

Operating Suite & Other Procedural Areas - Handling of Accountable Items - Standard Procedures

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Summary Applies to all public hospitals where surgical procedures are carried out to ensure that any items as defined by this document and used during the course of an operation are removed from the patient unless retained intentionally as part of the procedure. All public hospitals are to have regard to this policy in other procedural areas where there is a risk of retained instruments/items (ie labour and delivery units, radiology departments etc). It is also recommended that all licensed private facilities have regard to the document in the development of their own local policies.

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Distributed to Public Health System, Community Health Centres, Dental Schools and Clinics, Health Associations Unions, NSW Ambulance Service, NSW Department of Health, Public Hospitals, Private Hospitals and Day Procedure Centres, Private Nursing Homes, Tertiary Education Institutes

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Compliance with this policy directive is mandatory.

STANDARD PROCEDURES FOR THE HANDLING OF ACCOUNTABLE ITEMS IN THE OPERATING SUITE AND OTHER PROCEDURAL AREAS

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1. Introduction

The policy directive applies to all public hospitals where surgical procedures are carried out and is based on best practice principles including recommendations made consequent to Coronial inquiries. It is strongly recommended that the above facilities have regard to this policy directive in other procedural areas where there is a risk of retained instruments / items (ie labour and delivery units, radiology departments etc). It is also recommended that all licensed private facilities have regard to the directive in the development of their own local policies.

It is expected that nursing and medical members of the surgical and anaesthetic teams follow NSW Department of Health procedures outlined in this policy directive.

The NSW Department of Health wishes to acknowledge the work done by the NSW Operating Theatre Association and the many perioperative nurses throughout NSW and members of the Sterilising Research and Advisory Council of Australia who have contributed to the review of this document. In addition, consultation and feedback has been received from the Quality and Safety Branch and the Legal and Legislative Services Branch and the NSW Branch of the Australasian College of Surgeons and the Australian and New Zealand College of Anaesthetists NSW Regional Committee.

The aim of this policy directive is to ensure that any items as defined by this document and used during the course of an operation are removed from the patient unless retained intentionally as part of the procedure. The surgical/anaesthetic team shall not hinder the process of accounting for all items opened onto the sterile field at the beginning, during and at the completion of the surgical procedure. Due to the rapidly changing technology in this environment, items accounted for **should not** be limited to those outlined in this document.

2. Principles

- Retained instruments/items are preventable
- A multi-tiered approach involving many complementary strategies is required to ensure all relevant items are accounted for
- Responsibility for ensuring all items are accounted for rests with all team members involved in the surgery/procedure
- Active involvement and effective communication among all members of the surgical or procedure team are essential for success
- The policy is applicable to all areas where surgery or procedures are undertaken outside of the operating suite environment

3. Special procedure rooms

3.1 Within special procedure rooms outside the operating suite, where operating room nurses are involved, these Standard Procedures shall apply.

3.2 Where there is integration of services at some sites and the need to introduce consistent systems for patient record keeping and the management of information, local policy will determine all other requirements for completion of

the Operating Room Registered Nurses Report as they apply to special procedure rooms where operating room nurses are not involved.

4. Responsibilities

Instrument nurse's responsibilities

The instrument nurse shall assume primary responsibility and accountability for the count¹/checks of all items used during the surgical procedure. They shall at all times collaborate with other members of the surgical team to ensure that all instruments and equipment used within the surgical procedure are retrieved and removed from the operating/procedure room at the conclusion of surgery.

Circulating nurse's responsibilities

The circulating nurse is the nurse responsible for the documentation of all accountable surgical items opened onto the sterile field and management of items handed off the sterile field. The circulating nurse shall also perform the counts/checks in conjunction with the instrument nurse.

