MORNA GAUZETTE

February **2012**



President`s Corner

Wow, the time has really flown by, and I can't believe we are well underway in the New Year! We have had some excellent educational sessions including Dr Alon Altman's presentation on Hereditary Gynecological Cancers and Dr Lonny Ross on Craniofacial Surgery. Our Spring Workshop committee under the leadership of Karen Warcimaga has been hard at work preparing what should prove to be an outstanding educational and informative range of topics and speakers and I encourage all members to make an effort to attend on **Saturday March 17th**. Please see our MORNA chapter on ORNAC website for further information and to download registration forms, and please note registration deadline is March 12th.

Another exciting improvement that has occurred this past year is the inclusion of our rural sites to our business/educational meetings through **Telehealth conferencing**. I would like to take this opportunity to say a big "Thank you" to Jade Chambers and Kris Hall who have given their time to learn the Telehealth system and run our meetings, and also to Alma Dela Cruz from CRNM who has been instrumental in facilitating the bookings. Our sessions have been well attended by Brandon, The Pas, Boundary Trails, Steinbach and Dauphin and we welcome and look forward to your continued presence.

It gives me great pleasure to announce that Monica Palmquist has accepted the nomination to serve as **President-Elect** of MORNA. Monica is a staff nurse in the Adult OR at Health Sciences Center and has been a Perioperative nurse for over 25 years. Her wealth of knowledge and experience will be a wonderful asset to MORNA and also to her position on the board of ORNAC. I look forward to mentoring Monica, receiving her input and working along side her in the coming months.

With Kind Regards,
Leah Restall
MORNA President



2011-2012 EXECUTIVE

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Any of these pique your interest?

Sources of funding

1. WRHA – $500.00 each year Jan to Dec, plus 2 days salary replacement, to a maximum of 2 days per year. (Those outside of the WRHA contact your local HA).
2. MNU – $200.00 per fiscal year (available to all MNU members, contact your ward rep). Some locals have additional educational funds.
3. MORNA members – contact your rep or go online at (must have been a member in the previous year). **www.ornac.ca/chapters/MORNA/** for funding guidelines

CONFERENCES - INTERNATIONAL AND CANADIAN

DATES INTERNATIONAL

2012 March 24-29— AORN 59th Annual Congress New Orleans" AORN Congress

2012 Mar 8-10 Annual Conference, Perioperative Nurses "Out in Front"-Rosehill Racecourse, New South Wales Operating Theatre Association Inc., Australia www.acorn.org.au

2012 Oct 11-12, ICN (International Council of Nurses) Conference and CNR, 3rd International Orthopedic Nursing Conference- Malta, Qawra www.icn2011.ch/

2013 SATS (South Africa Theatre Sisters) Congress, Western Cape, South Africa (TBA) www.theatrenurse.co.za

2012 June 2-6 10th Nordic Nutrition Conference, (Nordic OR Nurses Ass`n), Reykjavik, Iceland www.meetingiceland.com

2012 June 17-20- 4th International Nurse Education Conference- Renaissance Baltimore Harborplace Hotel, Baltimore, USA

2013 June 18-20 38th World Hospital Congress, Oslo, Norway

2012 April 3-4 – 2nd Aseptic Surgery Forum, Paris, France, - International Expert Meeting on Good Surgical Practices and Technological Innovations to Prevent and Cure Infections www.aseptic-surgery-forum.com/en/

2013 Mar 2-7 AORN 60th Annual Congress, San Diego, CA, USA AORN Congress

2012 April 26 – 29 6th EORNA European OR Nurses Ass`n Congress, "Sailing to the Future" Lisboa, Portugal www.eorna.org

2012 May 23 – 26 ACORN (Austrailian College of OR Nurses) 15th National Conference in Darwin, NT ``Territorial Boundaries, Dare to be Diverse`` www.acorn.org.au

2013 April 21-25 23rd ORNAC/ IFPN Conference "International Alliance for Perioperative Best Practices" Ottawa Ontario, Canada

DATES CANADIAN

2012 March 17 "Morna Spring Workshop"- "Keeping it Green in the OR"-Samuel Cohen Auditorium, St. Boniface Reseach Centre, Winnipeg, MB www.ornac.ca

2012 June 16-21 CHICA (Community & Hospital Infection Control Ass'n) Canada, 2012 National Education Conference, "Growing for the Future" Saskatoon, Saskatchewan www.chica.org

2012 May 27- 30 e-Health 2012: Innovating Health e-Care Vancouver BC www.e-healthconference.com/

2012 June 4-6 CONA (Canadian Orthopedic Nurses Ass'n) 35th Annual Conference,Ottawa convention Centre, Ontario "Capital Ideas in Orthopaedics" www.cona-nurse.org

2012 June 17-20 11th Biennial Provincial Conference-"Perioperative Nursing in 2012: Challenges...Changes...Collaborations"-Toronto Ontario

2012 ORNANS (Perioperative RN's Ass'n of Nova Scotia) Annual General Meeting,(TBA) Halifax www.ornans.ca

2012 Sept 26-28 25th Atlantic Conference "Bridge to Perioperative Nursing Future" Delta Prince Edward Hotel-Charlottetown,P.E.I.

