Clinical Issues February 2013

This Month:

- Obtaining RN first assistant privileges to practice
  
  Key words: RN first assistant (RNFA), privileging process, practice issues

- Creating policies and procedures for the RN first assistant credentialing process
  
  Key words: RN first assistant (RNFA), credentialing process, privileging process

- Infection prevention guidelines for break rooms or lounges in the OR
  
  Key words: infection prevention, disease vectors, OR lounges, OR break rooms

- Maintaining the sterility of instruments when a sterilizer is malfunctioning
  
  Key words: off-site sterilization, sterilizing instruments, malfunctioning equipment

- Guidelines for the location of automatic endoscope reprocessors
  
  Key words: endoscope reprocessor, department layout

Obtaining RN first assistant (RNFA) privileges to practice

QUESTION: I am preparing to practice as an RNFA in a new facility, and the administrators have informed me that I must obtain privileges through the medical staff office. I have never done this before and am not familiar with the requirements. Can you help me?

ANSWER: The requirements for obtaining practice privileges are based on the specific policies of the facility in which you wish to practice and the requirements of the facility’s accrediting organization (eg, the Centers for Medicare & Medicaid Services,1,2 state health department, The
Joint Commission, Accreditation Association for Ambulatory Health Care, the American Association for Accreditation of Ambulatory Surgery Facilities). Facility requirement policies may be more stringent than the accrediting organization’s requirements but cannot be less stringent.

Accrediting organizations describe their requirements for granting privileges but do not dictate what department in a facility must handle the process. The department responsible for this function is determined by the facility’s policies; however, the human resources (HR) department or the medical staff office (MSO) is often the designated department. If the RNFA requesting privileges is already an employee of the facility, the process often can be completed through the HR department. If the RNFA is not an employee (eg, physician employed, clinic employed, self employed), many facilities require that the process be completed through the MSO. An RNFA requesting privileges should contact the appropriate office to verify the facility’s specific requirements. The process of obtaining privileges occurs before the RNFA begins to practice at a facility and privileges must be renewed or updated periodically thereafter. The AORN “Position statement on RN first assistants” provides a partial list of requirements to assist RNFAs who are requesting privileges.

The candidate should expect to provide the facility with copies of any applicable licenses, proof of certification, a certificate of completion from the program where the education was obtained, and contact information for the program. The candidate may be asked to provide proof of competency by providing letters of reference from a previous employer, the supervising surgeon, or the RNFA program that the candidate completed. The institution granting privileges may want the candidate to provide a listing of all completed continuing education relevant to the candidate’s RNFA practice so that it can be validated, and may have requirements for additional
certifications such as basic or advanced cardiac life support. The privileging process also may require that the candidate complete a physical examination or provide references regarding his or her ability to carry out the position’s physical requirements.8

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**References**


4. HR.01.02.05: the organization verifies staff qualifications. In: *Comprehensive Accreditation Manual for Ambulatory Care*. Oakbrook Terrace, IL: Joint Commission Accreditation; 2012.
Creating policies and procedures for the RN first assistant (RNFA) credentialing process

QUESTION: We are a small hospital that has never used RNFAs in surgery; however, this is changing, and we need to develop policies and procedures for providing them with privileges to work at our hospital. Can you help?

ANSWER: Facilities need policies and procedures that describe the process applicants must complete to obtain privileges. The AORN “Position statement on RN first assistants”\(^1\) provides a partial list of requirements to assist the individuals responsible for writing the criteria for granting privileges (eg, human resources [HR] department personnel, medical staff office [MSO] personnel).\(^1\) The numbered statements in the list below represent requirements. The bullet points below the numbered statements are examples of actions to be taken by the HR/MSO, the items to
be supplied by the candidate to meet the criteria in the policy, and statements that can be used to create the policy. Some of the examples apply to the initial privileging process and others to the ongoing process. These are examples only, and the list is not intended to be all inclusive.

