Standing up for what is reasonable

I am keen to know if something has changed within the environs of operating theatres to cause a fairly recent recurring litany of questions through our professional advisory service and on one-to-one engagements in relation to the time that staff are required to stand at the operating table without a break.

The answer of course is that there is no definitive answer! This is a situation where it is clear that individual assessment is required, considering all the risks to patients and the scrub staff, and providing alternative solutions in relation to each risk identified. Assessment should also include the benefits to both, offering a complete risk-benefit analysis.

The European working time directive (WTD) provides that a 20 minute break is recommended for every six hours worked. This would seem to me like a directive benchmark. There will be individuals within the team who would consider this a short period to remain ‘scrubbed’ relative to their surgical disciplines, and others who would never consider being ‘scrubbed’ for that length of time.

For example, if you feel (for whatever reason) that you can only be ‘scrubbed’ for one hour at a time, you would not be best suited to those disciplines that require longer surgical commitments, as the increased risk of the possible changes here would almost certainly compromise care to the patient and to the efficiency and standard required as part of the overall team.

Most operating theatre teams will know what length of time on average each individual case will take. In fact this is very important information required for the appropriate selection and booking of theatre lists. Yet another issue entirely!

There will always be times when surgical procedures are extended for varying reasons; more difficult than previously anticipated, training cases, by previous arrangement; no doubt you will be able to identify your own list of reasons for this. Exceptional circumstances are not the norm, and certainly should not be the norm. If your planned operating session and individual cases are running over beyond the planned intended time then this is an area that needs review, as clearly the information being utilised to plan lists is incorrect.

If, as I anticipate, this is part of the problem, I suggest you discuss it with your theatre manager. It is always wise to have evidence so be able to show the impact on you, and others, in relation to this.

The role of the scrub nurse or ODP at the operating table in terms of time is not an exact science, but it is one that we can command some reasonable control over. Reasonableness is a concept that I have to introduce here as it is important to ensure that our approach to this is reasonable and proportionate.

We work in a very difficult demanding industry and this places certain expectations upon us as individuals. We are responsible to ourselves, our patients and our work colleagues and team to ensure that we approach this with the right attitude and expectation.

Surely, no theatre manager would deny dealing with a reasonable request to affect a solution for any team member. The health, safety and welfare of the theatre team is of the utmost importance and good organisations understand and manage this appropriately, but it cannot be seen in isolation from the very important responsibility we have to manage the safety, health and welfare of our patients.

It seems to have become my catchphrase and I have to use it here yet again, as with many issues in our professions-it always begins with me!

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