

SESLHD PROCEDURE COVER SHEET



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KEY TERMS	Work experience students, staff members, authorised persons, Perioperative Suite, company representatives
SUMMARY	This procedure identifies the requirements to ensure that only authorised persons gain access to SESLHD Perioperative Suites.

COMPLIANCE WITH THIS DOCUMENT IS MANDATORY

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SESLHD PROCEDURE

Perioperative Suite – Ensuring that only duly authorised persons are able to enter SESLHD Perioperative Suites

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1. PURPOSE AND SCOPE

The provision of safe and secure SESLHD Perioperative Suites by limiting access to only duly authorised persons. The policy aims to maintain the safety and confidentiality of patients and duly authorised staff.

Access for ALL categories of persons entering the SESLHD Perioperative Suites will be governed by this procedure.

All staff members will abide by this procedure and only enter SESLHD Perioperative Suites in line with their work responsibilities.

2. POLICY STATEMENT

Only duly authorised persons are permitted to enter SESLHD Perioperative Suites.

Authorised persons include SESLHD Perioperative Staff, Medical and Dental Practitioners with current SESLHD appointments and authorised 'visitors' with a legitimate role, including a supportive or educational role.

Only authorised persons to enter and remain in Perioperative Suites by:

- having systems and processes that ensure that only duly authorised staff and approved visitors access the Perioperative Suite;
- ensuring a secure Perioperative Suite that can only be accessed by electronic swipe card or an alternate system whereby a staff member physically controls access by allowing a visitor to enter having established the visitor's bona fides;
- robust methods of identification;
- a Perioperative Suite culture that recognises that staff safety and patient safety, privacy and confidentiality are paramount, and that all staff (including all medical officers) ensure that only duly authorised persons enter and remain in the Perioperative Suite.

3. BACKGROUND

It is recognised that various categories of personnel, including staff, students and medical company representatives will at times, require access to SESLHD Perioperative Suites.

4. DEFINITIONS

4.1 Staff Members: are authorised personnel in the Perioperative Suite who are employed or appointed by the SESLHD and are identified by a Health Care Facility (HCF) staff photo identification badge. For the purposes of this policy, this includes all Senior Medical and Dental Officers holding current SESLHD appointments, including Visiting Medical Officers, Visiting Dental Officers and Honorary Medical Officers.

4.2 Visitors: includes medical and dental practitioners who do not hold current SESLHD appointments, student facilitators, patient support persons, and medical company representatives.

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- 4.3 **Education provider:** Universities, TAFEs and other significant Registered Training Organisations that facilitate student clinical placements in NSW Health facilities.
- 4.4 **Clinconnect:** The NSW Health web-based interdisciplinary clinical placement booking system which is used to book and manage all student clinical placements from all discipline areas aligned to clinical services that take place in NSW public health facilities and affiliated organisations.
- 4.5 **Student Placement Agreement (SPA):** a legal document containing agreed terms for the placement of students from affiliated education providers. All aspects of the student placement, including indemnity are covered by the Student Placement Agreement (SPA), which must be in place for student placements to occur.
- 4.6 **Staff Photo Identification Badge:** a badge that includes the name of the staff member, a photograph of the staff member and the name of the facility. The badge may or may not include electronic swipe card access.
- 4.7 **Visitors Label:** all visitors signing in at the Perioperative Reception will receive a visitor label with the date, what category they are (student facilitator, medical company representative, patient support persons, medical and dental practitioner) and who approved their entrance written on the label.

5. PROCEDURE FOR AUTHORISATION OF UNDERGRADUATE AND POSTGRADUATE STUDENTS TO ATTEND CLINICAL EXPERIENCE WITHIN THE SESLHD PERIOPERATIVE SUITES

- Students on Clinical Placement in the Perioperative Suite must be managed according to NSH Ministry of Health Policy PD2016_057 Clinical Placements in NSW Health
- Unless authorised within the Clinconnect program any students from any discipline are not permitted in SESLHD Perioperative Suites

- 5.1 ClinConnect must be used to book, verify and manage all clinical placements that take place in NSW public health facilities and affiliated organisations in all discipline areas aligned to clinical services. This includes medical students on elective placements. This process ensures that all students are duly authorised on legitimate clinical placements and are supervised by LHD staff to perform clinical duties according to their scope of practice.
- 5.2 Students whose authorised clinical placement is elsewhere within the facility, who seek to attend the Perioperative Suite to view a procedure must have authorisation by the Perioperative Nurse Manager (or delegate) and the Consultant Surgeon. Patient consent is also required as per [NSW Ministry of Health Policy PD2005_406 - Consent to Medical Treatment - Patient Information.](#)

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Visiting students must be under the supervision of an Affiliated Education Provider Student Facilitator and must abide by all entry requirements into the Perioperative Suite.