1. Verify individual RNFA qualifications with the primary source.
   
   o HR/MSO: Contact the program the candidate completed and the state board of nursing listed on the license.
   
   o Candidate: Provide a copy of the certificate of completion from the RNFA the program and the nursing license.
   
   o Policy: The RNFA will show proof of completion of an education program that adheres to the “AORN standards for RN first assistant education programs.” The RNFA will show a current, unencumbered license to practice as an RN licensed in this state.

2. Evaluate current and continued competency in the RNFA role.
   
   o HR/MSO: Request letters of reference from the previous employer and/or the program that the candidate completed. Issue a competency assessment test to validate the competency of the RNFA as appropriate for the facility (eg, suturing, retractor and other instrument selection).
   
   o Candidate: Provide letters of reference from the previous employer, supervising surgeon, or RNFA program that the candidate completed, as appropriate.
   
   o Policy: The RNFA will demonstrate the ability to perform the behaviors listed in the AORN “Position statement on RN First assistants” upon hire and annually. This may be accomplished by providing a letter of reference from the supervising surgeon who has fulfilled this role for at least six procedures or through documentation that the applicant has completed a competency assessment test. The candidate shall show evidence of
completing eight procedures with a credentialed proctor and 200 hours of RNFA experience within the last year.

3. Assess compliance with relevant institutional and departmental policies.
   - HR/MSO: Request from the educator or designee the records that signify review of the policies. Interview peers and others in the OR to determine whether the candidate complies with the policies.
   - Candidate: Provide names of people who will serve as a reference. Provide records of policy review if they cannot be obtained from the educator or designee.
   - Policy: The RNFA will demonstrate compliance with relevant institutional and departmental policies.

4. Define lines of accountability.
   - HR/MSO: Interview the physician and circulating nurses for evidence of compliance with the chain of command and scope of practice. Interview the candidate for knowledge of the chain of command and scope of practice.
   - Candidate: Provide written evidence of compliance with the chain of command and scope of practice, such as a letter describing a situation in which the chain of command was followed or a situation in which the candidate used the scope of practice.
   - Policy: The RNFA shall follow the chain of command as described in the medical staff bylaws and facility policies. The candidate shall perform intraoperative responsibilities only under the direction of the surgeon.

5. Incorporate peer and/or faculty review.
   - HR/MSO: Request references from the education program, peers, and the candidate’s previous employers.
- Candidate: Provide references from the education program, peers, and previous employers.

- Policy: The candidate without current privileges shall provide three letters of reference from previous places of employment. The candidate who does not have current experience shall submit letters from the preceptors or from the education program. The candidate with current privileges shall provide letters from the sources who have frequent contact with the candidate (e.g., one sponsoring physician, one RN circulator, and one scrub person; three physicians).

6. Validate continuing education relevant to RNFA practice.

   - HR/MSO: Determine the criteria of the types of education and the documents required to show proof of completion (e.g., suturing class, infection prevention, use of equipment, fire safety, application of hematostatic agents, advanced cardiac life support).

   - Candidate: Provide a listing of all continuing education that applies to the role. This continuing education may be very diverse (e.g., infection prevention, use of equipment, fire safety, application of hematostatic agents, advanced cardiac life support).

   - Policy: The candidate shall show evidence of 15 hours of continuing education relevant to RNFA practice (e.g., infection prevention, use of equipment, fire safety, application of hematostatic agents, advanced cardiac life support).

7. Verify physical ability to perform the role.

   - HR/MSO: Request that the candidate complete a physical examination or provide references regarding the ability to carry out the physical requirements.

   - Candidate: Provide physician’s or other designated representative’s verification of physical abilities.
Policy: The candidate shall complete a physical examination annually or provide other supporting references regarding the ability to carry out the physical requirements of the position (e.g., ability to lift 25 lb, ability to stand in one location for 45 minutes, visual acuity of 20/20 with or without corrective lenses).