Surgeon's responsibilities

The surgeon shall be responsible for a thorough manual and visual search of the operative field as is possible and compatible with the safety and welfare of the patient to ensure that all instruments and equipment used within the surgical procedure are retrieved at the conclusion of surgery. Surgeons shall at all times ensure adequate time is allowed for the counting procedures, including the checking of all trays, and accounting for other items. Furthermore the surgeon shall co-operate fully with NSW Department of Health /hospital policy should the nursing staff report a discrepancy in the count.

Anaesthetic Team Responsibilities

When a member of the anaesthetic team opens an accountable item for use during the procedure, that person shall inform the instrument nurse for inclusion of the item on the Operating Room Registered Nurses Report. The anaesthetist shall be responsible for a thorough manual and visual search to ensure all anaesthetic instruments and parts, pharyngeal packs and equipment used during administration of the anaesthetic are retrieved at the conclusion of anaesthetic or recorded on the patient's anaesthetic record as being left in situ. Furthermore the anaesthetist shall co-operate fully with NSW Department of Health /hospital policy should staff report a discrepancy in the retrieval of swabs, instruments or equipment.

¹ See Langley & Anor vs Glandore Pty Ltd (in Liquidation) & Anor (in Liquidation) and Elliott vs Bickerstaff, in Nursing & the Law 5th edition Staunton and Chiarella 2003 pp55-58.

Healthcare facility's responsibility

Each healthcare facility in which surgery and anaesthesia is performed shall have an operating suite management committee consisting of representatives of surgical, anaesthetic, and nursing staff and sterilising staff to review operating procedures, formulate policy and to ensure that the **Standard Procedures for the Handling of Accountable Items** are followed. Hospital management shall ensure that this document is read and understood by all those who work in the operating suite and use accountable items.

- Where an incident involving retained instrument/s has occurred, a Reportable Incident Brief (RIB) must be completed according to PD2005_337 (previously Circular 2003/88).

5. Accountable Items requiring mandatory documentation

Are items, which by their nature, at risk of being retained in the patient. Such items requiring mandatory documentation are to include, but may not be limited to:

Absorbent items such as: swabs, 'patties', 'cherries', 'peanuts', eye swabs (strolls), gauze strips, cotton wool balls, sponges.

Sharps such as: needles (ordinary and atraumatic), detachable scalpel blades, diathermy tips.

Vascular items such as: haemostats (artery forceps), bulldog clamps, vessel loops (ligaloops), snuggers, snares, tapes, ligareels, ligaboos (rubber shods).

Retraction devices such as: fish hooks, visceral retractors ('fish').

5.1 Preparation of accountable items

- 5.1.1 All sponges, swabs, peanuts, cherries, patties, eye strolls shall be in multiples of five (5) and of uniform size and weight.
- 5.1.2 These items shall be packaged and held together in such a way that they do not separate on transfer from the unit pack to the sterile field.
- 5.1.3 Haemostats (artery forceps) shall be packaged in multiples of five (5) whenever possible for sterilisation. It is recognised that in some sets e.g. Dental trays a single haemostat may be used.
- 5.1.4 A quality control system shall be used to identify the processor (batch number or person) of the packs of accountable items.

5.2 Sponges

- 5.2.1 Radio-opaque sponges shall not be used as dressings on surgical wounds.
- 5.2.2 Radio-opaque sponges used for preparation of the skin shall be recorded on the Operating Room Registered Nurses Report.
- 5.2.3 Under no circumstances shall sponges be used for wrapping articles prior to sterilisation.
- 5.2.4 Radio-opaque sponges shall never be cut.

5.3 Swabs

- 5.3.1 Green gauze swabs shall only be used for anaesthetic purposes.
- 5.3.2 Non radio-opaque gauze swabs shall only be used for dressings.
- 5.3.3 Radio-opaque swabs used for preparation of the skin shall be recorded on the Operating Room Registered Nurses Report.
- 5.3.4 Swabs used during the course of the operation shall be radio-opaque.
- 5.3.5 Radio-opaque swabs shall not be used as dressings on surgical wounds.
- 5.3.6 Radio-opaque swabs shall never be cut.
- 5.3.7 Commercially prepared prep swabs are to be counted and recorded on the Operating Room Registered Nurses Report.
- 5.3.8 Under no circumstances shall swabs be used for wrapping articles prior to sterilization.