2012 March 23 CSGNA (Canadian Society of Gastroenterology Nurses & Associates,- Southwest Alberta (Lethbridge) Education Day

2012 Oct 31-Nov 2 Provincial Conference- Quebec City, QC,
2012 April 25-27 2nd Advances in Health Informatics Conference- "Towards Integrated Diagnostics" York University, Toronto, Ontario http://www.ahic.nihi.ca/
2012 April 25-28 PRNABC 23rd Biennial Conference, Nanaimo, BC,
2013 April 21-25- 23rd ORNAC/IFPN National Conference- "International Alliance for Perioperative Best Practices" Ottawa, Ontario, Canada
2015 May ORNAC Edmonton AB (TBA)
2012 Oct 19-21, The 10th Annual NAPANc (National Ass'n of PeriAnesthesia Nurses of Canada) "Leading the Way...in PeriAnesthesia NursingConference;Dartmouth Nova Scotia napanc.org Toronto, ON napanc.org
2012, June 17 to 20 the (CNA)Canadian Nurse Association Biennial Conference, Vancouver, BC.
Future CNA biennial conferences

- 2014, June 15-18 Winnipeg, MB
- 2016 June 19-22, New Brunswick
- 2018 June 17-20, Alberta
- 2020 June 20-23, Prince Edward Island

2015 May ORNAC National Conference, Edmonton, AB (TBA)

CANADIAN NURSES ASSOCIATION
ASSOCIATION DES INFIRMIÈRES ET INFIRMIERS DU CANADA

Certified Perioperative Nurse Canada

CNA CERTIFICATION/RECERTIFICATION

Consider becoming certified in your specialty as a perioperative nurse – CPN(C). The deadline for applications to write in 2012 is usually in November 2012, so check out the website and plan now to write in 2012. The deadline for certification renewal application for 2012 will be around the same time (Nov 2012).

You must have completed 3900 hours in your specialty prior to applying. Applications are accepted from Sept 1, of each year to ~mid Oct/Nov. Visit www.ornac.ca and www.cna-aiic.ca for more information. MORNA has funding available for active members, $150.00 toward certification or recertification fees. This is separate from the educational funding and does not influence the amount of educational funding available to you. There are other sources of funding available follow the financial assistance link under obtaining certification on the CNA website.

The fee schedule is available on the CNA website noted above. Click on

Become Certified! on the left hand side of the home page.



MORNA

Manitoba Operating Room Nurses Association

2011-2012 Executive

Office	Name	Facility	Phone/Fax
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Standing Committee Chairpersons

Communications Committee & Newsletter Iris MacMillan, Karen Warcimaga, Monica Palmquist, Leah Restall (Ex-Officio)

Constitution & By-Laws Committee Donna Fallis, Leah Restall (Ex-Officio)

Education Committee Karen Warcimaga

Nominations Donna Falli

Manitoba Operating Room Nurses Association

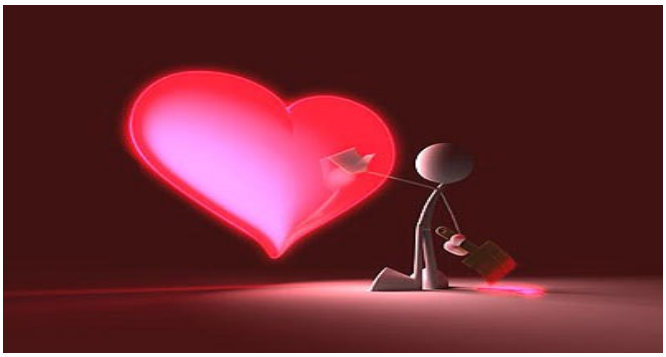
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Grace	Leanne Moyer	300 Booth Drive Winnipeg, MB R3J 3M7	Wk#(204)837-0120 Fx#(204) 897-2938
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HSC - Children's	Charissa St-Cyr	840 Sherbrook St Winnipeg, MB R3A 1S1	Wk#(204) 787-2240 Fx#(204) 787-1178
HSC – Women's	Karen Gilchrist	735 Notre Dame Av Winnipeg, MB R3E 0L8	Wk#(204) 787-1494 Fx#(204) 787-1078
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Dauphin	Margaret Scott	625 3rd St. SW Dauphin, MB R7N 1R7	Wk# (204) 638-2229 Fx# (204) 638-218
Steinbach	Ruth Lussier	Bethesda Hospital 316 Henry Street Steinbach, MB. R5G 0P9	Wk# (204) 623-9555 Fx# (204) 632-9614
Maples	Marlene Dieter	Maples Surgical Center 7-1291 Jefferson Ave. Winnipeg, MB R2P 1S7	Wk# (204) 633-1108 Fx# (204) 633-1148

MORNA Membership Information

1. **Active Membership is $50.00 as of June 1, 2011**
2. **Deadline for membership is Dec 1, 2011**
3. **Send completed application form and fees (cheques payable to MORNA) to: MORNA Treasurer**

Ms Gladys Zinnick
Seven Oaks Hospital
c/o OR
2300 McPhillips Ave

CONGRADULATIONS GO OUT TO **TRINA DILLON** FROM SELKIRK, MB.**, WHO WON THE EARLYBIRD DRAW FOR A FREE MORNA REGISTRATION** FOR THE YEAR 2011/2012



Important notice re Canadian Operating Room Nursing Journal (CORNJ) subscriptions Please ensure that MORNA has your correct & current address. These addresses are submitted at the beginning of each year to Clockwork. If the journal is considered undeliverable, the cover is ripped off and the journal is discarded by Canada Post. The cover is then delivered back to the publisher with a C.O.D. charge of $0.65 for each cover. ORNAC pays for all returned journals decreasing final profits. Any changes of address also need to be submitted as soon as possible to prevent any delays in subsequent mailings. Subscription problem inquiries should be directed to the MORNA executive, not directly to Clockwork/CORNJ.***Your change of address can be done directly on the ORNAC website. Go to http://www.ornac.ca, then journals, select subscriptions. The change of address window can be found here.

