Snips & Snaps

ORNAA NEWSLETTER

ORNAA EDUCATION DIRECTOR MESSAGE

In the last couple of months, we have been experiencing challenging and constantly changing times as healthcare professionals. Since the last edition of the Snips and Snaps, we have seen our operating rooms roll to a near stop in order to decrease the number of non-emergency patients that are recovering in our hospital beds. This may have meant that some of you ventured to other departments to fill the staffing needs or some of you may have needed to take leave (sick or paid LOA for self-isolation purposes).

It feels good to be regaining momentum and normalcy within our working lives, but I do feel that we are still leery about what the upcoming months will look like for us. There are plans to "catch up" on the surgical time lost over the last 3 months and that will bring challenges of its own. However, I would like you all to look at the strength and growth in our teams and the communication between all the members because of the circumstances that COVID-19 brought us.

Being a part of this organization or being active in it may not be at the forefront of many peoples minds at this time. However, as a volunteer based organization, we are needing OR nurses to sign up and step up to the plate in order to keep it going. If you have any inclination to be part of your district's executive board, reach out to the current members of that executive. Feel free to contact any of the ORNAA board members as well if you have any questions about what this organization does for you as an OR nurse.

Lastly, I would like to add that I have agreed to stay in the position of Education Director for ORNAA for one more year. I have another year of Snips and Snaps to put together for you all, and am always looking for more submissions to give this newsletter depth and new learning to our members.

Lauren Llewellyn, RN BScN, CPN(c)

ORNAA ANNUAL GENERAL MEETING PLANS

With the cancellation of the ORNAA conference this year, plans are currently in the works to host a virtual AGM Saturday October 3rd .

Our AGM will be part of a half-day education event. Two speakers will be planned for the day.

Further details regarding times, speaker topics, and virtual meeting link, will be released when finalized.

We hope to see you (virtually) in the Fall!

2020 VISION | PERIOPERATIVE NURSING CONFERENCE

May 19, 2020

To Whom It May Concern:

We are writing, on behalf of the Operating Room Nurses of Alberta Association (ORNAA), to inform you that the 35th Biennial Provincial ORNAA Conference scheduled for September 30-October 2, 2020 has been cancelled.

The decision to cancel was not taken lightly. ORNAA has been following the Government of Alberta's public health orders and restrictions since March. ORNAA has also been in consultation with Alberta Health Services. As the situation with COVID-19 is rapidly evolving, it is very difficult to know what restrictions may be in place months from now and how these will impact public gatherings.

In lieu of the conference, ORNAA will host a virtual Annual General Meeting. Further details pertaining to this event will be announced soon.

Please forward any questions or concerns to president@ornaa.org.

Sincerely,

Randi Galenzoski BA BScN RN CPN(C) PANC(C)

ORNAA President

Gloria Nemecek RN CPN(C)

ORNAA Conference Liaison

HIGHLIGHT A HOSPITAL

Medicine Hat Regional Hospital, Medicine Hat

Founded in 1889, the Medicine Hat Regional Hospital was created to service Saskatchewan, Assiniboia, Alberta, and Athabasca and was the first civilian hospital in Alberta. This was partially in response to the 1888 typhoid fever epidemic, in which there was no institution available to tend to the sick and also as a means of promoting the community.

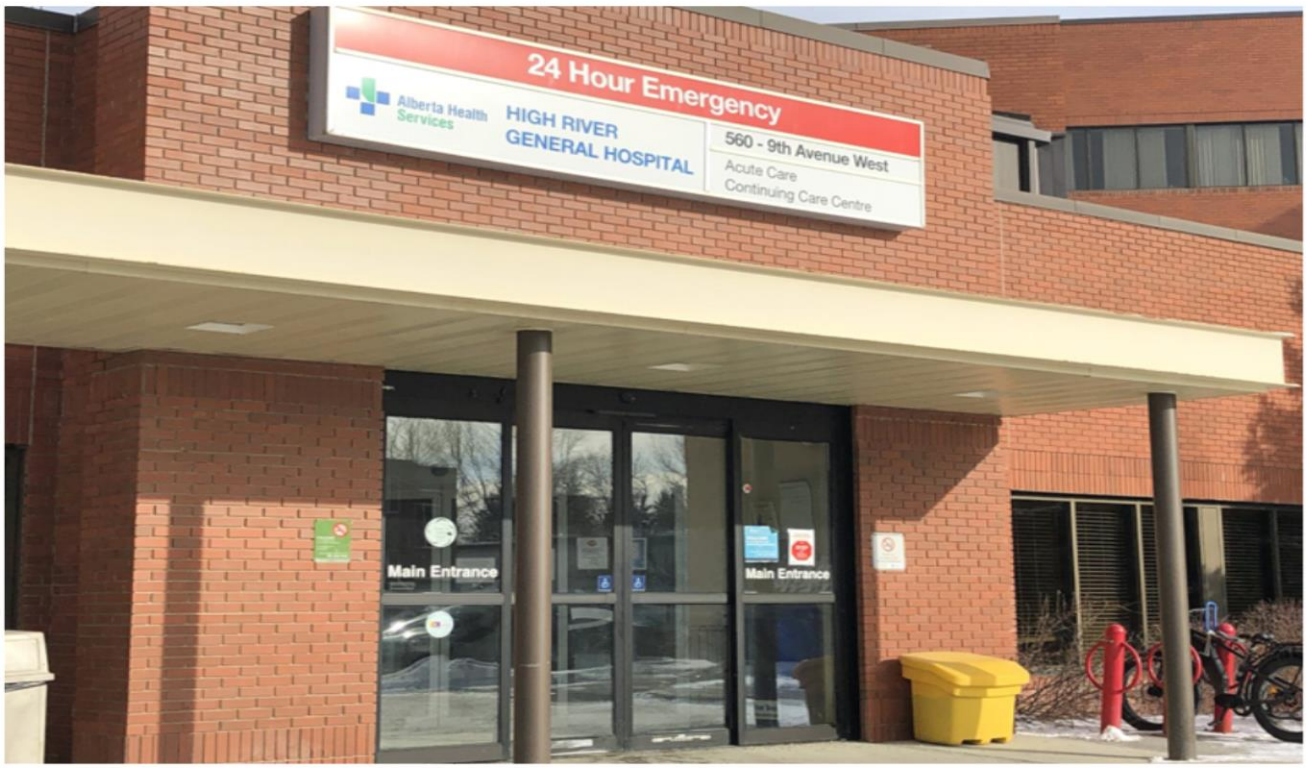
The hospital serves as a teaching facility for multiple health care professionals including, but not limited to, nursing students (University of Calgary), EMS students (Medicine Hat College), medical residents (University of Calgary Rural Alberta South family medicine program), pharmacy students (University of Alberta) and military medics (Canadian Forces Medical Service in Suffield AB).

