Non-Hospital Medical and Surgical Facilities Accreditation Program

ACCREDITATION STANDARDS

Intraoperative Care

No.		Description
IOC1.3.6	M	The room is equipped with patient warming equipment, as appropriate. *Guidance: Patients undergoing procedures of greater than or equal to 30 minutes should be actively pre-warmed and active warming methods should be used for surgical procedures longer than 30 minutes. Active warming methods include but are not limited to forced air warming blankets. If the facility does not perform procedures that are greater than or equal to 30 minutes then patient warming equipment is not required.*
IOC1.3.7	M	The room is equipped with surgical lights. *Guidance: The room is equipped with ceiling-mounted or mobile overhead lighting.*
IOC1.3.8		

No.		Description
IOC1.4		Operating room staffing supports safe patient care and promotes a safe procedural environment.
IOC1.4.1	M	A minimum of two perioperative nurses are dedicated to the operating room. *Guidance: For procedures that do not require a scrub role (e.g. endoscopy, endovascular ablation, Mohs, IVF), only one registered nurse is required to be present in the circulating role. However, there must be a second regulated health professional immediately available to assist in the event of an emergency. The second regulated health professional may be an RN or another physician.Refractive laser eye procedure rooms are staffed with a minimum of one laser technician in addition to the surgeon and there must be a second staff member immediately available to assist in the event of an emergency. If the surgeon needs a scrub assist, the refractive laser eye procedure room is staffed with a minimum of two laser technicians in addition to the surgeon.*
IOC1.4.2	M	The scrub role is assigned to either a perioperative RN or an LPN who has completed a perioperative nursing program *Guidance: All licensed practical nurses in the operating room must have completed a perioperative nursing program from a post- secondary educational institution. Examples include MacEwan University Perioperative Nursing for Licensed Practical Nurses and Saskatchewan Polytechnic. In BC non-hospital facilities, the scope of practice of a perioperative trained LPN is limited to the scrub role only.*
IOC1.4.3	M	The circulating role is assigned to a perioperative RN. *Guidance: In accordance with the Operating Room Nurses Association of Canada (ORNAC), the primary circulating role shall be assigned only to a perioperative registered nurse. Perioperative LPNs may not relieve the primary circulating RN for coffee, lunch or other duties. Perioperative LPNs may only circulate as a second circulator*

No.		Description
IOC1.7.2	M	All items are assessed for sterility prior to opening.

No.		Description
IOC1.7.10	M	All supplies and sterile items that have been opened but not used are considered contaminated. *Guidance: All supplies and sterile items that have been opened but not used during a procedure are considered contaminated and shall not be reused. All supplies and sterile items that have been opened for a procedure that was cancelled are considered contaminated and shall not be reused. Single-use items are discarded. Reusable items are reprocessed (i.e. re-cleaned, disinfected, wrapped and sterilized) in accordance with manufacturer's instructions for use (MIFUs) before reuse.*
IOC1.7.11	M	Movement of clean and sterile supplies and equipment is separated ≥40 g0 G[(≥558.1 85m162.03 358.32 558.1 85.025 re

No.		Description
IOC1.8.12	M	Items are not removed from the operating room until the final count is complete. *Guidance: All counted items, garbage and linen are to remain within the operating room until the counts are completed and reconciled. Confinement of all items, including garbage and laundry, allows for complete checking should a count discrepancy occur.*
IOC1.8.13	M	The anesthesiologist communicates to the perioperative team when items

No.		Description
IOC1.8.19	M	Actions taken in the event of an incorrect count are documented on the intraoperative record. *Guidance: Patient safety incidents, such as an incorrect count, are documented and investigated. Measures taken if an incorrect count is not rectified include documenting the incorrect count on the count sheet, disclosure of the incorrect count to the patient and arranging for patient transfer to hospital for an X-ray as indicated. If the surgeon declines the X-ray, this is documented on the intraoperative record including the reason for not arranging for an X-ray. An incorrect count (possible retained surgical item) is a patient safety incident requiring mandatory reporting. The medical director must notify the College within one working day after the discovery of a reportable incident. A completed Reportable Incident Form, signed by the medical director, must be submitted to the College within two weeks of the incident.*
IOC1.9		Medications and solutions in the

No.		Description
IOC12.1.3	M	The operative site and surrounding area are cleaned with an antiseptic skin preparation agent. *Guidance: Skin preparations agents are Health Canada approved and appropriate for the anatomical area being prepped. In accordance with ORNAC, a chlorhexidine (CHG)/70% alcohol-based solution should be used. ORNAC further states that exceptions to CHG with alcohol would be procedures involving the ear, eye, mouth, mucous membranes and neural tissues where povidine iodine should be used. Surgeon preference/direction may also determine the antiseptic skin preparation agent used.*
IOC1.12.4	M	All other patient preparation activities are performed before antiseptic skin preparation is commenced. *Guidance: Other patient preparation activities include but are not limited to inserting of a Foley catheter, removing body jewelry, positioning.*
IOC1.12.5	M	Non-scrubbed perioperative personnel apply the antiseptic skin preparation agent using sterile technique. *Guidance: Surgical skin preparation trays are opened aseptically immediately prior to skin prep. Sterile gloves are worn while performing skin prep. Non-sterile gloves may be worn when using a one-step skin prep if the antiseptic applicator is of sufficient length to preveo 59F410 whan*

No.		Description
IOC1.13.2	M	An appropriate-sized dispersive electrode pad is used. *Guidance: The pad is not to be cut or adjusted in size. Different sized pads are available for the patient population (i.e.*

No.		Description
IOC1.15.1	M	There is policy and procedures for dress code. *Guidance: The dress code policy and*

References