ORNAC National Conference 2011 Articles

Article on Pheochromocytoma

Once again I was fortunate to attend an ORNAC National Conference. There were a number of interesting, informative, and motivating presentations which I thoroughly enjoyed. The presentation titled "The Pressure is On! Perspectives on the Care of a Patient with a Pheochromocytoma" by Marcy McKay is the one which I have chosen to write an article. Marcy is a perioperative nurse at the Victoria General Hospital in Victoria, B.C.

I will share some of the information from Marcy who has experienced having surgery to remove a pheochromocytoma. This tumor is rare and the symptoms that it presents itself with may be treated as hypertension as well as cardiac conditions initially. In order to better understand information regarding this tumor, I will review the anatomy and physiology of the adrenal glands.

The adrenal glands are situated on the superior part of each kidney. Different cells within the gland secrete different hormones. The outer area of the adrenal gland is called the cortex which secretes cortisol and aldosterone. The medulla is the inner aspect of the adrenal and secretes catecholamines such as epinephrine, norepinephrine, and dopamine. These are the "fight or flight" hormones. A pheochromocytoma is a tumor of these catecholamine-secreting cells which causes such signs and symptoms as headache, sweating, and heart palpitations.

Pheochromocytomas peak incidence is in the 30 – 50 year age group but approximately 10% occur in children. The majority of pheochromocytomas are benign with 10% of them being malignant. A person with a pheochromocytoma usually has three classic symptoms of headache, sweating and heart palpitations (tachycardia) in association with hypertension. Other conditions that may exist along with these symptoms are anxiety, nausea, tremors, weakness, abdominal pain, and weight loss. A severe increase in blood pressure (hypertensive crisis) may occur with sudden release of large amount of adrenaline hormones from the tumor. Any reading over 180/110 can lead to a life threatening condition such as stroke or cardiac arrhythmia. Long term exposure to these hormones can cause damage to the heart muscle, congestive heart failure and an increased risk of diabetes.

Incidental discovery of the tumor occurs in 10% of the cases when the patient is undergoing diagnostic tests for other conditions. The hypertension may come and go therefore be difficult to document or remain consistently elevated and easily recorded. Usually, treatment for pheochromocytoma can return the blood pressure to normal.

Pheochromocytomas can be a component of a familial condition. The most common one being Multiple Endocrine Neoplasia (MEN). Another genetic disorder associated with these tumors is von Hippel-Lindau syndrome. Genetic testing can be done to help identify family members at risk. Those who have no family history of pheochromocytomas but develop a tumor are referred to as sporadic cases. If these individuals have a tumor in both adrenal glands or are diagnosed before the age of 21, genetic screening is recommended.

Marcy didn't have a family history of this tumor. She had experienced a hypertensive crisis and was hospitalized. After being investigated for cardiac problems Marcy was discharged. She again had symptoms and underwent a number of diagnostic tests including a specific dye-injected MRI or CT scan and a 24 hour urinalysis. A pheochromocytoma was noted. An endocrinologist was consulted to control her BP and heart rate with alpha blockers. She then spoke with a urologist whom she worked with and was booked for surgery. She felt somewhat more at ease having her surgery in the O.R. where she works. She felt it was comforting to know the staff, although she had some anxiety about being exposed to colleagues. Marcy stressed the important role of the perioperative nurse and their many responsibilities; their primary goal being **"patient safety"**. One negative point she made was that when being taken into the O.R. one of the nurses told Marcy of her own personal experience. Doing so is inappropriate and certainly didn't make Marcy feel less anxious in her situation. She also mentioned how difficult it was to transfer onto the bean bag. Having the sheet

over the bean bag smooth made it easier to transfer and was more comfortable than lying on folds of the sheet. This is something so basic but can make a big difference in the patient's comfort.

Marcy mentioned the importance of having a protocol for complex laparoscopic surgical procedures. The protocol included having a Type and Screen for 2 units, having all clamps (vascular) and supplies readily available and to be sure to count everything. Controlling the patient's blood pressure before and during surgery can be difficult. The blood pressure is closely monitored as there is a chance of developing an acute hypertensive crisis after anaesthesia has been given and with manipulation of the tumor during dissection which can cause it to secrete epinephrine. If the tumor is on the right adrenal gland the dissection will include mobilization of the liver in order to expose the vena cava and adrenal vein. When the tumor is located on the left adrenal gland the colon must be mobilized as well as the tail of the pancreas and spleen to expose the renal and adrenal vessels. With having to dissect near these structures it's understandable as to why the surgical team has to be ready to quickly open the patient to control bleeding or deal with any other complication. Post operatively Marcy spent a night in the intensive care unit in order to closely monitor her vital signs. Her post- op course was otherwise uneventful. She commented that in regards to post-op pain it was the incision where the specimen had been removed that was the most painful. Fortunately Marcy has had a good recovery and is doing well. She has a wonderful sense of humor which was present in her sharing of this experience.

I found this topic very interesting and felt that I would like to share information gained from the presentation as you may one day be involved in this type of surgical procedure. I hope this article will have benefited you in a better understanding of pheochromocytomas and therefore aid you in providing the best care possible for your patients.

