuries from other sharps.

Many injuries can occur when using and disposing sharps. Staff members are often injured when trying to "recap" hypodermic needles after use.

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Sharps

To prevent injuries from sharps.

Handle hypodermic needles and other sharps minimally after use **and use extreme care** whenever sharps are handled or passed.



Use the “**hands-free** techniques ([described to the next page](#)) when passing sharps during clinical procedures. Do not bend, break, or cut hypodermic needles. Dispose of hypodermic needles and other sharps properly.

Uncapped or otherwise unprotected sharps **should never be passed directly from one person to another**. Sharp instruments should be passed in such a way that the surgeon and assistant are never touching the sharp at the same time.

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Sharps

Hands Free Technique

Step	Instruction	What it looks like
1.	The assistant places the instrument in a sterile kidney basin or "safe zone" then tells the service provider that the instrument is ready.	
2.	The service provider will then pick up the instrument and use it.	
3.	After use, the service provider will return it to the kidney basin or safe zone.	



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Fire Safety: Race

In case of a fire follow these specific fire safety rules. Utilize the R.A.C.E. Protocol in case of a fire.



This stands for Rescue, Alert, Confine and Extinguish.

Rescue.

Rescue anyone who is in danger.

Alert.

Pull the fire Alarm and Alert others that there is a fire.

Confine.

Confine the fire by closing all doors.

Extinguish.

Extinguish the fire by using the PASS protocol with the appropriate fire extinguisher.

Evacuate.

If you are unable to perform the R.A.C.E. protocol, Evacuate the building.

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Fire Safety: PASS

Utilized the **P.A.S.S. Protocol** when using a fire extinguisher.



All fire extinguisher display the type of extinguisher it is and what type of fire it will extinguish. When in the hospital be aware of posted evacuation routes, stairs, and exit doors.

This stands for Pull, Aim, Squeeze, and Sweep

Pull: Pull the pin out of the fire extinguisher to depress the handle.

Aim: Aim at the base of the fire and stand about 8 feet away.

Squeeze: Squeeze the handle of the fire extinguisher to release the contents.

Sweep: Sweep from side to side towards the base of the fire.



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Fire Safety: Types of Fire

There are four classifications of fire: **CLASS A, B, C, and D.**



CLASS A: Think of class A fires as those that leave ash. This class of fire involves material such as wood, paper and cloth which produce glowing embers or char and eventually ash.



CLASS B: Think of class B fires as those that boil. This class of fire involves flammable gasses, liquids, and greases including gasoline and most hydrocarbon which must be vaporized for combustion to occur.



CLASS C: Think of class C fires as those with a CHARGE. This class of fire involves fires in live electrical equipment or in materials near electrically powered equipment.

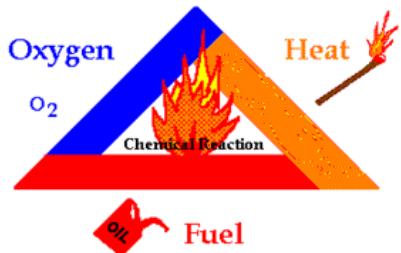


CLASS D: Think of class D fires as a special type of fire. This class of fire involves combustible metals such as magnesium, zirconium, potassium and sodium.

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Fire Safety: Fire Triangle

Fire Triangle



To extinguish a fire you must understand the Fire Triangle. **Removal of one element from the triangle will extinguish the fire.** The Fire Triangle consists of 3 things

Oxygen – needed to sustain combination

Heat – needed to raise the fuel to the point of ignition

Fuel – needed for something to burn

Fires start in the OR because the elements of the fire triad are allowed to converge. The fire triad on which each point represents a factor that must be present for a fire to begin. **The three factors are fuel, oxygen, and heat.** Many examples of these components are available in the OR, and all members of the surgical team, including OR staff members, anesthesia care providers, and surgeons, must work together to prevent the elements of the fire triad from converging to start a fire.

In addition, the OR can be an oxygen-rich environment. Caregivers should work cooperatively to reduce the amount of oxygen in the OR. Oxygen, other gases, anesthesia gases, Bovie electrosurgical devices and other electrical devices all increase the chances of fires in the OR.

Source: Fire in the OR-Prevention and preparedness
AORN Journal, July, 2004, by Liane Salmon



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Questions

Q.1. You should stand at least _____ feet away from radiology equipment when it is being used.

- A. 3
- B. 6
- C. 9
- D. 12

Q.2. When lifting an object of any size or weight move slowly and smoothly. Quick movements especially while twisting can strain the muscles in your back.

- True
- False

Q.3. The HANDS-FREE technique is often used by an assistant to pass an instrument to a surgeon. The assistant holds the middle of the instrument, rotates the instrument 180 degrees, and then surgeon grasps the handle.

- True
- False

Q.4. When using a fire extinguisher, you should use which step by step approach:

- A. Alert - Squeeze - Extinguish - Evacuate
- B. Pull - Aim - Squeeze - Soak
- C. Aim - Squeeze - Spray - Extinguish
- D. Rescue - Aim - Squeeze - Sweep
- E. Pull - Aim - Squeeze - Sweep

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