5.4 Gauze rolls and pharyngeal packs

- 5.4.1 Pharyngeal packs shall contain a radio-opaque marker. Anaesthetists are responsible for pharyngeal packs placed in the patient as part of the anaesthetic. It shall be clearly understood that in this circumstance it is not the instrument nurse's responsibility. However, a method of recording shall be instituted which ensures the packs are removed. Should the surgeon as part of the surgical procedure insert a pharyngeal pack, it shall be the responsibility of the instrument nurse to manage this accountable item.
- 5.4.2 Radio-opaque gauze rolls shall not be used as dressings on surgical wounds.
- 5.4.3 If radio-opaque rolled gauze is cut, this shall be recorded on the Operating Room Registered Nurses Report.

5.5 Small dissecting swabs and cotton wool

- 5.5.1 On rare occasions when small dissecting swabs e.g. patties; eye strolls require division, this shall be recorded on the Operating Room Registered Nurses Report.
- 5.5.2 When small segments of cotton wool are used during surgery, they shall be counted and recorded on the Operating Room Registered Nurses Report.
- 5.5.3 Cotton wool shall not be used for skin preparation.

5.6 Tapes and vessel loops

- 5.6.1 When these items require division, this shall be recorded on the Operating Room Registered Nurses Report.

5.7 Instruments needles and "Other items"

- 5.7.1 All items nominated as 'Accountable Items Requiring Mandatory Documentation' shall be recorded on the Operating Room Registered Nurses Report.
- 5.7.2 Other items' shall be counted and recorded at the discretion of the nurses performing the count and/or surgeon or as hospital policy dictates.

- 5.7.3 All 'other items' opened onto the sterile field shall be accounted for by the instrument nurse. At the completion of the procedure, the instrument nurse initials the Operating Room Registered Nurses Report to indicate final check of 'other items'.
- 5.7.4 Special attention shall be given to the checking of instruments with removable parts, such as adjustable or self-retaining retractors and sucker tips to ensure that they are complete. **(Note 8.10)**

6. Checking tray lists and separate instruments

- 6.1 A list shall be used for every instrument tray and shall be signed off as correct by the Sterilising Department Technician or an authorised person prior to sterilisation.
- 6.2 Prior to the commencement of the surgical procedure two nurses, one of whom shall be a Registered Nurse, shall account for all instruments utilizing the tray list to establish the baseline record.
- 6.3 Prior to the commencement of the procedure, if an instrument nurse deems an instrument tray incorrect, this is noted on the instrument tray list and a hospital approved incident form may be completed according to hospital policy. The tray list shall be retained to aid in an investigation.
- 6.4 Instruments that require assembling e.g. laparoscopic, are to be assembled and checked by the instrument nurse for completeness prior to being handed to the surgeon. At the completion of the procedure, the instrument nurse is to make a visual check of each instrument used during the procedure to ensure completeness.
- 6.5 At the completion of the operation the instrument nurse's identification, the date and the patient's medical record number shall be attached to the instrument tray list and returned with the instrument tray.
- 6.6 As a quality check, prior to reprocessing, the instrument tray shall be checked for completeness by a Sterilising Department Technician or an authorised person. It is not necessary to retain the tray list, however, for audit purposes the tray list may be retained until final processing is correct and complete.
- 6.7 When an instrument tray is deemed incorrect, the Sterilising Department nominee shall notify the perioperative nurse in charge of the Operating Suite, who will initiate an immediate investigation. In this circumstance, the instrument tray list shall be retained to aid investigation with due consideration of infection control procedures.
- 6.8 Processes shall be developed, by individual hospitals, which account for additional separate instruments opened for use during an operation.
- 6.9 Retractors with multiple detachable blades and attachments are processed as a separate item they shall be accompanied by a tray list. When included in a tray of instruments the retractor shall be identified as having multiple parts e.g. Parkes anal retractor, 5 parts.

