



Perioperative – Visitors to Perioperative Department Procedure

1. Guiding Principles

All visitors to the perioperative department must be authorised, documented and kept to a minimum.

Restricting access to only those considered essential for an effective perioperative event:

- ensures the patient's right to privacy and confidentiality are maintained
- minimises the risk of infection transmission
- maintains security for patients and staff within the perioperative suite.

2. Procedure

All visitors are to wear and present their own identification (ID) upon arrival to the Perioperative Department and to collect a visitor's badge or sticker from the Theatre Clerk/Floor Co-Ordinator.

Visitors are to return the Visitor's badge before leaving the Perioperative Department.

In the interest of Fire and Safety, the Visitors registration book must be completed when any visitor enters and leaves the Perioperative Department. In smaller health services this may be completed at the hospital's front reception.

2.1 Nursing Staff visitors

- Nursing staff who wish to visit the Perioperative Department must obtain permission from the Nurse Manager Perioperative Service, Clinical Nurse Manager or delegate, Staff Development Nurse or equivalent.
- Ensure that Surgical and Nursing teams are advised of visiting nursing personnel to ensure adequate time and resources are provided for appropriate orientation, education, support and supervision.

2.2 Medical Staff visitors

- Medical staff who wish to visit the Perioperative Department must obtain permission from the Surgical Head of Department and the operating Surgeon who will supervise the visit.
- Medical staff will be supervised by the operating Surgeon and abide by the department policies, infection control principles and perioperative etiquette.

2.3 Students – Medical, Nursing, Paramedic, TAFE and those on undergraduate programs

- Relevant training institutions must comply with the indemnity insurance protocols before students are allowed access to the perioperative department.

- These students may only have active involvement “within the limits of their training” on the various aspects of patient care whilst under direct supervision.
- Appropriate perioperative staff are to provide additional education including aseptic technique, IPC policies, occupational health and safety principles and perioperative etiquette. It is the preceptor’s responsibility to inform all members of the Surgical team of the visiting students (e.g. paramedic student is assigned to anaesthetist).
- All students are required to abide by the department policies, infection prevention and control (IPC) principles and perioperative etiquette.

2.4 Support person – lower uterine surgical caesarean section (LUSCS), paediatric patient and patient with cognitive impairment or disability.

- The term “support person” refers to parent, guardian, spouse, partner, defacto or close family relative/friend.
- Only one (1) support person and the same support person may accompany the patient in the Theatre / Recovery room.
- Only still photography is allowed but limited to photography of the patient/baby but not the actual surgery performed or any staff member.
- Epidural block - preferably the support person will be present following the insertion of the epidural catheter. The decision to allow a support person to observe the insertion of the epidural catheter will be determined by the Anaesthetist. Should complications arise post epidural insertion and the requirement for a General Anaesthetic (GA) occur, the support person will be requested to leave the Operating Room immediately.
- In the event of a GA, a support person may be permitted entry into theatre at the discretion of the whole Surgical team.
- Support person may be admitted to the Recovery room at the discretion of the Recovery Room Nurse Co-Ordinator.

2.5 Company Sales Representatives

- Permission for Company Sales Representatives to access the Perioperative Department will be at the discretion of the Nurse Manager Perioperative Services, Clinical Nurse Manager and Floor Coordinator following consultation with the Theatre Nursing team leader and the Operating Surgeon.
- Company Sales Representatives:
 - are only permitted access to specified areas
 - upon arrival, will be directed to the change rooms by Perioperative staff
 - must display an ID badge on their perioperative attire at all times during the visit
 - are not permitted to participate in direct patient care including scrubbing in to assist the Surgical Team with new technology.
 - are responsible for ensuring that new equipment is functioning effectively and the procedure results in the desired outcome for the patient.
 - have a duty of care to maintain and respect the patient’s confidentiality and privacy at all times.
 - are to be supervised and orientated to the perioperative environment and monitored for maintenance of the aseptic field by a member of the nursing staff.

