Theatre Etiquette

A Students Guide to Theatres

The Association for Perioperative Practice

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General Etiquette

The operating theatre is a unique environment with many unfamiliar sights, sounds and odours. Forewarned is forearmed – here are a few indicators about what you may expect and how to behave.

- When you arrive, introduce yourself to everyone, show your identification badge and be friendly. (be aware – everyone wears the same attire regardless of role)
- Behave professionally – you are there to learn and represent your profession
- Ask appropriate questions and address everyone professionally
- Accountability – remember that you are answerable for your actions – to the patient, yourself, your colleagues, your University and your organisation
- Health – make sure you are fit and well enough to enter theatres – if unsure - ask
- Make sure you eat beforehand (fainting and light headedness should be avoided)

Security and belongings

- You should be provided with a secure locker to keep your belongings
- Do not take personal items such as bags into theatres
- Don't take your phone into the operating theatre
- Do not divulge passcodes to others
- Ensure doors close securely behind you
- Sign the visitors book if required to do so

The Operating Department

The overall structure and organisation of an operating department is based in the concept that its design affects its function and, most significantly, that the design minimises the risk of transmitting infection. Generally an operating department is built as a series of zones so that when the patient arrives for their procedure they are moved to areas of ever increasing restricted access, which culminates in their entry to the operating room.

The notion that supports this custom is that the patient should travel through the department through areas of enhanced cleanliness with the operating room as the area of optimum cleanliness. To support the operating department being an area of maximum efficiency and largely self-sufficient, the main areas of activity include:

- Anaesthesia
- Intra-operative
- Post-anaesthesia

Remember that you should never open any doors that head directly into the theatre when:

- A procedure is taking place
- Certain interventions are in progress
- Privacy and dignity may be an issue
- Radiology or laser is being used

Health and Safety

You should be able to:

- Demonstrate knowledge and familiarity with national and local health and safety policies
- Identify and deal with hazards in the perioperative environment

In the theatre environment there are systems in place to ensure a safe environment for patient, staff and visitors. All operating theatre departments must demonstrate a commitment to the Health & Safety at Work Act (HMSO 1974) by having clearly defined, up to date policies and procedures relating to:

- Infection control /Cross infection
- COSHH – dealing with hazardous substances
- Smoke plume, gases, laser and radiation
- Sharps safety and associated injuries
- Risk assessment
- PPE requirements
- Manual handling
- Waste management
- Damage to equipment or building
- Fire safety
- Stress
- Equipment

Health and Safety - Clinical

The correct segregation of healthcare waste onsite is vital to ensure that waste is stored, transported and disposed of in the correct manner. The Department of Health Safe Management of Healthcare Waste Memorandum outlines a best practice waste segregation colour coding scheme to follow.

Cytotoxic / Cytostatic - HAZARDOUS
Waste consisting of, or contaminated with, cytotoxic and/or cytostatic products which requires disposal by incineration.
e.g. Blister packs, tablets in containers, unopened medicine vials, patches, Gloves, gowns, aprons, wipes contaminated with cytotoxic and/or cytostatic medicines, Cytotoxic waste disposal.

Anatomical - HAZARDOUS/NON-HAZARDOUS
Anatomical waste which requires disposal by incineration.
e.g. Body parts, organs, blood bags, blood preserves, anatomical waste.

Clinical / Highly Infectious - HAZARDOUS
Highly infectious waste which requires disposal by incineration.
e.g. Couch roll, wipes, gloves, dressings, bandages, aprons, disposable garments, infectious waste.

Medicinal - NON-HAZARDOUS
Waste medicines, out of date medicines, denatured drugs, which requires disposal by incineration.
e.g. Tablets in containers, blister packs, unopened medicine vials, liquids in bottles, inhaler cartridges, droplet bottles with pipettes.

Clinical / Infectious - HAZARDOUS/NON-HAZARDOUS
Infectious waste which may be treated to render safe prior to disposal or alternatively it can be incinerated.
e.g. Wipes, gloves, dressings, bandages, aprons.