7. Loan sets

- 7.1 All loan sets shall be provided with two copies of illustrated tray lists from the company supplying the loan sets.

8. Procedure at operation

- 8.1 A minimum of three (3) counts will be performed and recorded on a paper-based system for all procedures.
- 8.2 The Operating Room Registered Nurses Report shall be used for all procedures in the operating suite. Counting shall be performed and documented whenever accountable items are used.
- 8.3 The count shall be carried out by two nurses, one of whom shall be a registered nurse.
- 8.4 The initial count is performed immediately prior to the commencement of the operation.
- 8.5 Accountable items shall remain intact in their inner packaging until counted.
- 8.6 Accountable items added during the procedure shall be counted, documented and documentation sighted by the instrument nurse.
- 8.7 A second count shall be performed at the commencement of the closure of any cavity or wound.
- 8.8 Additional counts may be performed and recorded according to hospital approved policy, and at the discretion of the nurses performing the count.
- 8.9 A final count shall be performed and recorded, at the commencement of skin or equivalent closure.
- 8.10 Instruments and retractors with removable screws and parts shall be accounted for initially and at the final closure count.
- 8.11 Non radio-opaque dressing gauze shall only be opened immediately prior to application as a dressing.
- 8.12 The instrument nurse responsible for the count of swabs, sponges, instruments and needles should not be required to act as surgical first assistant in operations where a body cavity is opened. If in special circumstances it becomes vital to do so, the surgeon shall allow time for the instrument nurse to complete the count and instrument checks.
- 8.13 The surgeon shall be notified and shall acknowledge the outcome of each closure count.
- 8.14 The Operating Room Registered Nurses Report shall be signed by the nurses responsible for the count.
- 8.15 The surgeon following notification of a correct count shall sign the Operating Room Registered Nurses Report at the conclusion of the procedure.
- 8.16 The original Operating Room Registered Nurses Report shall be included in the patient's medical record.
- 8.17 Between patients, used accountable items are cleared from the operating room and discarded appropriately.

9. Anaesthetic procedures (e.g. insertion of central line or long line)

- 9.1 Certain anaesthetic procedures performed in the Operating Room may require the use of Accountable Items Requiring Mandatory Documentation. In these

circumstances these items shall be secured within a clear rigid container sighted by the instrument and circulating nurse, identified as an anaesthetic item and recorded on the Operating Room Registered Nurses Report.

- 9.2 If the procedure is performed in an anaesthetic bay or other area outside the Operating Room, the anaesthetist shall be responsible to ensure that any accountable item used is disposed of and not brought into the Operating Room, where it may compromise the count.

10. Counting techniques

- 10.1 Both nurses count aloud, simultaneously.
- 10.2 Each accountable item shall be completely separated during the counting procedure to ensure adequate visualisation by both nurses.
- 10.3 When counting swabs and sponges the integrity of the x-ray detectable marker shall be checked.
- 10.4 Following the initial count, all articles shall remain in the operating room until the operation is completed and all counts have been performed and deemed correct.
- 10.5 At the initial count and when added during the procedure, sponges and swabs shall be counted into separate groups of five (5). The count is continuous when amounts of more than five (5), are counted. They shall not be placed with already counted sponges and swabs until verification of correct number in the packet.
- 10.6 If any interruption occurs during the counting procedure, the count of that item shall be recommenced.
- 10.7 In the event of faulty packaging resulting in an incorrect number of accountable items, the entire package shall be removed from the operative field, bagged and marked with number of items, placed to one side in the Operating Room while the procedure is in progress and shall not be included in the count. Original packaging shall be retained, and the item returned to the manufacturer if possible to ensure appropriate tracking processes are implemented.