The Surgical Suite was included in the Medicine Hat Regional Hospital's recent expansion. Opened in December 2017, the main OR houses six suites, four of which are digitally integrated, and two induction suites. There are also two suites located in the LDR and three suites available for day procedures.

Perioperative Registered Nurses are trained to provide care for all perioperative specialties and are cross-trained to the PACU. Specialties include Orthopedics, General surgery (including bariatrics), Obstetrics and Gynecology, Plastics, Ophthalmology, Urology, and ENT surgery.

HIGHLIGHT A HOSPITAL

High River General Hospital, High River



In a town of with approximately 14,000 people, 30 mins south of Calgary is High River, where this rural hospital is located. High River General Hospital has 24/7 emergency care, 30 acute inpatient beds and 50 long term care beds. This is one of a few rural hospitals in SCORNA's district that provides surgical services. They provide services for Endoscopy, General Surgery, Gynecology, Obstetrics, Urology, and Ophthalmology. On average there is 2400 surgical cases and 3600 endoscopies done per year.

A typical day the operating room runs 2 rooms which they flip back and forth for more efficiency and 1 endoscopy room. During a day for each service such as general surgery can perform 7-8 cases, urology 9 cases, ophthalmology 21 cases, and gynecology 7-8 cases with the first 2 being major cases (Hysterectomies) and the rest minor procedures. After hours the nursing staff are on call for gynecology/obstetrics cases only such as caesarean sections and D&C all other surgical patients are transferred to a hospital in Calgary.

Course Examples from Education Portal:

Monitoring the Patient with a Major Burn; Prevention of Skin and Deep Tissue Injury in the Perioperative Department; Clinical Signs During Inhalational Induction; Principles of Invasive and Non-Invasive Monitoring

EDUCATION PORTAL

ORNAC is trialing an education portal from ICN on the www.ornac.ca website for members only.

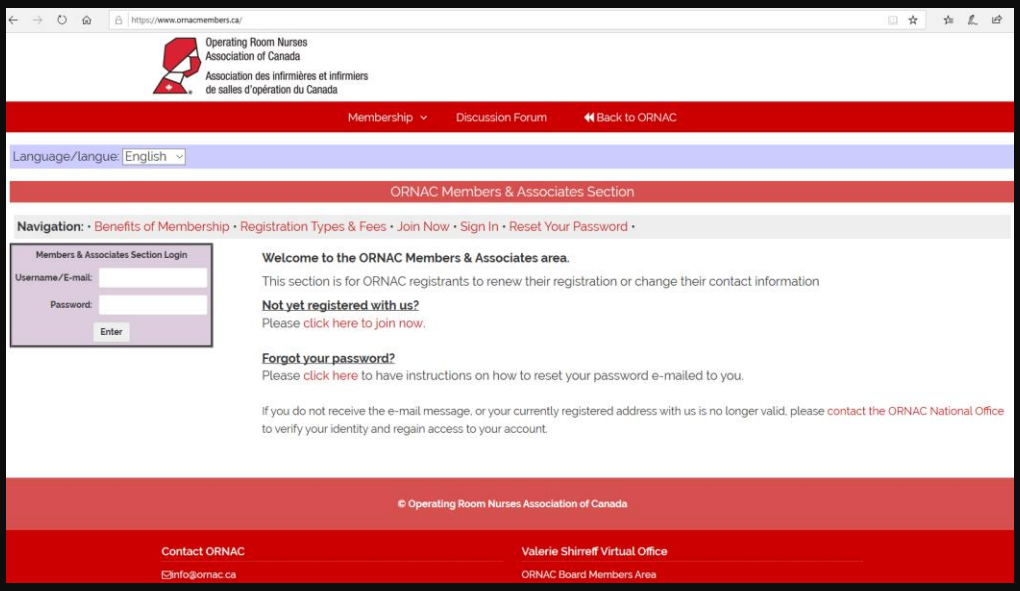
Within the portal there are free and paid courses that can count to your education hours for CPN(c) renewal hours or your CARNA. Some districts have also considered using these courses towards funding eligibility.