Offensive - NON-HAZARDOUS
Non-infectious, offensive/hygiene waste which may be recycled, incinerated (waste for energy) or deep landfilled.
e.g. Colostomy bags, incontinence pads, nappies & wipes, gloves, disposable garments.

Mixed Municipal Waste - VARIOUS
Municipal wastes and similar commercial, industrial and institutional wastes including separately collected fractions. Requires disposal by landfill.
e.g. Packaging, tissues, disposable cups & drinks cans, andwich wrappers, flowers.

The Operating Theatre Team

The resident operating department team in the UK consists of a range of personnel, including: lead practitioner (who may be titled matron or senior/theatre manager, or team leader), registered nurses, and registered Operating Department Practitioners (ODPs). Individual practitioners frequently choose to practice in a particular area of care, for example 'scrub', anaesthetics or the recovery unit.

Other members of the team include health care support workers, porters, and domestic and reception/clerical staff. Surgeons, anaesthetists and other doctors, attend the department on a daily basis, for what is termed 'the list', which is an allocation of surgical time during which patients undergo surgery. These are sometimes supported by non-medical practitioners such as surgical care practitioners.

Other staff who may attend intermittently or be allocated to the department include: pharmacists, supplies personnel, service managers, radiographers, plaster technicians and ODP/nursing/midwifery and medical students.

Job Roles and Duties

Anaesthetists

Care for patients by choosing the appropriate anaesthetics, monitoring their well-being during operations and painful procedures, supervising their recovery and providing further pain relief if needed. On average, nearly half their time is spent in the operating theatre.

Operating Department Practitioners and Theatre Nurses

Primarily employed within operating theatres but increasingly in other critical care areas of a hospital. They also manage the preparation of the environment, equipment and act as the link between the surgical team and other parts of the operating theatre and hospital. They must be able to anticipate the requirements of the surgical team and respond effectively.

Team Leaders/ Matrons

Lead the Theatre Teams in maintaining the high standards of care expected by patients and actively manage future developments for the services with an aim to increase theatre productivity and utilisation. Manage theatre teams to deliver elective & non-elective services, support appraisals & staff development, maintain high standards of patient care and promote a positive working environment to supplement high levels of efficiency and productivity.

Theatre Managers

Accountable for the management of the department including leading, motivating and supervising a multidisciplinary team of qualified and support staff, undertaking human resource management, resource management, business management, budget management, business planning and development, audits and clinical governance, infection prevention, health and safety, plus risk analysis.

Theatre Support Workers/Healthcare Assistants

An important part of the work of theatre support staff is reassuring patients, who may be anxious about going into the operating theatre.

As a member of the theatre support staff, they may also: *move patients on trolleys, reassure family members, set out instruments and equipment ready for surgery, make sure the department has stocks of items needed, clean and tidy theatre areas after surgery, scrub for surgical cases and deal with specimens.*

Surgical Care Practitioner (SCP)

An SCP is a registered healthcare professional (nurse, ODP or other allied health professional) who has extended the scope of their practice to work as a member of a surgical team. They perform surgical intervention and preoperative & postoperative care under the supervision and direction of a consultant, although not independently (Royal College of Surgeons of England 2013)

Surgical First Assistant (SFA)

A SFA is a registered healthcare professional who provides continuous competent and dedicated assistance under the direct supervision of the operating surgeon throughout the procedure, whilst not performing any form of surgical intervention. They will be a registered theatre practitioner (nurse or ODP); ideally with evidence of at least 18 months post-qualifying scrub experience.

Physicians Assistant (PA-A)

Physicians' assistants (anaesthesia) are part of the multi-disciplinary anaesthesia team, led by a consultant anaesthetist, that looks after patients undergoing many aspects of critical care.

Surgeons

Most surgical work takes place within hospital settings and as well as performing operations, surgeons will also undertake ward rounds, outpatient clinics, administrative duties and teaching. Surgery comprises ten main specialties which have further options for sub-specialisation embedded with them, these include: Cardiothoracic, General, Neurosurgery, Oral/Maxillofacial, Otorhinolaryngology, Paediatric, Plastic, Trauma and Orthopaedic, Urology and Vascular. Throughout a surgical career, surgeons will work in a number of different jobs.

