

## Support Person in Operating Rooms, Procedure Rooms and Endoscopy Suite

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## 1. Purpose of policy

To outline the policy of Auckland District Health Board (Auckland DHB) regarding the presence of a support person in operating rooms, procedure rooms or endoscopy suite.

*Please note: For Covid-19 patient refer to separate pathway/guidelines*

Under the Code of Health & Disability Services Consumer's Rights Regulation 1996, any patient: "Has the right to have one or more support person of his or her choice present, except where safety may be compromised or another patient's rights may be unreasonably infringed".

A patient's clinical safety is the most important factor in determining the policy for the presence of a support person in operating rooms and procedure rooms.

The privacy and safety of other patients must not be compromised.

### Scope

This policy applies to Auckland DHB clinical staff in operating rooms, procedure rooms and endoscopy suite where procedures are undertaken under regional, local and/or general anaesthesia.

## 2. Policy statements for local and regional anaesthesia

### 2.1 Operations or procedures involving local and regional anaesthesia

A patient undergoing an operation or procedure under local or regional anaesthesia may request one support person accompany them into the operating room or procedure room, providing that this does not compromise the clinical safety of the patient.

While it is recognised that this support person has an important role to play during a local or regional procedure, a support person will only be allowed if they will not create an undue risk such as described below:

- Contamination of surgically sterile areas, thereby increasing risk of infection
- Crowding and distraction within the operating room or procedure room, interfering with the ability of the staff to perform their tasks safely
- Attention required by the support person diverting the staff from performing essential tasks
- Direct interference with the anaesthetic or surgical teams by the support person due to lack of familiarity with the operating room or procedure room environment.

The decision as to whether the presence of a support person impacts on the safety of the patient rests with the anaesthetist, surgeon and OR nurse floor coordinator involved.

The role of the support person is to provide non-clinical support to the patient undergoing an operation or procedure.

The support person may enter the operating room or procedure room at the appropriate time as determined by the operating room, procedure room or endoscopy suite staff.

In the event that the operation or procedure requires the induction of general anaesthetic or at the request of the attending staff at any time during the operation or procedure, the support person will be asked to leave the room. This should be fully discussed with the support person **prior** to the commencement of the procedure.

During an obstetric procedure, the midwife is to record the name of a support person in the operating room on the delivery summary. The name of a support person present during other procedures is to be recorded on the operating room, procedure room or endoscopy room documentation by a member of the nursing staff.

In cases where a request is made and denied for a patient to have a support person present, the request, outcome of the decision, and reason for the decision must be discussed with the patient and where appropriate the family/support person and documented in the clinical record.

A woman coming for a caesarean section may request to have a second support person present who may have had professional clinical involvement with her in the past but is not involved in a clinical role during the operation. The operating room team should consider the appropriateness of this request in light of the impact that the presence of an additional person may have on the safety of the operating room environment.

If the presence of a second support person is not considered to be appropriate, the reason for the decision should be explained to the patient and the practitioner and documented in the patient's clinical record.

### 3. Policy statements for general anaesthesia – adult

#### 3.1 Procedures involving general anaesthesia

For patients receiving general anaesthesia, no support person is permitted to be present whilst the patient is anaesthetised. This is due to the increased level of risk involved to the patient's safety and within the operating room and procedure room environment.

#### 3.2 Exceptions

In some circumstances, it may be appropriate for a support person to be present with a patient in the operating room, procedure or endoscopy room for the induction of general anaesthesia, where the benefits of support would outweigh the risk.

This could include the following cases where the patient may:

- be under 16 years of age
- have an intellectual disability
- be extremely frightened or anxious
- require an interpreter
- be in police or prison service custody

In every case, once the patient is anaesthetised, the support person is required to leave the operating room, procedure room or endoscopy room. A dedicated staff member needs to be allocated the task of escorting the support person out.

## 4. Policy statements for general anaesthesia – paediatrics

### 4.1 Parental presence usually allowed (at the individual anaesthetist's discretion)

Healthy children over the age of nine months, undergoing **elective** surgery without any significant medical problems.