The term credentialing is often used interchangeably with privileging; however, they are not the same. Credentialing is the process of examining and reviewing an individual’s credentials to determine his or her ability to meet set criteria. Examples of credentials are a license to practice or any degrees or certifications held by the candidate. Privileging is the process a candidate must complete to gain the privilege of being able to provide patient care in a facility. The privileging process may include determining the procedures the candidate can perform; qualifications required and a process for evaluating the qualifications; and approving, modifying, or denying the request for privileges. When this definition is used, credentialing is actually a part of the privileging process.

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References

1. Position statement on RN first assistants. AORN, Inc.
Infection prevention guidelines for break rooms or lounges used by perioperative personnel

QUESTION: Does AORN have recommendations specific to OR break rooms or lounges that will assist us in writing a break room policy? Our infection preventionist says we cannot use any reusable items (ie, utensils, coffee cups, plates) or eat in the break room because of the potential for attracting disease-carrying vectors (eg flies, cockroaches) and vermin. She has also suggested that perioperative personnel need to wear cover coats while in the break room.

ANSWER: AORN does not have any specific recommendations regarding break rooms or lounges, but a number of AORN recommended practices can be used to support your new policy. The policy should describe where food may be consumed, proper cleaning and hand hygiene procedures, and the types of products allowed in the break room. As the policy is being developed you should consult your infection preventionist regarding the rationale for the statements that were made to create the break room limitations and together determine the supporting evidence and significant references for the policies.

Examples of recommended practices that would apply to this policy include the “Recommended practices for prevention of transmissible infections in the perioperative practice
setting,\textsuperscript{1} which contains information about where food may be consumed based on the Occupational Safety and Health Administration regulations.\textsuperscript{2} The recommended practice document states, “Food should not be eaten in patient care areas”\textsuperscript{1(345)} and explains that food or drink should not be allowed within the semirestricted or restricted areas of a surgical suite because these areas are considered patient care areas. After personnel have finished eating in a lounge area, they should perform hand hygiene before returning to work.\textsuperscript{3}

If personnel are allowed to bring reusable dishes or the facility purchases reusable dishes and utensils for use, these reusable items should be washed or removed daily to avoid attracting disease-carrying vectors and vermin.\textsuperscript{4} “Recommended practices for product selection in the perioperative practice setting”\textsuperscript{5} discusses weighing the environmental effects when choosing products. In this instance, to determine which type of utensils will be allowed, policy makers must consider the lack of cleaning required versus the environmental effects of the waste generated when disposable utensils are used.

If a refrigerator is available, it should be cleaned at least weekly to remove any food that may have been forgotten by personnel. Recommendation V.a.1 in “Recommended practices for environmental cleaning in the perioperative setting,”\textsuperscript{4} states that unrestricted areas (eg, lounges) should be cleaned on a daily, weekly, or monthly basis. The lounge or break room used by perioperative personnel should be cleaned on a daily basis to decrease the potential for food spoilage. Floors and all flat surfaces should be cleaned in addition to any spillage noted on the walls.\textsuperscript{4}

“Recommended practices for surgical attire,”\textsuperscript{6} states that wearing cover coats is optional, and their use should be based on facility policy. Cover coats have little to no effect in reducing the contamination of scrub clothes; therefore, AORN considers wearing them to be optional.\textsuperscript{6}
The decision regarding cover coat use, however, must be based on a review of the literature and federal, state, or local regulations or accreditation requirements dictating their use.

Examples of policy statements based on the AORN’s recommended practices and the assumption that the lounge is in the unrestricted area of a surgical suite include the following:

- The break room shall be cleaned on a daily basis to include the floor and all flat surfaces.
- Dishes shall be washed on daily basis.
- Any personal food containers left in the break room will be discarded daily.
- All food stored in the refrigerator will be removed and discarded every Friday.
- The refrigerator will be cleaned every Friday.
- No specimens or other human tissue shall be placed in the break room refrigerator.²
- No food or drink shall enter the semirestricted areas.
- Hand hygiene shall be performed by personnel before they leave the break room.

The person or department responsible for carrying out these policies is determined by the facility.

