### Estimation of hazards and risks emphasizing blood borne exposures in operating room

## Thesis Submitted in partial fulfillment of the M.Sc degree of public health

By

Noha Muhammad el Qareh MB, BCh degree in medicine and surgery Faculty of medicine Cairo University

2010

**Under supervision of:** 

Prof. Dr. Mona Soliman
Professor of Public Health &
Head of public health departement
Faculty of medicine
Cairo University

Prof. Dr. Hanan Ali Sayed
Professor of Public Health
Theodore Bilharz Research institute

Dr. Moshira Zayed Lecturer of Public health Faculty of Medicine Cairo University 2010

# بسم الله الرحمن الرحيم

To my Mom love you".	and Dad: "Thank y	ou for being ther	e in my life, I

#### Acknowledgment

I'd like to express and share my joy and happiness to finally being able to finish and bring this work to light, it took me a lot of effort and time, but it would have never been possible without the help, guidance and patience of my dear professors and all of those who gave me a helping hand to accomplish my work.

I'd like to express my deepest gratitude to **Dr/ Mona Soliman,** Professor and head of Public health and community medicine department, Faculty of medicine, Cairo University. "Thank you very much for your kindness, patience and guidance".

Also, I'd like to thank and express my deepest appreciation and gratitude to **Dr/ Hanan Ali Sayed**, professor of Public health, Theodore Bilharz research institute for her continuous guidance, encouragement and patience. "Thank you for always being there for me".

I also want to thank **Dr/ Moshira Zayed**, lecturer of Public health, Faculty of medicine, Cairo university for her fruitful help. "Thank you very much".

And I'd like to express my deepest thanks to: **Dr/ Hind Kamel,** Professor of Anesthesiology and head of clinical surgical department, Theodore Bilharz research institute, **Dr/Ahmad Hazem,** professor of surgery and head of surgical department, Theodore Bilharz research institute and last but not least **Dr/Hanan Farouk,** assistant professor of anesthesiology, Theodore Bilharz research institute.

With special thanks to all the staff of the public health, surgical, urosurgical and anesthesiology departments at Theodore Bilharz research institute for their help and support.

#### **ABSTRACT**

The operating room (OR) has always been a major public health concern. Safety in the OR means the safety of both the patient and the working personnel (surgeons, anesthesiologists, nurses and workers). Patient safety initiatives aimed at creating a safer OR culture is increasingly being adopted. The world health organization (WHO) has launched the "Safe surgery saves lives" initiative by the world alliance for patient safety as a part of WHO efforts to reduce the number of surgical deaths across the world.

#### **KEY WORDS**

Operating room- Patient safety- Occupational safety- Blood borne exposures-Risk assessment.

Contents:	Page
Acknowledgment	I
Summary	II
List of abbreviations	III
List of tables	IV
List of figures	V
List of appendices	VI
Introduction	1
Aim of work	3
Review of Literature	
(I) Patient safety	4-23
<ul> <li>Introduction</li></ul>	5 6 7 9
(II) Occupational hazards in the OR	24-54
• Introduction	
Bloodborne pathogens	
Waste anesthetic gases	39

Compressed gases	46
Latex allergy	49
Smoke plume	50
Slips, trips and falls	52
Static and awkward positions	
Radiation	53
III) Risk assessment	55-57
IV) Situation in Egypt:	58-59
Patient safety	58
Blood borne exposures among health	
care workers	58
Materials and methods	60-71
Results	72-103
Discussion	104-120
Conclusion	121-123
Recommendations	124-129
SUMMER	130-133
Referenc	134_164
Appendices	.165-204
Arabic summary	•••