Thank you to MORNA for the funding provided in order for me to attend this conference. I feel privileged to be part of such an interesting and challenging profession and proud to be a member of the Manitoba Operating Room Nurses Association.

By, Iva Joslin
ORNAC Conference 2011

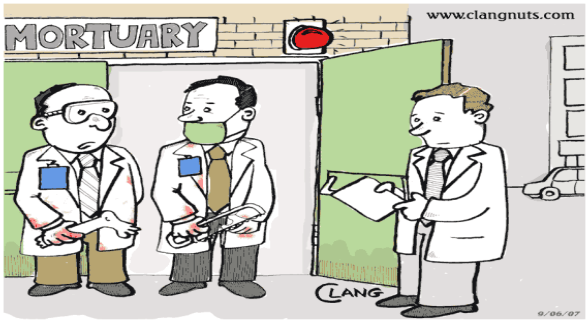


REPORT ON THE ORNAC 2011 CONFERENCE
MAY 8 – 13TH – REGINA

The Saskatchewan Operating Room nurses put on a fantastic conference. There were excellent workshops starting from the opening Sunday right up to the closing ceremonies. It was hard to pick out which session to go to, as there were 2 or 3 to choose from each morning and afternoon. If you were lucky enough to be able to attend the breakfast presentations, you know how interesting they were, especially the talk by the actors from the TV show, L.A. Law, Jill Aikenberry and Michael Tucker. The evening activities were well planned and were allot of fun. The only problem with that was getting up early the next day for the early morning sessions.

"The Fire Drill" - So You Think You Can Evacuate!

Presented by Maria Masella & Clare Attley



"Why do we always have fire drills when we're right in the middle of something?"



Even though the scenario did not apply to our community hospital, they presented a lot of information that gives you food for thought. Although I have worked at my hospital for the past 30 years, we have only had theoretic fire drills. We know what to do what the book says, but we have never had a live practice. I believe that every O.R. should do a *Mock Fire Drill*. Until you do, how do you know if what's in the book will really work in your particular department?
The O.R. environment is rich with technology. There is the increased risk with the prep using chlorhexidine and 70% alcohol. The O.R.. is an environment that is extremely fire friendly. There is a need to address and appreciate the training that all staff must have. This is paramount. The goals must be the expedient and proficient performance of the perioperative staff in maintaining judgment, skill and knowledge to respond to a fire in the perioperative setting. It's imperative that the hospital planned drill involve the surgical areas.
Some of the duties of different staff are:

Circulator nurse – Call 55 CODE RED, Activate or delegate the Pull Station, Ensure evacuation destination;

Scrub nurse – assist with putting out the fire, remove any burning material, gather instruments and sutures needed in evacuation destination;

Anaesthesia/ R.T. –Turn off 02 and Nitrous, ventilate patient, gather transport monitors.

You should have your department see if the Fire Marshall has a checklist or may check the internet.

Respectfully submitted,
Sheryl Chochinov

Strategic Perioperative Management

Presenter: Muriel Shewchuk, May 11/11







The successful Perioperative manager provides the key link to a highly successful unit through an engaged, expert, positive, stable and highly integrated Clinical TEAM. Commitment to patient focused care, excellence, safety and quality practice, efficiency, effectiveness of human, material and financial resources are essential."
Highly focused self discipline, rapid refocused, cycles, highly orchestrated thought process

What is Strategic Management?
Goal: To provide key tips for yourself / or for you to guide others; to strategically take control of your workplace, your management style, your effectiveness, success, and life balance. "TAKE CONTROL!"
Where to Start?
Do a SELF ANALYSIS
SWOT – **S**trengths, **W**eaknesses, **O**pportunities, **T**hreats - "An honesty check-in!"
Template & Notes to determine progressive goals to overcome the challenges
Add time lines – keep in a location you can frequent see - achievements update
Effective priority setting 3 per day
Thinking strategically – What do I/We need to do to achieve the goals?
Leadership analysis- Am I an effective Leader? Am I an effective Team mate?
Key tips to "take control" = Work Smarter
Complete and submit reports/ projects/assignment on or before time deadlines –strategic work!
Complete tough tasks during your energy peak times- "aware of your energy alertness"- close door – concentrate for high productivity – no phone, no email, no interruptions
Only do necessary meaningful work – get help with other "stuff" or dump it
No martyrdom – Do not let the staff see you exhausted- lose credibility and respect
Ensure you have a mentor colleague you can trust- A really good listener.
Get help! No whining! Be Happy or don't stay.
"Just Do it!" (Nike Theory)
Email HELL (email control) – Manage & self discipline, addicting & overpowering
Piles of paper – only print what you really need
Constant & rival interruptions : Protect your time
Phone, pager, PDA, vocera, intercom etc.

Meetings – bloody meetings, good way to hide, manage them
Manage Your attitude; bad work patterns, lack of confidence, lack of control of yourself.

Email tips:

No alarms
Learn to scan & select priority – delete
Try to deal with one – file/answer/delete
More then 2 back & forth – pick up phone/face to face interaction
When meeting with people – LISTEN-no looking at the computer screen, reduce the distraction level, make eye contact
Document your actual time, habits and practice assessing your habits and actual time/% of day – develop controls.

Documents:

Print only what you really need
Establish a filing system – not on your desk, read later, specialties, leadership, areas of interest
Scan to determine how to read, read abstract.
Use recycle bin
When writing – put all intent is in the first paragraph and last paragraph.