There will be no circumstance where a student is placed in the SESLHD facilities outside ClinConnect.

6. PROCEDURE FOR ATTENDANCE IN THE PERIOPERATIVE SUITE BY MEDICAL AND DENTAL PRACTITIONERS

6.1 All requests for non-appointed Medical and Dental Practitioners to attend the Perioperative Suite will be directed to the Director of Clinical Services (DCS) or the facility Executive staff member if after hours. The DCS or their nominee will make an assessment of the request and determine whether to approve the visit.

6.2 If the request includes *any* participation by the Medical or Dental Practitioner in direct patient care, including assisting or as the primary operating surgeon, then the DCS will arrange an appointment to the facility. Only Medical and Dental practitioners with Theatre privileges are able to open an operating room in a SESLHD hospital. Theatre privileges are NOT required for a Medical or Dental practitioner to assist with a procedure, however, they must hold a current SESLHD appointment valid for the facility in question. Registrars may operate unsupervised with the approval of their supervisor, utilising the Theatre privileges of the supervisor.

Information regarding the Clinical Privileges and Scope of Clinical Practice of appointed Medical and Dental Practitioners is available on the [SMO \(Senior Medical Officer\) Services Database](#).

If the request for a non-appointed Medical or Dental Practitioner to attend the operating room is approved, this will be communicated in writing to both the operating Surgeon, the Medical or Dental Practitioner concerned and the Manager, Operating Suite. The information should be held at the Operating Suite reception and needs to include:

- name of the non-appointed Medical or Dental Practitioner;
- name of the supervising and responsible operating Surgeon;
- level of approved participation;
- dates and times of visit.

6.3 The operating Surgeon is responsible for supervising the non-appointed Medical or Dental Practitioner whilst in the Perioperative Suite and has specific responsibility for:

- escorting the visitor to and from the Perioperative Suite;
- introducing them to all the team members;
- the visitors conduct while in the Perioperative Suite.

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- 6.4** Medical and Dental Practitioners who hold appointments to attend the Perioperative Suite may enter the Perioperative Suite and act in accordance with their appointment and approved Clinical Privileges and Scope of Clinical Practice.
- 6.5** In rare cases of genuine life threatening emergency, it may be appropriate for a Medical Practitioner who does not hold a SESLHD appointment, or who does not hold Clinical Privileges for the facility to attend the Perioperative Suite and participate in urgent, lifesaving surgery. In these cases, an appropriately appointed Medical Practitioner should contact the DCS urgently and obtain verbal consent for the Medical Practitioner to participate in the care. A suitable appointment or Clinical Privileges should be obtained at the earliest opportunity to ensure the Medical Practitioner can be indemnified.

7. PROCEDURE FOR AUTHORISATION OF FAMILY/CARERS PROVIDING SUPPORT TO PATIENTS

All requests require the authorisation and are pre-arranged by the Perioperative Suite Nurse Manager or their delegate.

8. PROCEDURE FOR AUTHORISATION OF MEDICAL COMPANY REPRESENTATIVES

Requests from Medical Company Representatives to be present at surgery to enable them to provide observational and technical product support only will require the approval of the Consultant Surgeon and the Perioperative Nurse Manager (or delegate). All medical company representatives need to be signed in as per 13.3. The Consultant Surgeon or Perioperative Nurse Manager (or delegate) must inform the patient that a Medical Company Representative will be present during the surgical procedure.

9. RESPONSIBILITIES OF MANAGERS AND STAFF

- 9.1** Network Managers/Nurse Managers/Service Line Managers will ensure that this procedure is implemented.
- 9.2** All staff members whose work place is the Perioperative Suite will as part of their responsibilities maintain vigilance in ensuring that only duly authorised persons access the Perioperative Suites. Any member of staff identifying a person who they think should not be present, will escalate their concern to the attention of their Line Manager or the Perioperative Nurse Manager (or delegate) immediately.
- 9.3** All appointed Medical and Dental Practitioners attending the Perioperative Suite have a responsibility to ensure that all Medical and Dental practitioners participating in, or observing the procedure are appropriately appointed, and hold suitable Clinical Privileges and Scope of Clinical Practice to participate in the procedure. Appointed Medical and Dental Practitioners are responsible for ensuring that any Medical Student or Visitor attending a procedure holds appropriate approval to be in attendance.

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9.4 Managers of Perioperative Suites, in line with their position, have a key role in ensuring that only duly authorised personnel enter SESLHD Perioperative Suites. This responsibility particularly relates to all visitors to the Perioperative Suites. A list of expected visitors (those with appointments or who have been requested) will be held at the reception of the Perioperative Suite. Afterhours, this list will be held by the Nurse Manager (or delegate).