Abbreviations	=
ACH	Air change rate.
ACGME	Accreditation Council on Graduate Medical Education.
ANSI	American national standards institute.
AORN	Association of perioperative registered nurses.
ASHRAE	American society of heating, refrigerating and air-conditioning engineers.
CAL/OSHA	California division of occupational safety and health.
ссонѕ	Canadian centre for occupational and health safety.
CDC	Centers for disease control and prevention.
СРС	Chemical protective clothing.
DHSSS	Duke Health and Safety Surveillance System.
нву	Hepatitis B virus.
нсу	Hepatitis C virus.
нсм	Health care workers.
HIV	Human immunodeficiency virus.
HVAC	Heating, ventilation and air conditioning.
FDA	Food and drug administration.
JABSOM EHSO	John A. Burns school of medicine, environmental health and safety office.
MRSA	Methicillin resistant staphyloccus aureus.
MT SHB	Montana occupational safety and health bureau.
NaSH	National Surveillance System for Health Care Workers.

NIOSH National institute of occupational safety and health.

OR Operating room.

**OSHA** Occupational safety and health administration.

PACU Post anesthesia care unit.

**PEP** Post exposure prophylaxis.

**PPE** Personal protective equipment.

SSI Surgical site infection.

STF Slips, trips and falls.

VRE Vancomycin-resistant *enterococcus*.

**UQ OHS** University of Queensland, occupational health and safety.

WHO World health organization.

#### List of tables:

Table	Page
Table (1a): Frequency distribution of patients according to the items of WHO surgical safety checklist in the "sign in" stage.	72
Table (1b): Frequency distribution of patients according to the items of WHO surgical safety checklist in the "time out" stage.	74
<u>Table (1c):</u> Frequency distribution of patients according to the items of WHO surgical safety checklist in the "sign out" stage.	75
<u>Table (2):</u> Frequency distribution of hepatitis B vaccination among surgeons, scrub nurses, circulating nurses, anesthesiologists and orderlies in the OR.	76
<u>Table (3):</u> Parameters for scoring of collective items concerning protection from blood borne pathogens for surgeons in OR.	76
<u>Table (4):</u> Parameters for scoring of collective items concerning protection from blood borne pathogens for scrub nurses in OR.	77
<u>Table (5):</u> Parameters for scoring of collective items concerning protection from blood borne pathogens for circulating nurses in OR.	78
<u>Table (6):</u> Parameters for scoring of collective items concerning protection from blood borne pathogens for anesthesiologists in OR.	79
<u>Table (7):</u> Parameters for scoring of collective items concerning protection from blood borne pathogens for orderly in OR.	80

Table (8a): Waste anesthetic gases risk assessment sheet.	81-83
Table (8b): Risk assessment matrix for the waste anesthetic gases.	84
Table (9a): Risk assessment form for compressed gases (central and terminal).	85-88
Table (9b): Risk assessment matrix for the compressed gases.	89
Table (10a): Latex allergy and other allergies risk assessment sheet.	90
Table (10b): Risk assessment matrix for latex allergy and other allergies.	91
Table (11a): Slips, trips and falls risk assessment sheet.	92
Table (11b): Risk assessment matrix for the slips trips and falls.	93
Table (12a): Ergonomic hazards risk assessment sheet.	94-96
Table (12b): Risk assessment matrix for the ergonomic hazards.	97
Table (13): Radiation risk assessment sheet.	98
Table (14): Risk assessment matrix for all the studied hazards in the OR.	99-101
Table (15): List of incidents concerning patients.	102
Table (16): List of incidents concerning occupational safety.	103

#### **List of figures:**

Figure number	Page
Figure (1): Mallampati classification.	14
Figure (2): The interaction of structure, process and outcome on health	21
care.	
Figure (3): Examples for masks, eye protection and face shields.	34
Figure (4): Disinfecting and cleaning the surfaces in the OR.	35
Figure (5): Source and routes of infection in the operating room.	43
Figure (6): Methods for compressed gases storage.	48
Figure (7): Methods for compressed gases transportation.	48
Figure (8): Pictures of the aftermath of a cylinder explosion in a	49
laboratory.	
Figure (9): Basic steps in risk management.	56
Figure (10): Risk assessment matrix.	70
Figure (11): Severity and likelihood in the risk assessment matrix.	71
Figure (12): Illustration of device for establishing hands-free neutral	127
zone.	
Figure (13): Portable lead screens	129