Know your Business:

Finance, statistics, reports, variance, analysis budget, accountability, cost controls, work within your means
Get educated
Make your director look good
High quality reports for your committee & executives
Dash boards/ Cost per case
Always reading a new book – mangement/leadership/book club /take leadership classes/finance classes, constantly improve your education, look for innovative directions.

Work Smarter:

Complete reports / projects / assignments on / before deadline
Complete tough tasks at peak energy times
Concentrate for high productivity – no phone, no email.
Only do necessary meaningful work – get help/dump it
Ensure you have a mentor/colleague you can trust! Be a really good listener.
Get help – be happy – or don't stay



"Just Do It" (Nike Theory)

Time Management:

Minutes are gold – no second chance
List and quantify your "time wasters" people and things
Written priority list – "Must do" 3-4 tasks a day
Plan the time and stick to it.
Re-plan – maintain control.
No long – to do list
Identify time wasters and re-direct
Protect calendar time – name it.
Staff access – members key to success treat them well – reasonable, availability – boundaries
Rapid reading mangement
Keep a current list for deadline for reports

Develop and Invest in the Staff!

Hire, and keep only Stars – and those progressing to be Stars –timely Performance Management – Expectations clearly defined "re-career opportunities" – "adhere, commit, be a valuable team member or another path may be more suitable"
Commit to a LEARNING ENVIRONMENT- high value for nurses
Know each staff's personally–facilitate achieve – monitor progress
Facilitate the Interdisciplinary Integrated practice changes and full scope of practice – define and commence changes to the challenges, fears, resistance
Speak to everyone, address by name – look at eyes "trust, respect, collaboration"
Meet with staff and document goals
Facilitate achieve – monitor progress
Facilitate leadership– decision making at the point of care– prepare and trust staff to do right.
Create an environment of trust, responsibility, accountability.
Zero tolerance for unacceptable/abusive/bullying behavior – timely and corrective action.
Appropriate humor goes a long way!
Laugh with staff; don't take yourself too serious

Successful Strategic Perioperative Manager

"Highly focused self discipline, with rapid refocus cycles using a highly orchestrated thought process, planning, action, evaluation is the key to success."
The successful Perioperative Manager provides the KEY LINK to a highly successful unit through an engaged, expert, positive, stable and highly integrated Clinical TEAM. Commitment to patient focused care, excellence, safety and quality practice, efficiency, effectiveness of human, material and financial resources are essential."



Respectfully Submitted by:
Lesia Yasinski RN,BN, M.S.A.
O.R. Program Team Manager,
St. Boniface Hospital

RADIATION SAFETY
OR SAFE WORK PROCEDURE

Radiation is used extensively in the OR, and includes mainly fluoroscopy and occasionally portable x-ray. Because lead absorbs x-rays, perioperative personnel are advised to protect themselves by wearing a lead apron and thyroid shield.

The occupational limit of radiation exposure is mandated to be less than 5000 roentgenequivalent for man (mrem) or 50 millisieverts (mSv) annually. The occupational exposure limit for pregnant women is 500 mrem or 5 mSv.

<u>Sources of Radiation Exposure</u>:



Sources of radiation exposure in the OR include:

- Dental x-ray: 0.005 mSv
- Chest x-ray: 0.1 mSv
- CT of abdomen and pelvis: 30 mSv
- Fluoroscopy with video display considerations:

1. X-rays can be scattered and reflected from surfaces
2. Backward scatter occurs opposite that of the source

X-rays of all frequencies can damage tissues and may produce long-term effects. The effects of radiation are dose-dependent and cumulative: the larger the dose or the more frequent the exposure, the greater the risk of the effects of radiation. Ionizing radiation can accumulate in human tissue and alter cell composition. Exposure to ionizing radiation should be kept as low as possible.

The dose of radiation received may be reduced by moving approximately 6 feet away. Being 6 feet away form the x-ray source is equivalent to the protection from wearing a 0.5mm-thick lead apron.

The intensity of any radiation is inversely proportional to the square distance from the source. Double the distance and cut the exposure by 75%. The farther you are away form the x-ray, the better protected you are.

Radiation shielding devices including aprons, thyroid collars and portable shields/screens are used to protect personnel from exposure.

<u>Radiation Exposure Safe Work Procedure</u>:

The overall goal of a radiation safety program is to keep the risks from ionizing radiation as low as possible. **Time, distance and shielding** should be employed to keep radiation exposure within safe levels.

1. The patient should be protected from unnecessary radiation exposure. Care should be taken to keep extraneous body parts out of the radiation beam to prevent injury. Lead shielding is used to protect uninvolved areas of the patient's body. If the patient is pregnant a lead apron may be used to shield the uterus.