Before an Operation

- Always arrive on time before the operation
- Make sure you go to the toilet and have had a substantial breakfast
- Operations can last a while and it can be tiring standing up and concentrating for hours with a risk of fainting if ill prepared
- Make sure you know which theatre you need to go to after you get changed

Theatre Attire

The principle of operating department attire is that the clothing concerned should reflect the exceptionally clean approach made to surgical practice.

Once ready to change, personnel should first wash their hands. Operating department headwear, invariably disposable, should ideally be the first item to be put on and should cover the wearer's hair completely. Each day staff should dress into a two piece suit, which should be changed if soiled or contaminated.

The suit is termed a 'scrub suit' and consists of trousers and a top, with the top tucked into the trousers. The suit should be hospital laundered and socially clean, and made of cotton with a weave density that is able to minimise the risk of bacterial 'strike-through'.

In the changing room there will often be a variety of different coloured hats for different job roles. Make sure you pick the right colour as this can vary between hospitals. There will also be a coloured band around the collar of the tops and the waist of the trousers that indicate the size, depending on the scrub company. Long sleeves are not allowed, even under theatre tops, you must be bare below the elbows in clinical areas.

Shoes

There will be a selection of theatre shoes to use. Operating department footwear, supplied by the employer, should be put on last. These shoes are robust and designed to minimise injury in case of spillage or dropped items. They must be comfortable, fit the wearer, easily washable (ideally department machine washer-autoclave compatible) and may have anti-static properties.

Shoes *(continued)*

Operating department shoes should only be worn in the department and never outside it. The wearer should ensure that the shoes are cleaned when visibly soiled and at the end of a shift, and as directed by local policy.

You should never wear your own shoes to theatre due to infection control reasons.

Jewellery

Jewellery should not be worn, as directed by local uniform policy. Name badges, (identification of personnel is invariably dictated by local policy and may, for example, be denoted by different coloured headwear); wrist watches and other items such as earrings, face jewellery and necklaces should not be worn.

A plain partner-wedding band may be worn on one finger as long as it is removed during hand washing and decontamination.

Patient Vulnerability

You must remember patients are vulnerable during surgery. You will be caring for them when their ability to communicate may be impaired due to the nature of surgery and anaesthesia and where no relatives or next of kin are alongside them.

- This is cited as one of the main conditions that requires advocacy and is particularly evident for patients undergoing surgery – the patient requires a 'voice', you should consider yourself an advocate for your patient's safety and wellbeing.
- Do not consider them a 'procedure' for the day but part of a vulnerable population who need the best care possible to decrease any complications (eg, surgical site infections) related to their surgical procedures.

Do not enter the anaesthetic room whilst the patient is being anaesthetised, unless you have direct permission from both the patient and anaesthetist.

Access to Information and Confidentiality

Information that can identify individual patients, must not be used or disclosed for purposes other than healthcare without the individual's explicit consent.

You need to:

- Understand every patient's right to privacy and confidentiality.
- Explore the modes of information transmission and related issues.
- Know the benchmarks that govern confidentiality:

1. The Human Rights Act (1998) - "Everyone has the right for his private and family life, his home and correspondence to be private unless it is in the interests of national security, public safety or the protection of others".
2. AfPP Standard 2.13 - A patient's right to privacy should be adhered to at all times and consent should be obtained for the presence of a visitors/ external contractors during the patient's surgical care pathway. A policy should be in place for the management of visitors/external contractors to the perioperative setting.
3. Data protection Act 1998 - Became law in 2000. It sets standards which must be satisfied when obtaining, recording, holding, using or disposing of personal data.

They are summarised by 8 Data Protection Principles:

- Processed fairly and lawfully
- Processed for specified purposes
- Adequate, relevant and not excessive
- Accurate and kept up-to-date
- Not kept for longer than necessary
- Processed in accordance with the rights of data subjects
- Protected by appropriate security (practical and organisational)
- Not transferred outside the EEA (European Economic Area) without adequate protection

The WHO Surgical Safety Checklist was developed after extensive consultation aiming to decrease errors and adverse events, and increase teamwork and communication in surgery. It is a simple tool designed to improve the safety of surgical procedures by bringing together the whole operating team to perform key safety checks during vital phases of perioperative care: prior to the induction of anesthesia, prior to skin incision and before the team leaves the operating room. Every member of the team is involved.