11. Progressive count technique

- 11.1 Counting away of x-ray detectable gauze products shall be performed following infection control and occupational health and safety principles.
- 11.2 Radio-opaque swabs shall be separated and opened during the progressive counting procedures to ensure adequate checking by both nurses.
- 11.3 Radio-opaque swabs, sponges, peanuts, cherries, patties and eye strolls shall be managed within a separate receptacle on the sterile field until they can be counted away in multiples as per their original packaging (either packs of five or ten) and bagged, sealed and marked according to hospital policy.
- 11.4 Bags shall remain in the operating room until the completion of the final count.
- 11.5 If a discrepancy in the closure count exists, all bags shall be opened and their contents recounted.

12. Responsibility for counts

- 12.1 A registered nurse shall be nominated as in charge for each particular operation. Being in charge will include supervision of the Enrolled Nurse (EN). When the instrument nurse role is performed by an EN, the circulating nurse shall be a Registered Nurse.
- 12.2 Whenever possible the same two nurses shall be present and responsible for all counts during an operation.
- 12.3 Should it become necessary to replace the instrument nurse during the procedure a complete count shall be conducted, recorded and signed by the incoming and outgoing nurses. An additional count sheet may be required for this purpose. The time of the change over period is to be noted on the Operating Room Registered Nurses Report according to hospital policy. A note shall be made of any items that are inaccessible for counting purposes and a handover report shall be initiated as per hospital policy.
- 12.4 Should it become necessary to relieve either nurse temporarily, the relieving nurse shall continue the standard counting procedure, sign the Operating Room Registered Nurses Report and note the time of relief period.
- 12.5 The names and relief times of all replacement or relieving nurses shall be legibly recorded on the Operating Room Registered Nurses Report.
- 12.6 Items remaining in situ by intention shall be recorded, e.g. packing gauze, drain tubes or catheters, and details of modifications of such items are recorded on the Operating Room Registered Nurses Report.

13. Procedure where doubt exists as to the accuracy of the count

- 13.1 Any discrepancy in the count shall be reported immediately to the surgeon, anaesthetist and the nurse in charge of the operating suite.
- 13.2 If the count is incorrect and after a thorough search a radio-opaque item is still missing, an x-ray is obligatory prior to the patient leaving the operating room, unless contraindicated by the condition of the patient. In this circumstance, the x ray shall be carried out as soon as practicable. The outcome shall be documented in the patient's progress notes, as well as the Operating Room Registered Nurses Report and the surgeon's operation report. A copy of the x ray shall be made available for formal reporting and the report included in the patient's medical records.
- 13.3 If the needle will not be seen on your hospital's x-rays, then an x-ray is not appropriate if such a needle is missing.
- 13.4 If a micro needle is missing it may be necessary to utilize a microscope to locate the missing item within the operative field.
- 13.5 If a non radio-opaque item is missing an appropriate thorough visual/manual search is required.
- 13.6 The discrepancy in the count, subsequent action and outcome shall be reported to the nurse in charge of the operating suite and shall be recorded on the hospital approved incident form. This includes discrepancies identified retrospectively.