### 4.2 Parental presence not usually allowed (but may at the individual anaesthetist's discretion)

Parental presence is not usually allowed when the child:

- is less than nine months of age.
- is presenting for acute surgical procedures.
- has severe cardiac, respiratory or upper airway problems.
- has an altered level of consciousness, trauma patients, or patients from PICU.

### 4.3 Number of support people allowed

Only one family member or caregiver will be able to accompany a child. A dedicated staff member needs to be allocated the task of escorting the support person out of the operating room, procedure room or endoscopy room. In every case, after the patient is anaesthetised, the support person is required to leave the room.

### 4.4 Background

Parents/caregivers increasingly want to be more involved with their children's treatment. In the operating rooms, this desire is realised by an increasing number of parents and/or caregivers requesting to be present during the induction of anaesthesia.

Despite a lack of scientific evidence showing any reliable or clear benefit to the child, most parents, even those who feel anxious about the procedure, want to be present with their child. Some studies have shown that the presence of parents will benefit the child, others suggest that parental presence may make the situation more stressful. On the other hand, there is little evidence of harm from having parents present, at the beginning of anaesthesia, in planned elective procedures for healthy children.

The beginning of anaesthesia (induction) is the riskiest part of anaesthesia and requires that the anaesthetist focuses on what is happening to the patient under their care, and is not distracted by other factors which may include the presence of a parent/caregiver in the room. The final decision therefore requires balancing the risks and benefits of parental presence.

The recommendations above are a balance between potential risks and benefits.

With small infants, emergency procedures, and medically compromised children, the induction of anaesthesia is slightly riskier than with older healthy children. In these cases, the potential for distraction by parental presence may have a greater impact on the safety of this part of the anaesthetic and will not routinely be allowed.

Due to these concerns, in situations where parental presence has been deemed acceptable, only one parent or caregiver will be allowed to accompany the child. This may at times prove difficult with the involvement of extended family/whānau of Maori and Pacific children/tamariki. However,

it is extremely important that the safety of the child is not compromised, and that the sterility of the operating room environment is maintained.

## 5. Identification and supervision of support person

The support person should comply with the recommended perioperative clothing policy.

The support person should not have a mobile phone with them in the restricted area (i.e. the operating room, procedure room or endoscopy suite). If this is not an option, any mobile phones should be switched off while in the restricted area, and should also not be used to make or receive calls in the Post Anaesthesia Care Unit (PACU) or endoscopy recovery area.

When a midwife is present in the operating room in a clinical capacity i.e. during caesarean sections, it is his/her responsibility to orientate and supervise the support person.

The support person must adhere to staff instructions at all times, with the understanding that they may be required to leave the operating room, procedure room, endoscopy room, or PACU recovery area at any time. If they are required to leave, the support person will be escorted out by a staff member.

For all other procedures, a designated member of the nursing staff will be responsible for the orientation and supervision of the support person.

## 6. Support people in post anaesthesia care unit (PACU)

### 6.1 Adult

At the discretion of the senior nurse, one support person may be present in the PACU area after a patient has had their procedure. This decision will be made taking into consideration the clinical condition of the patient and the presence of other patients in the recovery area, so as not to compromise the post-operative recovery process and privacy of all concerned.

### 6.2 Paediatric

Auckland DHB supports the desire of parents to be with their children when they wake up after an anaesthetic, to provide emotional support and reassurance.

However, for safety reasons, the following safety criteria will need to be met before parents will be admitted to the post anaesthesia care unit:

- The child is rousable and is maintaining his/her own airway
- The child is not suffering from extreme post anaesthetic excitation
- Relief measures for severe pain have been instigated
- Any heavily soiled linen has been removed from the child's bed

PACU staff will call for parents when the criteria listed above have been established. Deviation from the above criteria will be at the discretion of the anaesthetists and/or PACU nurse.

While PACU staff recognise the role of extended family/whānau, due to space limitations only two caregivers will be allowed in the unit at any one time.

## 7. Support people in the endoscopy room and recovery area

### 7.1 Adult

While endoscopy staff recognise the role of support people and extended family/whānau, support people are only permitted into the endoscopy procedure room or recovery area in exceptional circumstances (refer to [section 3.2. for exceptions](#)), or at the discretion of the Endoscopist, Charge Nurse Manager (CNM) or Senior Nurse.