2. Diagnostic imaging (DI) equipment shall be operated by, or by a learner under the direct supervision of qualified individuals with appropriate training.
3. The radiation equipment operator shall notify personnel in the theatre before activating the equipment.
4. Only those persons whose presence is essential for the imaging and well-being of the patient are to be in the theatre during x-ray exposure.
5. All theatre personnel must take advantage of available protective devices.
6. Where personnel **must** be present during the use of x-rays, a lead apron **must** be worn.
7. Appropriate lead shields including aprons and thyroid collars/shields shall be used to protect from radiation exposure. Shields shall be ideally 0.5mm lead equivalence, but not less than 0.35 mm lead equivalent thickness.
8. Sterile team members who cannot leave the theatre should stand 6 feet (2 meters) or more from the patient and behind a portable lead shield/screen, and out of the direct beam during exposure.
9. Radiation protective gloves should be worn if the hands of personnel are exposed to the direct beam.
10. Personnel must at all times keep as far away from the x-ray beam as practicable.
11. Radiation equipment is turned off when not in use to prevent inadvertent activation
12. To reduce exposure, personnel involved in fluoroscopic procedures should stand on the image intensifier side of the fluoroscopic unit whenever possible. Using fluoroscopy in lateral views tends to produce greater radiation scatter from the patient. Personnel standing on the same side as the image intensifier experience a decrease in radiation intensity.
13. Pregnant staff should wear a lead apron which wraps around and covers the back
    1. Relief/replacement staff shall be provided, whenever possible, to eliminate/reduce exposure during pregnancy
14. Wrap around aprons decrease the risk of exposure. If a lead apron is does not wrap around the body, team members should face the x-ray source. To provide protection, the lead apron must be between the source of radiation and the body.
15. Ensure that lead shields, aprons and thyroid collars are appropriately hung or laid flat when not in use. Folding can crack the lead, making the shield ineffective.
16. Lead shields, aprons and thyroid collars use in the OR shall be tested routinely by the diagnostic imaging department.
17. Signs, warning that x-ray is in use, should be posted outside the theatre door, so someone entering may take protection precautions prior to entering.
18. All perioperative personnel who work in a theatre where x-rays are performed have the option of wearing a personal dosimeter.

<u>Guidelines for Use of Personal Dosimeters:</u>

The frequency of participation in x-ray activities should be considered in deciding on dosimeter use. It is advisable for OR personnel involved in frequent proximity to radiation, to wear a personal dosimeter. X-ray dosimeters are monitors that clip onto clothing and record each individual's cumulative level of ionizing radiation exposure in the workplace. They are available for all OR personnel. Individuals wear their dosimeter in the OR theatre.

Only wear the dosimeter that is assigned to you.
Badges should be worn on the chest or abdomen (between the collar and belt).
Dosimeters must be worn under lead aprons.
Normal wearing period for a dosimeter is 3 months, after which a new set of plaques is issued
Dosimeters are examined every 3 months and a report is initiated to the department manager.

Should a dose be observed that is above the limit, an investigation must be initiated and information must be provided to Manitoba Radiation Protection Services. An investigation will be conducted as to the circumstances surrounding any high or abnormal dose readings.

Dosimeters should not be taken home because the device will collect ionizing radiation from other sources including sun, soil, and airport scanners.

REFERENCES

- WRHA X-ray Safety Committee (2009). *X-ray safety manual: A manual of guidance, policies and procedures specific to the use of x-rays in diagnostic imaging, WRHA.* WRHA.
- ORNAC (2011). *Standards, guidelines and position statements for perioperative registered nursing practice.* ORNAC.
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- Macksey, L. (2012). *Surgical procedures and anesthetic implications.* Jones and Bartlet.

By, Joan Porteous RN, BN, CPN (C)
January, 2012



DOES THE TYPE OF HAIR COVERING WE WEAR IN THE OR MAKE A DIFFERENCE?



By Joan Porteous RN, BN, CPN (C)

The high standard of sterile technique provided in an operating room can only be achieved in an aseptic environment. Only in the restricted area of the OR, where air quality is controlled, diligent cleaning practices are routinely followed and personnel wear clean surgical attire, is it possible to significantly limit contamination.

The effectiveness of wearing clean attire in the OR is difficult to research, as the number of variables to control would be astronomical. However wearing clean attire and covering exposed hair during surgery simply makes good sense. If it is necessary to cover all hair during commercial food preparation, why would it not also be necessary to cover all hair when we are working over an open surgical incision?

The more we transport items from our homes into the OR theatre such as backpacks, personal clothing, etc., the more we gravitate away from that high quality of aseptic environment, to which every surgical patient is entitled and to which our professional practice dictates. Clean surgical scrub attire which includes scrub suits and hats that cover all hair must be worn in the restricted areas of the OR. Reusable surgical attire must also be laundered in an approved hospital laundry facility after each daily use, because these facilities employ appropriate detergents and temperature settings (ORNAC, AORN).

It is well recognized that hair is a filter and collects bacteria. All hair, including facial hair, should be completely confined by a clean hat or hood. Shedding of squamous cells and hair has been shown to affect surgical wound infection. AORN discusses an outbreak of SSIs that was attributed to group A B-hemolytic Streptococcus carried on the scalp of perioperative personnel.

Bouffant caps are designed for covering hair in the operating room. They are made of a loosely-woven material to which, manufactures indicate, microorganisms do not cling. Cloth hats, which fit closely and consist of high thread counts, do not have this advantage. Infection Control research presented by Maureen Spencer at the 2009 ORNAC conference demonstrated that colony counts taken at the end of a work day on used cloth hats were 20-30 times higher than colony counts taken from used disposable hats.

Remember also that operating room vertical laminar air flow systems move air down from above the OR bed, around and over the heads of scrubbed personnel, and carry any debris/organisms from hats and exposed hair directly onto the open incision.

“Cloth caps that are reused day after day are a source of contamination rather than a barrier against disease transmission” (Fuller, 2010, p 153)

REFERENCES

ORNAC (2011). *Standards, Guidelines and Position Statements for perioperative registered nursing practice*. ORNAC.

AORN (2011). *Perioperative standards and recommended practices*. AORN.