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Sterilizing instruments when the sterilizer is malfunctioning

**QUESTION:** Our department’s steam sterilizer is malfunctioning, but we must continue to perform surgery until the replacement part arrives and the sterilizer can be repaired in several weeks. How can we sterilize our instruments?

**ANSWER:** There are several sterilization options. The first is to use alternative sterilization methods permitted by the instrument manufacturer (eg, hydrogen peroxide plasma, ethylene
oxide). If alternative methods of sterilization are not available at your facility, then the designated person should locate a commercial third-party sterilization company. If a third-party sterilization company is not available in your community, then instruments will need to be sterilized at another health care facility. If the instruments will be sterilized at another health care facility, a process should be developed in collaboration with the second facility. The steps in this process will help decrease the potential for contamination of the instruments from additional handling and reduce the potential for their exposure to extremes in environmental conditions that may occur during transportation.\textsuperscript{1,2}

This process needs to be different than the process used for sterilizing loaned instruments, because the instruments requiring sterilization belong to the facility (ie, sending facility), not the receiving facility (ie, the facility where the processing occurs) or a third party (eg, health care industry vendor).\textsuperscript{1,2} The process should contain all of the information described below, and the steps should be carried out in the order presented. These steps allows the sending facility to verify the decontamination process that is performed at the sending facility as well as the sterilization process performed at the receiving facility, because the decontamination process documentation is maintained by the sending facility and the documentation of the sterilization process is returned with the instruments to be kept on file.

1) The instruments are decontaminated by the sending facility to help prevent the build-up of bioburden from gross soil drying on the instruments (continue to step two if rigid containers are used and packaging for sterilization occurs at the sending facility; continue to step four if packaging occurs at the receiving facility). The packaging should occur at the receiving facility when wrappers or peel packs are used because there is less potential for tearing of the wrapping material during transportation.
2) The decontaminated instruments are packaged for sterilization in a rigid container

3) The rigid container is placed in a dust cover or other impermeable covering and sealed tightly to prevent dust from entering the decontaminated instruments (continue to step 5).

4) The decontaminated instruments are placed in a container that is to be wrapped or another container for transportation if the instruments are to be peel packed at the receiving facility. The container is placed in a dust cover or other impermeable covering to prevent dust from entering and then sealed tightly.

5) The instruments are transported in a vehicle that is completely enclosed with an interior made of cleanable materials and the means to separate sterile from dirty instruments\(^3\) (eg, an enclosed van; the open bed of a truck or the trunk of an automobile is not acceptable).

6) After they arrive at the receiving facility, the instruments are removed from the transportation vehicle and moved to a location where personnel remove the dust cover and discard it outside of the sterilization room to help decrease the contamination of the atmosphere in the sterilization room.

7) The instruments are taken into the receiving facility’s sterilization room for wrapping (if they are not already wrapped) and processing.

8) The sterilized instruments and the container are wrapped by personnel at the receiving facility, before transportation to the sending facility in a clean dust cover or other impermeable covering that is tightly sealed to prevent dust accumulation after processing (this applies to rigid containers, wrapped containers, and peel packs).\(^1,3\)

9) The sterilized instruments are transported in a vehicle that is completely enclosed with an interior made of cleanable materials and the means to separate sterile from dirty instruments\(^3\) (eg, an enclosed van; the open bed of a truck or the trunk of an automobile is not acceptable).
10) The personnel at the receiving facility take the sterilized instruments into a designated
unrestricted area, remove and discard the dust cover, and transport the wrapped and
contained instruments to the semirestricted storage area in a covered cart.

Before the instruments leave the receiving facility, personnel should note in their records
which articles belong to the sending facility, duplicate the sterilization record, and return a copy
of it with the sterilized instruments to the sending facility. This enables personnel at the sending
facility to track instruments if the tray arrives wet or damaged or if an event occurs in the
sending or receiving facility that requires investigation.

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References
1. Recommended practices for sterilization in the perioperative practice setting. In:
   Perioperative Standards and Recommended Practices. Denver, CO: AORN, Inc; 2012:e1-
e36.

