

# GUIDELINE ESSENTIALS

## KEY TAKEAWAYS

### Environment of Care



## TAKEAWAY

## EXPLANATION

Quick recognition of and response to clinical and alert alarms contributes to safe patient care.

- **NEW** An interdisciplinary team should develop and implement a perioperative clinical and alert alarm management plan that includes
  - procedures for responding to various clinical and alert alarms, including who should respond to which alarms;
  - criteria for changing default alarm settings, including who is allowed to make changes;
  - criteria for disabling or turning off an alarm;
  - procedures for communicating changes to alarm settings;
  - procedures for testing and maintenance of alarm systems;
  - processes to reduce alarm fatigue, including strategies to mitigate clinically insignificant alarms; and
  - processes for monitoring adherence to alarm management policies and procedures. **1.1, 1.1.1, 1.1.2**
- Testing functionality and verifying that alarms are audible helps ensure that the perioperative team is alerted to changes in the patient's condition or hospital system failures. **1.3, 1.4**
- Configuring alert alarms for remote monitoring prevents missed notification of system failure when perioperative personnel are not present. **1.6, 1.6.1**

Preventing occupational slips, trips, and falls contributes to a safe work environment for perioperative team members.

- Slips, trips, and falls account for 25% of injuries experienced by RNs and represent the most frequent type of nonfatal occupational injury among RNs who are older than 64 years. Occupational injuries can impair a perioperative team member's ability to care for patients, increase work-related compensation claims, lead to lost workdays, and reduce productivity. **2.1**
- **NEW** A comprehensive occupational slip, trip, and fall prevention program should include
  - an assessment of hazards;
  - a review of incident data;
  - education on and implementation of slip, trip, and fall prevention strategies;
  - procedures for floor cleaning and reporting of injuries; and
  - an analysis of trends and evaluation of program performance. **2.1.2, 2.2**

### TAKEAWAY

### EXPLANATION

The perioperative team is responsible for performing a preoperative fire risk assessment and implementing fire prevention interventions.

- **NEW** Evidence supports a team approach to fire safety in the OR. Any member of the perioperative team can identify a fire risk, and everyone should collaborate to mitigate the risks that are identified. **3.2**
- **NEW** The fire risk assessment process may include the use of cognitive aids (eg, algorithms, checklists, tools). **3.2.1**
- **NEW** The new AORN Fire Risk Assessment and Prevention Algorithm does not produce a score. Fire prevention interventions should address the specific risks identified by the perioperative team during the fire risk assessment. **3.2.2**

Safe practices for using warming cabinets can help prevent thermal injuries.

- The danger of burns from heated solutions, blankets, or linens is increased in the perioperative setting because patients are often unconscious or sedated and unable to respond to an increase in temperature or communicate discomfort.
- Fluids cannot be warmed to the same temperature as blankets because fluids attain a higher temperature and retain the temperature longer, presenting a greater risk for thermal injury. Storing solutions and linens in separate warming cabinets or compartments allows these items to be kept at different temperatures for patient safety. **5.2**
- Because evidence conflicts on the optimal temperature for blanket warming cabinets, an interdisciplinary team should review the cabinet manufacturer's instructions for use and conduct a risk assessment when determining maximum temperature limits for blanket warming cabinets. **5.1.1**
- Solution manufacturers' recommendations for maximum temperature setting, time limit that solutions can remain in the warming device, and solution use after removal from a warming device vary. An interdisciplinary team should review the solution manufacturer's instructions for use to set these parameters. **5.1.2**

A latex safety program mitigates the risks of a latex allergy or sensitivity reaction for patients and personnel.

- **NEW** Frequent exposure to natural rubber latex in the health care environment is a risk factor for the development of latex sensitivity, latex allergy, and anaphylaxis among patients and health care workers. **8.1**
- **NEW** A latex safety program creates a framework for protecting patients and personnel from harm, reducing risk, managing latex allergy, and educating patients and personnel. **8.2**

## TAKEAWAY

## EXPLANATION

The health care organization must follow the most stringent federal, state, or local regulations for the handling, storage, and disposal of chemicals.

- The Occupational Safety and Health Administration requires employers to protect workers from exposure to chemicals through the implementation of safe practices for the handling and disposal of chemicals. **9.2**
- **NEW** The organization's chemical safety plan must include
  - policies and procedures,
  - an assessment of chemical hazards,
  - a written hazard communication plan,
  - a respiratory protection plan,
  - methods for monitoring worker exposure,
  - medical surveillance,
  - personal protective equipment requirements,
  - an emergency spill plan,
  - education and competency verification activities, and
  - quality assurance activities. **9.2**