I have personally testing if this web link is still available through the former ORNAC wesite. Once logged into your account, click on the education drop-down menu and the first option is the education portal. –Lauren

ORNAC MEMBERSHIP

ORNAC Membership Registration and Renewal is currently underway for the 2020 year. The ORNAC year runs January-December, with registration/renewal opening October 1st.

As ORNAC has moved to a new web platform, the website to Register and Renew memberships has also changed. You can now do both at www.ornacmembers.ca. There are prompts on the screen for new or returning members.



If you have any issues, with username or password, click the hyperlink at the bottom of that page to get in contact with the webmaster.

A reminder to please make sure you are selecting the correct district before submitting. If you pick the wrong district, you will miss out on info about meetings and events, and may have delays with being approved for district funding.

Tax receipts can also be found through this new webpage.

Spotlight On A Standard

3.15 Surgical Count Management

Sharps

Sharps are metallic, pointed or cutting objects. Examples of sharps include, but are not limited to: scalpel blades, hypodermic needles, suture needles and cautery tips (Gibbs, 2013).

3.15.64 Suture needles should be counted and recorded as per the number marked on the outer package and verified by the scrub person when the package is open (Phillips, 2017; Rothrock, 2015).

Opening all packages during the initial needle count is not recommended and would result in needles being exposed during the entire surgical procedure. This creates additional opportunity for retained needles during the procedure (AORN, 2016).

Sutures that are made of surgical gut (i.e., chromic or plain) are "wet packaged in an alcohol solution to provide maximal pliability and should be used immediately after removal from the packet. When a gut suture is removed from its packet and is not used at once, the alcohol evaporates, which causes the strand to lose pliability" (Rothrock, 2015, p.188).

3.15.66 All needs on the sterile set-up shall be in their package, mounted on needle drivers or confined in a need counter, not free on the sterile set-up (AORN, 2014; Phillips, 2017; Rothrock, 2015; WHO, 2009).

Reduces risk of loss of needles and needle stick injuries.

3.15.67 All segments of broken sharps shall be accounted for when reconciling the count (AORN, 2016; Gibbs, 2013; Phillips, 2017; Rothrock, 2015).

Reduces the risk of unintentional retention of a foreign body.

Operating Room Nurses Association of Canada (2019). *The ORNAC Standards, Guidelines, And Position Statements for Perioperative Registered Nurses.* Pgs. 330-331

Spotlight On A Standard

4.4 Ventilation/Temperature/Humidity in the Surgical Suite

Ventilation

4.4.1 The ventilating system in the perioperative environment shall provide air exchanges as recommended by federal, provincial, territorial, and national standards (CSA, 2015; CSA, 2011).

Ventilation should consider asepsis as well as physical comfort (CSA, 2013).

Ventilation enables air dilution and the removal of airborne microorganisms. This minimizes the potential for infection via airborne/ droplet transmission (ASHRAE, 2013).

Heating, ventilation, and air conditioning systems shall be designed to contribute to a healthy environment by control of temperature, relative humidity, ventilation rate, air movement, mean radiant temperature, noise level of equipment and systems, and indoor air quality (CSA, 2015).

4.4.6 OR ventilation shall be maintained at positive pressure with respect to the corridors and adjacent areas (AIA, 2010).

Positive air pressure prevents infiltration of microorganisms from the corridor and adjacent areas, which may contain more microorganisms (Phillips, 2013; Rothrock, 2015).

Operating Room Nurses Association of Canada (2019). *The ORNAC Standards, Guidelines, And Position Statements for Perioperative Registered Nurses.* Pgs. 381-382

ORNAA Board

The ORNAA board had two positions up for elections at our executive meeting. Lauren Llewellyn is staying on for one more year as Education Director. Jill Clark has taken on the position of Secretary. At this past board meeting, we said goodbye and thank you to Katelyn Nielsen (Treasurer), Sandi Burton (Secretary), and Rana Sleiman (Past President).

ORNAA CONTACTS

Randi Galenzoski – president@ornaa.org

Bryana Hahn – presidentelect@ornaa.org

Hanna Zezula – treasurer@ornaa.org

Jill Clark – secretary@ornaa.org

Lauren Llewellyn – education@ornaa.org

Christa Gibson – webmaster@ornaa.org

Gloria Nemecek – conference@ornaa.org

Alberta ORNAC Director- ornacrep@ornaa.org

ORNAA

"What the . . . There's the gold earring I lost when we did his triple bypass four years ago."