### 7.2 Procedure Room

Decisions regarding the admittance of a support person in the endoscopy procedure room are at the discretion of the Endoscopist. This decision will be made after consideration of the clinical condition of the patient, and only one support person will be allowed entry.

### 7.3 Recovery area

Decisions regarding the admittance of a support person in the recovery area following a procedure or during an infusion will be at the discretion of the Charge Nurse Manager (CNM) or Senior Nurse. Only one support person will be allowed into the recovery area, and this decision will be made after considering the clinical condition of the patient and the presence of other patients in the recovery area. Care must be taken not to compromise the post-procedure recovery process, procedure considerations, and privacy of all patients in the recovery area.

## 8. Private recordings, professional birth photographers, teaching and disputes

### 8.1 Private recordings

- Private recordings (by the support person) inclusive of any photographs, video and audio recordings are prohibited when the support person accompanies a patient into the operating room or endoscopy room to give support during either general or regional anaesthesia.
- In exceptional circumstances, ONLY photographs may be allowed (e.g. of the actual birth), and may only occur when the photography does not jeopardise patient safety.
- No staff may be photographed without their express and written permission in advance.
- No photographs are permitted of the anaesthetic or surgical procedure.
- Photographs are for personal, non-commercial use only.

### 8.2 Professional Birth Photographers

Auckland DHB recognises there are a growing number of patients who choose to employ a professional birth photographer to document this significant life event. As the photographers are non-clinical visitors, for the purposes of this policy, they are regarded as a 'support person' and are governed by the same requirements as all support people. Specifically, only one support person is permitted to accompany the patient to the operating rooms and this person's role is to support the woman undergoing the procedure. Usually this will be the woman's birthing partner, but should she prefer to invite the Professional Birth Photographer into the operating room to provide support instead of her birthing partner, then:

- Only Professional Birth Photographers who are members of the New Zealand Institute of Professional Photographers (NZIPP) are permitted in the operating rooms; these staff must be pre-approved by Auckland DHB and have undergone relevant credentialing and police checks that are satisfactory to Auckland DHB. Evidence of this may be requested before they are permitted to enter the operating room.
- Rules governing the private recordings and other responsibilities of support people stated in this policy apply.
- The responsibility of orientating and supervising the photographer lies with the midwife present in the operating room.
- Photographs are for private use only and may not be used to promote the photographer in their commercial activities or posted on social media.
- Only mother and baby should be captured and there should be no inclusion of staff in the photo.

### **8.3 Teaching**

Tertiary Students of all medical or allied health disciplines may be invited to be present in the operating room, procedure room or endoscopy suite in an educational capacity. This is subject to the patient giving their consent to the student's presence prior to coming to the operating room or procedure room. The presence of a student will be documented in the clinical record. Secondary school pupils are not permitted in the operating room.

### **8.4 Disputes - operating rooms and procedure rooms**

In the event of a dispute arising from implementing this policy, the OR Manager of the directorate concerned is to be contacted to assist. Out-of-hours the Clinical Nurse Manager should be contacted.

### **8.5 Disputes - endoscopy suite**

In the event of a dispute arising as a result of implementation of this policy, the Nurse Unit Manager and Clinical Charge Nurse are to be contacted to assist. Out of hours the Clinical Nurse Manager should be contacted.

## **9. Legislation**

- Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996
- Health Information Privacy Code 1994

## **10. Associated documents**

- Bicultural Policy
- Clinical Record Management
- Code of Rights
- Family-Whānau Participation
- Informed Consent
- Prison or Police Officer Escort



- Uniform, Surgical Attire/Scrub Clothing & Professional Presentation
- Auckland DHB Pamphlet “Your Rights”

## 11. Disclaimer

No guideline can cover all variations required for specific circumstances. It is the responsibility of the health care practitioners using this Auckland DHB guideline to adapt it for safe use within their own institution, recognise the need for specialist help, and call for it without delay, when an individual patient falls outside of the boundaries of this guideline.

## 12. Corrections and amendments

The next scheduled review of this document is as per the document classification table (page 1). However, if the reader notices any errors or believes that the document should be reviewed **before** the scheduled date, they should contact the owner or [Document Control](#) without delay.