2. Recommended practices for cleaning and care of surgical instruments and powered
equipment. In: Perioperative Standards and Recommended Practices. Denver, CO: AORN,
   Inc; 2012:513-536.

Guidelines for the location of automatic endoscope reprocessors

QUESTION: We are thinking about moving our endoscope reprocessing from the gastrointestinal endoscopy suite into the sterile processing department (SPD). Are there specific guidelines for where to locate automatic endoscope reprocessors (eg, decontamination side, clean side)? What factors need to be addressed as we consider this move?

ANSWER: The physical location of the SPD, the location of the automatic endoscope reprocessor (AER), the competency of the personnel who will be using it, methods for transporting contaminated and clean endoscopes and endoscope attachments, and the scope inventory all must be considered when determining the location of an AER. The requirements are the same whether the AER is located in an SPD or a reprocessing area located in an endoscopy suite. Determining whether the AER is located on the decontamination or the clean side of the SPD or the endoscopy suite reprocessing area will depend on the type of AER being used. The type of AER is significant because it determines the amount of decontamination required before insertion of the scope into the AER. The amount of decontamination dictates whether the scopes can be handled without gloves before they are inserted into the AER. The decontamination area and the clean area of the SPD or the endoscopy suite should be two physically separate areas and the processes that occur in each should be clearly delineated.

An AER that requires scopes to be manually cleaned before being inserted can be located on the clean side of the SPD or in the endoscopy suite clean area, because the process of manual cleaning removes an adequate amount of bioburden to make the scope safe for personnel to
handle without gloves. The process of manually cleaning the endoscope achieves the same level of decontamination as washing an instrument that cannot be put into a washer decontaminator on the decontamination side of the SPD. After this cleaning process has been completed, the instrument can now be transported to the clean side of SPD for storage or packaging.

An AER that does not require that scopes first be manually cleaned should be located on the decontamination side of the SPD or endoscopy suite cleaning area and very near the location of the pass-through to the clean side. If no pass-through is available, the AER should be located as far as possible from sources of contamination (eg, the sink in which instruments are washed) and as close to the exit as possible. This location is required because the precleaning process does not clean the scope adequately for personnel to handle it without gloves. Location near the pass-through to the clean side or the exit also would enable personnel to remove the scope from the decontamination side as soon as the AER cycle is complete without having to transport it past potential sources of contamination. After processing, personnel should take the scope immediately to the clean side and prepare it for storage. The person handling the processed scope should remove any contaminated attire, such as gloves and apron, before handling the clean scope.

If personnel carry out scope reprocessing in a location away from the endoscopy suite, methods are needed to transport the scope without damaging it. All used scopes must be transported from the endoscopy suite to the decontamination area in a container that prevents exposure of environmental surfaces, patients, and personnel to infectious materials.\cite{1,2} Clean scopes should be transported to the storage area in a covered system that protects them from possible contamination.
Personnel responsible for cleaning and transporting endoscopes should be competent in precleaning, manual cleaning, high-level disinfection, and any other steps required to prepare the scope for transport and storage.\textsuperscript{1} Endoscopy technicians and nurses may require education about transporting the scopes to the new area, and SPD personnel may require education sessions on how to process the scopes. Competency validation is needed for each brand and type of scope used.

The availability of SPD personnel to clean scopes will determine the time frame between when the scopes are used, reprocessed, and available for use. Scopes should be cleaned without delay after use because the longer the elapsed time between use and reprocessing, the greater the potential that organic material (ie, bioburden) will dry on the channels of the scope and increase the difficulty of cleaning it. Delays in reprocessing may require that the facility increase the inventory of scopes or the number of individuals who can reprocess them. As the availability of staff is addressed, an option may be to have the endoscopy technicians or nurses process the scope in the new area if SPD personnel are not available at the time the scope arrives. Personnel making the decision to increase the inventory of scopes should take into consideration the demand for the scopes (based on volume of patients and the number of scopes) and the necessary turnaround time for processing, including the time to transport scopes to the cleaning area, which can decrease the timeframe in which they are available for use.

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