Team brief takes place at the beginning of the list and debrief at the end of the list . Sign in time and sign out occur for each patient on the list.

Team brief

The core team to meet to discuss the requirements of that list, including safety concerns, equipment and staffing.

Sign in

Before induction of anaesthesia, verbally review with the patient (when possible) that his or her identity has been confirmed, that the procedure and site are correct and that consent for surgery has been given. Visually confirm that the operative site has been marked (if appropriate) and that the patient's risk of blood loss, airway difficulty and allergic reaction and whether a fullanaesthesia safety check has been completed.

Time out

Team will pause immediately prior to the skin incision to confirm out loud that they are performing the correct operation on the correct patient and site and then verbally review with one another, in turn, the critical elements of their plans for the operation using the Checklist questions for guidance. They will also confirm that prophylactic antibiotics have been administered within the previous 60 minutes and that essential imaging is displayed, as appropriate.

Sign out

The team will review together the operation that was performed, completion of sponge and instrument counts and the labelling of any surgical specimens obtained. It will also review any equipment malfunctions or issues that need to be addressed. Finally, the team will review key plans and concerns regarding postoperative management and recovery before moving the patient from the operating room.

Debrief

The core team to review any issues that occurred, answer concerns the team has, discuss specific incidents or identify how to prevent them happening again for the next list.

The Checklist - How not to do it http://www.youtube.com/watch?v=lM_VwSNY7gY
The Checklist - How to do it http://www.youtube.com/watch?v=CsNpfMldtyk

Ten objectives for safe surgery

1. The team will operate on the correct patient at the correct site
2. The team will use methods known to prevent harm from administration of anaesthetics, while protecting the patient from pain
3. The team will recognize and effectively prepare for life-threatening loss of airway or respiratory function
4. The team will recognize and effectively prepare for risk of high blood loss
5. The team will avoid inducing an allergic or adverse drug reaction for which the patient is known to be at significant risk
6. The team will consistently use methods known to minimize the risk for surgical site infection
7. The team will prevent inadvertent retention of instruments or sponges in surgical wounds
8. The team will secure and accurately identify all surgical specimens
9. The team will effectively communicate and exchange critical information for the safe conduct of the operation
10. Hospitals and public health systems will establish routine surveillance of surgical capacity, volume and results