14. Clarification of problem areas

- 14.1 When a count is not performed (e.g. patient is critically ill, unexpectedly deteriorates, has profuse bleeding, so that normal procedures cannot be followed) a check x-ray shall be performed as soon as practicable. The outcome shall be documented in the patient's progress notes, as well as the Operating Room Registered Nurses Report and the surgeon's operation report. A copy of the x ray shall be made available for formal reporting and the report included in the patient's medical records.
- 14.2 If all instruments and prosthesis used during any procedure (e.g. major loan sets) are unable to be accounted for, according to standard procedures, the surgeon must be notified. A check x-ray shall be performed as soon as practicable following the surgical procedure. The outcome of the x-ray shall be documented in the patient's progress notes, as well as the Operating Room Registered Nurses Report and the surgeon's operation report. A copy of the x-ray shall be made available for formal reporting and included in the patient's medical records.
- 14.3 When a swab or instrument is removed from the operating room during the course of the operation (e.g. attached to a specimen) this shall be recorded on the Operating Room Registered Nurses Report and reflected in the second and final count columns in the case of an accountable item requiring mandatory documentation. If the swab or instrument attached to the specimen is removed from the operating room after completion of the final count, this action shall be documented on the Operating Room Registered Nurses Report as a point of clarification. This will not be reflected in the final count column.
- 14.4 In the case of two surgical procedures being performed on the same patient **simultaneously** (even if two teams are involved) one instrument nurse shall be responsible for the count and one Operating Room Registered Nurses Report shall be used. The instrument nurse responsible for the count shall complete the final count during the last incision closure. It is expected that 'D&C/laparoscopy' may fall into this category.
- 14.5 Should two or more procedures be carried out **sequentially** on the same patient and the operating room cleared between procedures, with different "set-ups" being used, a separate Operating Room Registered Nurses Report shall be used for each procedure.
- 14.6 Should two or more completed procedures be carried out **sequentially** on the same patient and the operating room not cleared between procedures, with the same "setups" being used, it may be necessary to use separate Operating Room Registered Nurses Reports for each procedure. The final count of the first procedure shall be carried over to be the first count of the second procedure and so on.
- 14.7 When a second Operating Room Registered Nurses Report is required for the continuation of a count, the second sheet shall be labelled with patient details, "COUNT CONTINUED" written on it, and it shall be stapled to the first Operating Room Registered Nurses Report.
- 14.8 When accountable items are deliberately left in a patient (e.g. sponges for haemostasis, these and their location shall be recorded on the Operating

- Room Registered Nurses Report. The number recorded in the relevant count columns shall reflect the number of accountable items visualised at the count.
- 14.9 When accountable items deliberately left in a patient are later removed, the previous Operating Room Registered Nurses Report shall be available at a subsequent operation. The item's removal shall be recorded on the new Operating Room Registered Nurses Report. The number recorded in the relevant count columns will demonstrate the addition of the items recovered.
 - 14.10 After completion of the first count, if a packet of swabs or sponges is dropped or contaminated, the items shall be counted and included in the count.
 - 14.11 In procedures where no accountable items are used and no count is performed, "NO COUNT REQUIRED" is written on the Operating Room Registered Nurses Report, which is signed by the registered nurse and included in the patient's medical record. Where computerised perioperative nurses' report exists, and no count is required, a local policy shall be developed. Where accountable items are not used, it will not be necessary for the Attending Medical Officer to sign the Operating Room Registered Nurses Report. In this instance however, the Operating Room Registered Nurses Report shall be completed by the nurse to capture essential procedure details for the purposes of information management.

15. Notification and display of standard procedures

- 15.1 Upon commencing employment in the operating suite, each nurse shall be provided with a current edition of this policy and acknowledge receipt in writing.
- 15.2 Copies shall also be exhibited in the operating suite including staff rooms and the sterile supply unit, in positions where all concerned can see them.
- 15.3 The contents of this document shall be brought to the attention of all medical staff that have operating assisting and anaesthetic privileges.
- 15.4 This document shall be included in orientation programs and form part of ongoing education for all nursing and medical staff working within the operating suite.

16. Glossary

Accountable items requiring mandatory documentation:

Are items, which by their nature are at risk of being retained in the patient. Such items requiring mandatory documentation are to include, but may not be limited to:

Absorbent items such as: swabs, patties', cherries', 'peanuts', eye swabs (strolls), gauze strips, cotton wool balls, sponges.

Sharps such as: needles (ordinary and atraumatic), detachable scalpel blades, diathermy tips.

Vascular items such as: haemostats (artery forceps), bull dog clamps, vessel loops (ligaloops), snuggers, snares, tapes, ligareels, ligaboos (rubber shods).

Retraction devices such as: fish hooks, visceral retractors ('fish').

Accountability

The Australian Nursing Council defines accountability as "The state of being answerable for one's decisions and actions. It cannot be delegated." (ANC, 2003).

Anaesthetic assistant

The assistant to the anaesthetist may be a Registered Nurse (RN), Enrolled Nurse (EN) or Anaesthetic Technician.