Spencer, M (2009), Infection Control Manager, New England Baptist Hospital. Presentation at the 2009 ORNAC Conference titled *Working Toward Zero Surgical Site Infections*

Fuller, J. (2010). *Surgical technology, principles and practice (5th ed)*. Saunders, Elsevier.

WEARING SCRUBS OUTDOORS: WE MAKE THE DECISION, AND OUR PATIENTS FACE THE CONSEQUENCES



Author: Joan Porteous, RN, BN, CPN(C)



Standards of care in the OR are developed from scientific evidence for perioperative practice. We hold all OR employees including nursing staff and aides to these same standards of practice, this same level of care.
Sterile technique in the OR is practiced at a much higher standard than the sterile technique used to change a dressing on the ward, or that a home care nurse uses in the patient's home. The high level of sterile technique that we provide in the OR can only be established in an aseptic environment. All of the things that we do in the OR such as: Environmental cleaning and maintenance, Surgical attire Practices such as these allow us to provide a high level of sterile technique to our surgical patients, and keep them as safe as we possibly can. OR nurses, technicians and aides are the creators, protectors and the gatekeepers of that aseptic environment. Our ORNAC standards of practice are the rules of the game. **It is simply, the best we can do.**

OR standards of practice identifies where surgical attire should or should not be worn:

ORNAC (2011) standards state: "All members of the health care team shall don freshly laundered scrub attire upon entry to the unit. If surgical attire is worn outside the facility, it is removed and new attire is donned before entering any semi-restricted or restricted area", page 113.
AORN (2011) standards state: "Health care personnel should change into street clothes whenever they leave the health care facility or when traveling between buildings" "surgical attire may become contaminated by direct or indirect contact with the external environment", page 58.

At our HSC site, our infection control department supports our efforts to try and ensure that greens are worn only in the operating theatre.

Nowhere is it stated anywhere, that cover apparel can be worn over scrubs outdoors, or that we can sit on a picnic bench outdoors if we sit on a clean napkin.

Because of this, the recommendation has to be that OR personnel do not wear scrubs outside for any reason, and if you must do so, to change them before entering the OR.

OR environments are temperature and humidity controlled. Wearing scrubs outdoors when the temperature is warm and the humidity is high, causes us to perspire more and creates a perfect environment for growth and reproduction of organisms on our scrubs.
Remember this, we do not work at the Royal Bank, we work in an operating room. So we act differently: we cover our hair, we wear clean surgical scrubs, etc. We are unique, because we work in the same room as someone who has a wide open incision. We are professionals and are accountable not to cause harm. If we are unsure about the implications of an action because research is not clear, we always err on the side of safety.
We can impact the rate of post surgical wound infections, with the quality of our aseptic practices on the OR. We all know that we are accountable for our own practice, but unfortunately and ultimately, it is our patients who suffer any consequences. Everything we do at work is about and for our patients. Ask yourself this….If your patients knew what perioperative nurses know, what would your patient want you to do, if he or she could make the choice for you?

MORNA Meeting Dates 2011 – 2012

Date	Day of Week	Event	Host	Location
Sept 13, 2011	Tuesday	MORNA Annual Wine and Cheese	Seven Oaks	St. Boniface Education Parlor Rm N1037
17/10/11	Monday	Business and Education Meeting	Womens & Concordia	CRNM Building
16/11/11	Wednesday	Business and Education Meeting	Selkirk & Grace	CRNM Building
17/01/12	Tuesday	Business and Education Meeting	HSC & Childrens	CRNM Building
23/02/12	Thursday	Business and Education Meeting	St. Boniface & Miscericordia	CRNM Building
17/03/12	Saturday	MORNA Spring Workship	MORNA	Sam Cohen Auditorium
18/04/12	Wednesday	Business and Education Meeting	Victoria & PanAm	CRNM Building
24/05/12	Thursday	MORNA Annual Dinner	MORNA AGM	Norwood Hotel

***Check back for any changes in dates/location and for more info about the workshop**

MORNA Saturday workshop

March 17, 2012	Saturday	MORNA Saturday workshop	Details to follow	Samuel Cohen Auditorium, St Boniface Hospital

MORNA Membership

Category	Fees	Send to
Active Membership	$50.00 July 1, 2011 (Due Dec.1, 2011)	Gladys Zinnick c/o OR Seven Oaks General Hospital 2300 McPhillips St Winnipeg, MB R2V 3M3
Associate Member	$20.00	
Affiliate Member	$25.00	
Honorary	Complimentary	

Elections Announcement for 2012

This year we are to elect a new Secretary and a new President-Elect!
Both are elected for a 2-year term, which begins July 1, 2012.

Duties of the Secretary

1. Records and distributes the minutes of all MORNA meetings.
2. Maintains an accurate record of attendance at all MORNA meetings. Provides an annual verification of attendance report as required for members` purposes, e.g. certification or educational funding.
3. Completes correspondence as directed by the Executive or Board of Directors.
4. Maintains all MORNA records, documents and correspondence for the most recent two years, then forwards to the Historian to be archived.
5. Forwards all minutes of meetings to the Associate Chapter President(s).
6. Participants on the Communications Committee as Co-Chair, with the Educational Coordinator (Co-Chair) and President Elect (Chair). Responsible for the production of the MORNA newsletter (minimum of three copies per fiscal year) and maintenance of the MORNA website.
7. Confirms the rooms for all meetings.
8. Distributes all notices of meetings and educational events.
9. Performs other duties as requested by the President.