The Operating Room

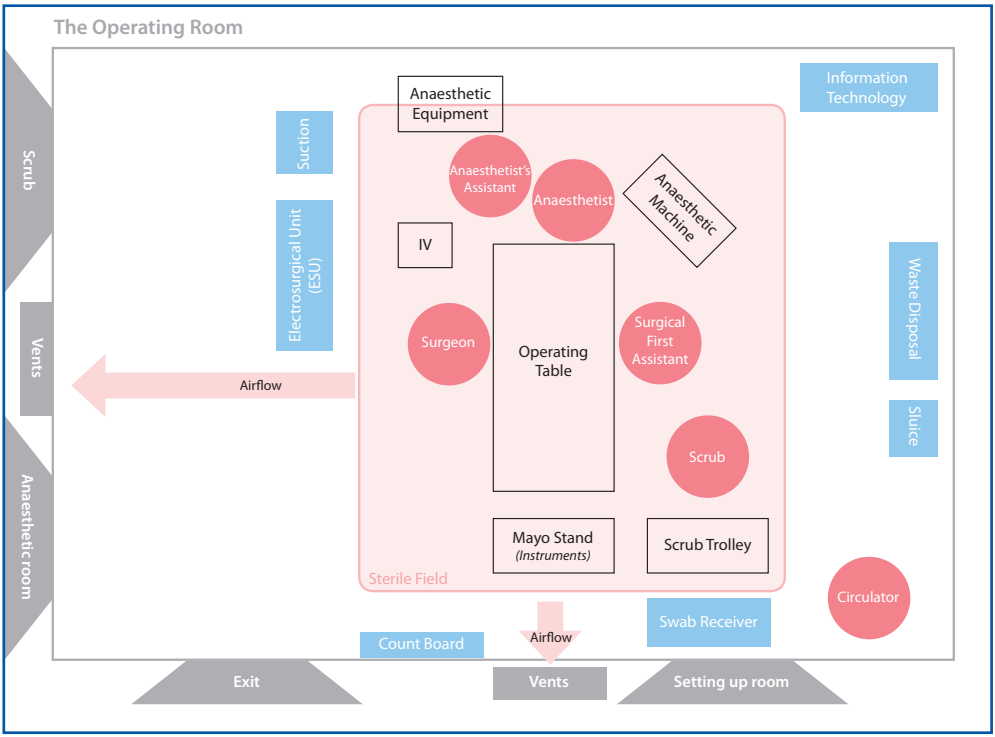
Sterile Field

A sterile field is created by providing a barrier between sterile and non-sterile areas, thereby reducing the risk of cross infection. This is done by ensuring the patient, operating table, and instrument trolleys are covered in sterile drapes and that all equipment and instruments are sterile.

All staff operating within the sterile surgical field should have performed a surgical scrub and be wearing sterile gowns and gloves.

Tips:

- Keep movement to a minimum
- Keep opening and closing of doors to a minimum
- If scrubbed you should remain close to the sterile field



The Operation

Once the patient has been anaesthetised in the anaesthetic room, and the anaesthetist has implemented intraoperative physiological monitoring, it is time to transfer the patient into theatre. Catheterisation may also be required at this point.

The patient is then transferred from their bed/trolley to the operating table with the aid of a PatSlide. During this process, it is important that the airway and any adjuncts such as IVI, are monitored.

The patient is then positioned for surgery and secured so that they cannot fall or sustain injury.

The operating table can be adjusted so that the operation site can be easily accessed and is designed to reduce the risk of pressure sores or nerve injuries. Extra adjuncts may be used to reduce risk of injury.

After the operation - Keep a log book of procedures you have attended with any pertinent notes for future reference. (anonymise patient/staff references)

Survival tips from AfPP Members!

'Do your research and be interested. If we ask you a question then think about the answer, we are not trying to catch you out or trip you up, we are simply assessing your knowledge base.'
Alex Toward

Be enthusiastic, ask questions, volunteer to do stuff, listen to advice/info and enjoy it. If in doubt, remember it's all about the care of the patient.'
Ryan Talley

'Wear your uniform properly, introduce yourself and listen to your mentor. Ask questions appropriately'
Paula Quinn

'Remember we have all been there once – introduce yourselves to the theatre lead – ask, ask, ask. Make the best of it even if it's not for you.'
Leah Dean

'Don't touch anything blue, green (or whatever colour the drapes are)'
Julie Widdecombe

'If you start to feel unwell, step away from the table, sit down or go for a drink. It's nothing to be ashamed of, it's happened to us all – even surgeons!
Joanna Deane

'Have breakfast before you start every morning!'
Linda Lynch

Useful Links/resources

AfPP Website

https://www.afpp.org.uk

Standards and Advice - including the latest posters/videos
Article Archive and EBSCO Host
Student Specialist Interest Group
Professional Advice Service
Discounted or FREE Events *(first year of student membership)*

Jobs

NHS Careers
https://www.healthcareers.nhs.uk/

AfPP Job Forum
http://www.afppjobforum.org.uk/

Social Media

AfPP Facebook Discussion Group
https://www.facebook.com/groups/25430758625/

AfPP Facebook Company Page
https://www.facebook.com/SaferSurgeryUK

AfPP Twitter Feed
https://twitter.com/SaferSurgeryUK

Other

Medicines and Healthcare Products Regulatory Agency - MHRA
https://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency

Department of Health
https://www.gov.uk/government/organisations/department-of-health

NHS Improvement
https://improvement.nhs.uk/

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