Appendix	Page
Appendix A: WHO surgical safety checklist.	160
Appendix B: WHO surgical safety checklist's implementation manual.	161-168
Appendix C: Bloodborne pathogens exposure checklists.	169-175
Appendix D: Observational anesthesia safety checklist.	176-177
Appendix E: Compressed gases safety checklist.	178-180
Appendix F: AST Recommended Standards of Practice for the Use of Eye Protection during Invasive Surgical	181-183
Procedures.	184-185
Appendix G: Hand washing.	
Appendix H: How to don and remove sterile gloves?	186-187
Appendix I: Examples for devices with safety features preventing needlestick and sharps injuries in OR.	188-190
Appendix J: Suggested equipments for moving or lifting patients in the OR.	190-192
Appendix K: Example for body support equipments for surgeons in the OR.	193
Appendix L: Chemical protective clothing.	194-195

#### Introduction

Safety in the operating room (OR) has always been a major public health concern. Safety in the OR means the safety of both the patient and the working personnel (surgeons, anesthesiologists, nurses and workers). Within the scope of the public health practice, occupational safety in health profession is devoted to the recognition, evaluation and control of hazards in the working environment. Hazards include physical, chemical and biological hazards. They also include ergonomic factors that cause or contribute to injury, disease, impaired function or discomfort. Successful occupational hygiene practice has been defined to include a step that is in some ways preliminary to hazard recognition: the anticipation of hazardous exposures and conditions before they actually occur. For established workplace conditions, surveillance of both exposure and disease provides clues and hypothesis for further evaluation. Hazard evaluation is the type of risk assessment developed from the information gained in the hazard recognition and identification process and the characteristics of the (exposed) population at risk (Herick et al., 2008).

The series of steps in reaching a conclusion about the degree of hazard associated with a particular exposure or work condition is known as hazard evaluation. Hazard evaluation is essential to determine the need for control measures to minimize exposures and to identify clues to the etiology of an adverse health condition observed in a worker or group of workers. Hazard recognition involves a systematic review of a worker's occupational environment to identify exposures and potential exposures. Hazard recognition also includes gathering information on the type of equipment used in the workplace, the cycle of operation and / or frequency of exposure, and the operational methods and work practices used. A workplace review for the purpose of hazard recognition also includes identification of health and safety controls in place, including use of personal protective equipment (Herick et al., 2008).

Improving patient safety is an increasing priority for surgeons and hospitals since sentinel events can be catastrophic for patients, caregivers and institutions. Patient safety initiatives aimed at creating a safer OR culture is increasingly being adopted. The world health organization (WHO) has launched the "Safe surgery saves lives" initiative by the world alliance for patient safety as a part of WHO efforts to reduce the number of surgical deaths across the world. The aim of this initiative is to harness political commitment and clinical will to address important safety issues, including inadequate anesthetic safety practice, avoidable surgical infection and poor communication among team members. These have proved to be common, deadly & preventable problems in all countries & settings (WHO, 2004).

On the other hand, working personnel are also exposed to many hazards in the OR. Those hazards may include: bloody or body fluid exposure from needle stick injury or sharp in general, exposure to waste anesthetic gases, possible exposure to chemical cleaning agents, slips/trips/ falls hazards, exposure to laser, electrical shock hazards, fires, latex allergy, hazards due to compressed gases and static postures (OSHA,2008(a)).

The occupational safety & health administration (OSHA) estimates that 8 million workers in the health care industry are at risk of occupational exposure to blood borne pathogens. These pathogens include HIV, HBV, HCV and others. Any worker handling sharp devices or equipment (e.g.): scalpels, needles can be at risk. The American national institute of occupational safety (NIOSH) estimates that about 600,000 to 800,000 needle stick injuries occur annually in hospital settings. Thus certain standards have been set by the OSHA including using personal protective equipment (PPE), proper washing techniques others hand and many (OSHA,2008(b)).