Cavity

A hollow space within the body (Macquarie Essential Dictionary, 2002), for example peritoneal cavity, uterine cavity or thoracic cavity.

Circulating nurse

The circulating nurse shall be a Registered or Enrolled Nurse (EN). In the event that an Enrolled Nurse is the circulating nurse, the instrument nurse shall be a Registered Nurse.

Checking technique

The method used by the instrument and circulating nurses to confirm all instrumentation opened for a surgical procedure.

Instrument nurse

The instrument nurse shall be a Registered or Enrolled Nurse. In the event that an Enrolled Nurse is the instrument nurse, the circulating nurse shall be a Registered Nurse.

Loan sets

A set of instruments and/or prostheses borrowed from commercial and external medical/surgical suppliers.

Micro needles

Micro needles are needles below the resolution of the particular hospitals' X-ray equipment.

Operation

For the purpose of this document the term operation includes surgical procedures with and without administration of anaesthesia.

Operating room

The room in which a surgical procedure is undertaken, with or without the administration of anaesthesia.

Operating suite

This encompasses the operating rooms, anaesthetic rooms, recovery room and all support facilities.

Other items

Disposable packaging material or other instruments, which has the potential for being retained at the site of operation.

Operating Room Registered Nurses Report

Form similar to sample in Appendix 1. Operating Room Registered Nurses Report.

Pharyngeal Pack

Pharyngeal pack (also known as throat pack) – a length of rolled gauze, containing an x-ray detectable (radio opaque marker), inserted into the pharyngeal area of the oral cavity.

Responsibility

The Australian Nursing Council defines responsibility as, 'The obligation that an individual assumes when undertaking to carry out planned/delegated functions. The individual who authorizes the delegated function retains accountability for evaluating whether the person carrying out the delegated activities maintains relevant standards and that the expected outcomes have been achieved.' (ANC, 2003).

Rolled gauze

White absorbent woven gauze folded and supplied in various lengths and widths into which is incorporated an x-ray detectable (radio-opaque) marker.

Shall

Indicates a mandatory practice required by Departmental directive. A Departmental directive is only issued where it is considered necessary in the interest of patient safety.

Small dissecting swabs

Absorbent gauze or synthetic material (e.g. peanuts, cherries or patties), which incorporates an x-ray detectable marker fixed securely across the width of the swab.

Sponge

White absorbent cotton gauze or absorbent cotton and viscose gauze folded into squares or rectangles and stitched or bonded to hold the material together. An x-ray detectable marker is securely fixed into the sponge.

Sterilising department

A reprocessing area for cleaning, disinfecting, checking and sterilization of re usable surgical instruments and equipment.]

Supervision

ACORN (2004) defines supervision as 'to oversee, direct and guide'.

Australian Nursing Council (2003) defines supervision, ...'incorporates the elements of direction, guidance, oversight and coordination of activities.'

'Direct Supervision – is provided when the Registered nurse is actually present, observes, works with and directs the person who is being supervised.

Indirect supervision – is provided when the Registered nurse is easily contactable but does not directly observe the activities.'

Swab

White absorbent gauze usually folded into squares, which incorporates an x-ray detectable marker.

Tray

A set of assorted instruments.

Bibliography:

Australian College of Operating Room Nurses (ACORN) (2004) *ACORN Standards for Perioperative Nursing*. ACORN. www.acorn.org.au

Australian Nursing Council (2003). *Guidelines on delegation and supervision of nurses*. ANC website, www.anc.org.au

AS/NZS 4187 (2003) *Cleaning, disinfecting and sterilizing reusable medical and surgical instruments and equipment, and maintenance of associated environments in health care facilities*. Sydney: Standards Australia.

AS/NZS 3816 (1998) *Management of clinical and related wastes*. Sydney: Standards Australia.

Staunton, P. and Chiarella, M. (2003) *Nursing and the Law*. (5th ed). Sydney: Churchill Livingstone.