- are not to open any instrument trays or implants.
- must give the implant box to the Circulating Nurse to confirm with the Surgeon and the Instrument Nurse when confirming and verbalising the correct implant with the Surgeon.

2.6 Non-Medical staff

- Permission to visit must be obtained from the Nurse Manager Perioperative Services.
- Permission must also be obtained from the Surgeon involved if a particular operation or procedure is to be observed.
- Patient contact i.e. treatment or scrubbing in to assist with an operation, is not permitted unless permission is given by the Nurse Manager Perioperative Services and the Operating Surgeon.

2.7 Custodial Officers

- In accordance with the WACHS Care and Discharge of Persons in Custody Policy, custodial officers are permitted to accompany the patient in full attire as required to protect the patient and staff in the perioperative department.
- Upon arrival they will be directed to the change rooms as required by a staff member.
- Custodial officers are to display an ID badge on the perioperative attire at all times.
- Custodial offices are to remain with the patient during induction of anaesthesia.
- Once the patient is anaesthetised, a staff member will accompany the custodial officer out of the Theatre to the main Recovery room until required at the end of the procedure. This is to maintain the patient’s privacy and confidentiality.
- Prior to the conclusion of the procedure, Nursing staff will notify the custodial officer to return for the transfer from Theatre to the Recovery room.

3. Definitions

Perioperative	Process or treatment occurring or performed at or around the time of an operation. It includes Theatre admission, anaesthesia, surgery, and recovery.
Visitor	Non substantive staff member – Nursing, Medical, Student, Company sales representative
Support Person	Only 1 person per patient; Husband, wife, partner, parent, child, guardian, relative, friend, carer parent, guardian, spouse, partner, defacto or close family relative/friend.
Custodial Officer	Prison Officer, Community Correction Officer.

4. Roles and Responsibilities

All Staff are required to work within policies and guidelines to make sure that WACHS is a safe, equitable and positive place to be.

5. Compliance

Failure to comply with this procedure may constitute a breach of the WA Health Code of Conduct (Code). The Code is part of the [Integrity Policy Framework](#) issued pursuant to section 26 of the [Health Services Act 2016](#) (WA) and is binding on all WACHS staff which for this purpose includes trainees, students, volunteers, researchers, contractors for service (including all visiting health professionals and agency staff) and persons delivering training or education within WACHS.

WACHS staff are reminded that compliance with all policies is mandatory.

6. Records Management

All WACHS corporate records must be stored in the approved Electronic Documents and Records Management System. Refer to: [Records Management Policy](#)

All WACHS clinical records must be managed in accordance with [Health Record Management Policy](#).

7. Evaluation

The content of this procedure is to be included as part of the orientation program for all new staff. Staff are to be reminded to adhere to the correct procedure when non-compliance is observed or reported.

Regular PAT audits are to be conducted and actions taken to be tabled at local perioperative meetings. They are to be tabled and discussed at site with the local and Regional Infection Prevention and Control Committee meetings, with any issues escalated to the Regional Safety and Quality meetings.

Monitoring of compliance with this document is to be carried out by local Theatre Management Committee, onto Perioperative Nursing Advisory Committee and WACHS Surgical Service Committee Meeting with review of the ACORN PAT audits.

8. Standards

[National Safety and Quality Health Service Standards](#) – 1.03

9. Legislation

[Work Health and Safety Act 2020](#) (WA)

10. References

Australian College of Perioperative Nurses (ACORN) Standards 16th ed. May 2020 – Visitors to the perioperative environment pp334 – 340; Perioperative attire pp223-234.

King Edward Memorial Hospital Visitors to theatre Perioperative Services Procedure 2021.

11. Related Policy Documents

WACHS [Care and Discharge of Persons in Custody Policy](#)

WACHS [Infection and Prevention and Control Policy](#)

12. Related WA Health System Mandatory Policies

MP 0122/19 [Clinical Incident Management Policy](#)

MP 0015/16 [Information Access, Use and Disclosure Policy](#)

13. Policy Framework

[Clinical Governance, Safety and Quality](#)

**This document can be made available in alternative formats
on request for a person with a disability**

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