Duties of the President-Elect

1. Assumes the duties and responsibilities of the President during the President`s absence.
2. with the President, attends the Board meetings of ORNAC. Represents MORNA on ORNAC national committees.
3. Is a signing officer for MORNA, with the President and Treasurer.
4. Chairs the Communication Committee, with t Educational Coordinator and Secretary as Co-Chairs. Responsible for the production of the MORNA newsletter (minimum of three copies per fiscal year) and maintenance of the MORNA Website.
5. Organizes the dinner and entertainment as required for the Annual Meeting.
6. Performs other duties as requested by the President.

Duties are recopied from the MORNA Constitution and Bylaws, available from your MORNA Rep.
The election will be held at the **MORNA Annual General Meeting, May 24, 2012**







YOU ARE INVITED TO
ATTEND

THE 1ST CANADIAN PLASTIC SURGERY NURSING SYMPOSIUM

DOWNTOWN TORONTO
HILTON HOTEL
THURSDAY, JUNE 7TH, 2012
2-5 PM

REGISTRATION $25 PER PERSON
FOR REGISTRATION FORMS
PLEASE VISIT:
http://www.plasticsurgery.ca/meetingregistrationform.php

HELD IN CONJUNCTION WITH
THE CANADIAN SOCIETY OF
PLASTIC SURGEONS
ANNUAL MEETING

REGISTRATION
$25 PER PERSON

FOR FURTHER INFORMATION
PLEASE CONTACT KAREN SAGNESS AT
cpsnursingsymposium@gmail.com

Manitoba Operating Room Nurses Association

Spring Workshop Program

Saturday, March 17th, 2012

0730 - 0800 Registration and Continental Breakfast

0800 - 0810 Welcome

0810 - 0915 "Size does Matter" Bariatric Surgery New procedures.
What are the results? What is the future?
Dr. Ashley Vergis- Laparoscopic Bariatric Surgeon

0915 -1015 " My Oh My BMI "-Bariatric Anaesthesia Concerns and Complications
Dr. Jeff Doerr- Dept of Anaesthesia W.R.H.A.

1015 - 1045 Exhibits and Nutrition Break

1045 - 1145 "Under The Influence: The Impact of Substance Abuse on the Individual"
Joel Gervais- Prevention / Education Consultant AFM

1145 - 1245 Lunch and Exhibits

1245 – 1330 "Perioperative Pain Management" –
On a Scale from 1 - **&%$*#@"
Shelley Coombes- BSN, RN Acute Pain Seven Oaks Hospital

1330 - 1430 "OR Environment A Surgeon's Perspective"
Dr. Paul Jellicoe- Section Head Dept of Paediatric Orthopedics HSC

1430 - 1445 Stretch Break

1445 - 1545 "Respectfully Yours"
Sylvia Yaeger- Wellness Institute
Seven Oaks General Hospital

1545 - 1600 Evaluations and Wrap Up

MANITOBA OPERATING ROOM NURSES ASSOCIATION

2012 SPRING WORKSHOP

When: **Saturday, March 17, 2012**

Where: Samuel N. Cohen Auditorium
St. Boniface General Hospital Research Centre
Winnipeg, Manitoba

TIME: 0730-0800 Registration and Continental Breakfast
0800-1600 Workshop

GUEST SPEAKERS:

Dr. Ashley Vergis - Bariatric Surgery- "Size Does Matter"
New Procedures / Results/ Future

Dr. Jeff Doerr- Bariatric Anaesthesia Concerns and Complications " My Oh My BMI "

Joel Gervais- Prevention Consultant AFM-
"Under the Influence: The Impact of Substance Abuse on the Individual"

Shelley Coombes- BSN, RN- Perioperative Pain Management-
"On a Scale from 1- #$%^& "



Dr. Paul Jellicoe- OR Environment- "A Surgeon's Perspective"

Sylvia Yaeger- Wellness Institute-"Respectfully Yours"

COST: ⇨**$45.00 for MORNA MEMBERS**

⇨**$75.00 for NON MEMBERS**

Nutrition break and lunch included with registration

Registration Deadline: March 12, 2012

Registration forms are available from your facility representative or they can be printed from the MORNA Web page (www.ornac.ca – Provincial Chapters for MORNA Link)

For further registration information please contact: Gladys Zinnick (W) (204) 632-3216
Special Hotel Room Rates Available at the Norwood Hotel 1-888-888-1878 "MORNA GROUP RATE"



MANITOBA OPERATING ROOM NURSES ASSOCIATION

SPRING WORKSHOP REGISTRATION FORM

17 MARCH 2012

Name: _____ Title: _____

Facility_____

Home Address: _____

City: _____ Province_____

Postal Code: _____

Phone Number: Home: _____

Work: _____

Fax: _____ E-mail:_____

❒ MORNA MEMBER $45.00 MORNA MEMBERSHIP #_____

❒ NON – MEMBER $75.00

***Registration Fee includes lunch and refreshments**

****** ***Your Receipt will be issued on the day of the workshop***

Please make cheque payable to MORNA

Please send your registration to:

Gladys Zinnick
Suite 5, 667 Leila
Winnipeg, Manitoba
R2V 3T5

Workshop Contact: Gladys Zinnick (W) (204) 632-3216 or (H) (204) 589-8930

Special Hotel Room Rates Available at the Norwood Hotel 1-888-888-1878 "MORNA GROUP RATE"

Registration Deadline: 12 March 2012

Cheque Number: ____ Date Received_____ Receipt Issued__