

## **University of Colorado Hospital Policy and Procedure Visitors to the Operating Room**

**Approved by:** Administration Subcommittee  
Patient Care and Assessment Subcommittee  
Effective: 4/99  
Current: 12/07

**Description:** The purpose of this policy is to define the conditions under which an individual is permitted to observe or visit in the surgical suites of the Operating Room.

**Accountability:** All hospital employees, faculty, and visitors are accountable for abiding by the stipulations identified in this document.

### **Policies/Procedures:**

1. Faculty and students enrolled in University of Colorado Hospital's affiliated or approved programs need only the permission of the faculty anesthesiologist and faculty surgeon in the room. All other visitors to the University of Colorado Hospital Operating Rooms must have the permission of the Charge Anesthesiologist and Charge Nurse, the faculty surgeon, the faculty anesthesiologist of the room to be visited or observed, as well as the Director of Perioperative Services.
2. Medical sales representatives are allowed to be present during a surgical procedure under the following conditions:
  - a. The medical sales representative may act as a resource regarding the representative's product only and may not scrub in or participate in patient care.
  - b. Representatives must wear an ID badge obtained from personnel at the control desk. In addition, the vendor must sign in and sign out.
  - c. The patient should be notified of the presence and purpose of the representation in the O.R. and give written informed consent.
3. Non-University of Colorado Hospital physicians must be granted privileges to scrub by the Medical Staff Office and the Credentials Committee.
4. ~~DELETE:~~ Non-medical visitors (persons not contributing to the care or management of the patient) must have verbal consent from the patient to observe a surgical procedure and be at least 14 years of age. Family members will not be allowed in the operating room except for a patient designated visitor on operative deliveries, or when someone is needed for assistance in communication.
5. Tours of the operating room by community or school groups should be done during non-scheduled operating room time. Approval for these tours is given by the Medical Director of the Operating Rooms or the Director of Perioperative Services. The tours are coordinated by the O.R. CNS/Educator.

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6. Law enforcement officers accompanying patients will change into surgical attire and go with the patient to the operating room. (They may remain in the corridor). A UCH Security officer will assist as needed in holding the visiting officer's weapon while the patient is in surgery.
7. Documentation:
  - a. An operating room visitor's record will be initiated for non-University affiliated persons. The visitor must complete the following information: name, affiliation, sponsoring physician, purpose of visit, and procedure to be observed. The charge nurse completes the form with the following information: verification of approval by the charge anesthesiologist, faculty surgeon, and faculty anesthesiologist.
  - b. Visitor will sign Operating Room Visitor Release (Appendix A)
  - c. Visitors check in at the front desk and show personal identification.
  - d. Charge nurse will provide visitor with identification tag.

### Reference:

AORN, Standards, Recommended Practices and Guidelines (Denver: Association of Perioperative Registered Nurses, 2001)

### Appendix A

## OPERATING ROOM VISITOR RELEASE

I, \_\_\_\_\_ acknowledge that an Operating Room and the various instruments, devices, equipment, furnishings, pharmaceuticals, chemicals, as well as blood and body fluids, present hazards, including, but not limited to, exposure to potentially infectious or lethal materials, fire, explosion, slip and fall, crush injury, electric shock, and machinery malfunction. I agree that my presence in the Operating Room is at my own risk, and I agree not to hold University of Colorado Hospital, University Physicians, Inc., Graduate Medical Education, or any of their staff members liable for any injury I may sustain during, or as a consequence of, my presence in the Operating Room or the surrounding area.

If the above named Visitor frequents University of Colorado Hospital Operating Room, this release will remain in force until revoked in writing by the Visitor.

Visitor's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent or Legal Guardian

If Visitor is a Minor \_\_\_\_\_ Date \_\_\_\_\_

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