9.5 Line Managers will take responsibility for ensuring that the elements of this Procedure are implemented and routinely practiced.

10. RESPONSIBILITIES OF VISITORS

Visitors to the Perioperative Suite will present themselves to the Perioperative Suite Reception with relevant identification and letter of approval (if required see 6.2) where they will be provided with a Visitors Badge and requested to 'sign in'. If the visitors are required to enter the restricted zones, a locker will be provided for storage of clothes, valuables and bags not required in the restricted zones. Visitors will only access those parts of the Perioperative Suite directly related to the purpose of their visit.

Visitors will abide by the Policies and Procedures of Perioperative Suites.

11. PROCEDURE FOR ACCESSING PERIOPERATIVE SUITE

11.1 Facility staff whose normal place of work is the Perioperative Suite will wear a Photo Identity Badge (ID), which is visible and will enter the Perioperative Suite by utilising an electronic swipe card access. ID/access cards must not be loaned to fellow staff members.

11.2 All students - must wear photo identification from the Affiliated Education Provider.

11.3 Medical Representatives – Company identification and name badge, including Identity Card of Medical Technologies Association of Australia or equivalent issued by the company (which states the bearer has attended a course of instruction on Perioperative Suites protocol related to ACORN Standards – Standard Statement 8 “Visitors to the Perioperative Environment”).

11.4 Visitors to the Perioperative Suite will present to reception with their letter of approval if required (see 6.2) and relevant photo identification.

11.5 Patient Support Persons – some Perioperative Suites require these visitors to sign a consent form that includes the following elements:

- Maintenance of confidentiality;
- Compliance with the Suite’s policies and procedures;
- Where written consent is required, this will be obtained at the time the visitor presents to reception.

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- 11.6 Under no circumstances may these formal mechanisms for gaining *authorisation* and *access* to Perioperative Suites be bypassed.
- 11.7 Transgressions of this business rule by staff or visitors will be notified to the DCS/ SESLHD Clinical Stream Director Surgery, Anaesthetic and Perioperative or to the Perioperative Suite Nurse Manager and will result in disciplinary action.

12. REGISTRATION OF VISITORS OR FIRST TIME STAFF AT RECEPTION

All visitors or first time staff to the Perioperative Suite will be required to sign in and out at reception. All personnel who do not have the Perioperative Suite as their usual place of work, will be required to sign in and out at reception, at the time of each visit.

All Perioperative Suites will have in place robust systems/registers to ensure that the following information is collected and maintained:

- Visitor's name
- Time in
- Time out
- Visit authorised by
- Name of Supervisor
- Mobile telephone number of visitor

All visitors will be issued with a visitors badge by Security or Perioperative Suite reception administration.

The details of all visitors observing procedures will also be recorded in the Perioperative Suite Management Information System - Surginet / electronic documentation.

13. REFERENCES

- [NSW Ministry of Health Policy PD2005_406 - Consent to Medical Treatment - Patient Information](#)
- [NSW Ministry of Health Policy PD2017_032 - Clinical Procedure Safety](#)
- [NSW Ministry of Health Policy PD2018_009 - Occupational Assessment, Screening and Vaccination Against Specified Infectious Diseases](#)
- [NSW Ministry of Health Policy PD2016_057 - Clinical Placements in NSW Health Policy](#)
- [NSW Ministry of Health Guideline GL2018_009 - Guidelines for Clinical Placements in NSW Health](#)
- NSW Health TMF Scheme Structure and Coverage Reference Document (June 2011)
- [SESLHDPR/326 - Student Clinical Placements in SESLHD Facilities](#)
- Australian College of Operating Nurses (ACORN) Standard: Visitors to the Perioperative Environment (2016 ACORN Standards for Perioperative Nursing pp 325-329)

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14. REVISION AND APPROVAL HISTORY

Date	Revision No.	Author and Approval
14/2/09	DRAFT	Dr George Bearham, Director of Clinical Services, Royal Hospital for Women
25/1/10	0	Approved by Area Executive Team requesting one minor change to section 4.1
September 2012	1	Minor changes to section 9 and references. Reviewed by Sheila McCulloch Stream Manager. Approved by Dr Greg Keogh. Rebadged as a procedure
September 2015	2	Review undertaken by Clinical Streams Manager. Minor changes. Endorsed by Executive Sponsor
February 2018	3	Review undertaken and provided to Executive Services for the Draft for Comment page for feedback.
August 2018	3	Draft for comment period.
November 2018	3	Major review. Processed by Executive Services prior to Clinical and Quality Council approval.
December 2018	3	Approved by Clinical and Quality Council.