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ORNAC's Annual Report

By Donna Farid, RN, PGOR, CPN(C)

As President of the Operating Room Nurses Association of Canada (ORNAC), I report to the Canadian Nurses' Association in Ottawa on our association's aims and objectives, and our activities and accomplishments over the past year.

The following are the highlights of the report presented in May, 1998 covering the period May, 1997 to June, 1998. Firstly I provided an historical perspective of ORNAC, outlined its objectives as reflected by the mission, values, and vision of the association.

General Structure

ORNAC is a voluntary organization whose Executive and Board of Directors consist of Perioperative Registered Nurses from every province in Canada, representing approximately 3,000 members. The ORNAC Executive consists of a President, President-Elect, Past President, Secretary and Treasurer. Their term of office is two years, and they are elected by the members of the Board. Those members running for ORNAC executive office must meet specific eligibility criteria. The ORNAC Board of Directors consists of two representatives from the executives of provincial O.R. Nurses Associations at the level of President, President-elect, or Past President. Their Board term of office is four years. Standing Committees chaired by Board members are: Awards, Bylaws, Finance, National Conference, Nominations, Research, and Standards/Education. Special Committees are: Editorial Advisory, French Translation, and Public awareness. There are two ad hoc committees: Advanced Practice and National Membership. The Past President is a member of the International Planning Committee (IPC) for World O.R. Conferences, and there is an official historian and photographer.

Membership

Membership in ORNAC consists of ten provincial associations representing perioperative registered nurses. Active members are currently engaged in perioperative nursing. Associate members can be comprised of registered nurses with previous perioperative nursing experience, or those interested in perioperative nursing. Membership remains relatively consistent.

Present Special Projects and Activities

The fourth edition of ORNAC's **Recommended Standards for Perioperative Nursing Practice, 1998 Edition** was published for distribution in January, 1998. The standards are available for purchase from the ORNAC Inventory Officer, advertised in the Canadian Operating Room Nursing Journal, provincial O.R. Association newsletters, and the ORNAC Web site.

Perioperative Certification - the fourth exam was written in April by 302 candidates. Currently there are 1,672 Certified Perioperative nurses.

The **ORNAC Web site**, a great source of pride, has been on the net since February of this year. Much



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credit must go to the Chair of the Public Awareness Committee, Marg Farley from Saskatchewan, and her predecessor, Faye Meuser from B.C. for their tremendous contributions to establishing this site. It is constantly evolving and being revised as we continue to add new information and establish new links.

A pamphlet, developed by the Public Awareness Committee and called "Perioperative Registered Nurses - How They Care for You" was presented to the Board in May in its third draft form. Following final feedback from Board members, it is hoped it will be approved at the Fall Board meeting for printing. ORNAC wants to make the distribution of these pamphlets to the public a major campaign in every province.

The **RN First Assistant role** is in various stages of development in every province. Some programs have been set up in individual specialties in healthcare facilities, some are being developed in colleges, and others are going through the investigative/approval processes within the provinces.

ORNAC is represented on **CSA Technical Committees**, on a steering committee to develop an International Federation of Perioperative Nurses, and on an ad hoc task force to establish stronger links between CNA and the Associate groups.

Events of the Past Year

Three executive meetings were held September 2, 1997, February 20 - 22, 1998, and May 1, 1998. **Two Board meetings** were held September 3-4, 1997, and May 2-3, 1998.

A **Strategic Plan** was developed at the February Executive meeting and presented to the Board in May. Revisions will be made, and this plan will be used as an annual reference to determine our accomplishments, areas needing improvement, and as a review of goals and objectives.

A **Telemedicine schedule** was compiled and is maintained by ORNAC providing topics, speakers and moderators.

The **Johnson & Johnson - Drake Thompson Writing Award**, in the amount of \$3000, was shared this year by two perioperative nurses who submitted articles to the Canadian Operating Room Nursing Journal. These awards were presented by J & J representatives to Grace Groetzsch at the Ontario provincial O.R. Nurses Conference in Niagara Falls on May 13, and to Se uk Walling in Halifax on May 13, at an education day for perioperative nurses.

The **10th World Conference for Perioperative Nurses was held in Toronto, September 5-7, 1997.**

Many ORNAC Board and Executive members attended and contributed by moderating and monitoring sessions. Canadian perioperative nurses gave the keynote and closing addresses, and many Canadian speakers were on the agenda.

Issues of Concern continue to be:

- The casual employment of perioperative RNs,
- The current shortage of experienced perioperative RNs,
- The replacement of RNs by other health care workers, both licensed and unlicensed,
- The fragmentation of the roles of perioperative RNs into tasks with little concern for quality patient care,
- Recruitment of RNs into our specialty, and
- The continued cost-cutting measures by downsizing and closures.



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1998 STANDARDS NOTE

A typographical error on page 167, the position should read as follows:

Lateral Rt. - patient lying on the right side

Lateral Lt. - patient lying on the left side

The Standards Committee wishes to apologize for any inconvenience this may have caused.

Sharps Injuries & Preventive Measures

By Dr. Elizabeth Bryce, MD, (FRCPSC)

The epidemiology of sharps injuries in the operating room and possible preventive measures will be discussed in this presentation.

Why do Infection Control Practitioners focus on blood-borne disease in the Operating Room ?

- Because the OR is often ranked as number one or two in reporting of sharps injuries to the Employee Health Unit, and this is likely underreported.

- Cutaneous Exposure is of particular concern in the OR because of the high rate of exposure to body fluids and the significant number of personnel with associated dermatitis due to frequent handwashing.

- Prevention of blood-borne disease in the OR should therefore incorporate:

- i) a recognition of the importance of cutaneous exposure without sharps injury and
- ii) a review of methods, techniques and behaviour to minimize risk.

I would like to first present some background on common blood-borne pathogens before we discuss specific intraoperative risks and preventive measures.

Hepatitis B

The risk of acquisition of Hepatitis B with an exposure varies depending on the viral load and the presence of HbeAg. It is estimated that 4,000 to 5,000 deaths per year related to Hepatitis B occur in the United States. This should provide impetus to those who are not already immune (or a known carrier) to be vaccinated. The majority of those immunized demonstrate protective antibody titres and initial nonresponders may receive additional vaccinations in an attempt to achieve a response. If exposed, nonresponders and those whose immune status is unknown should receive two doses of immune globulin one month apart. An exposed health care worker whose

serology is negative should, of course, be vaccinated as well.

Hepatitis B

- Risk of acquisition 5 - 43% per exposure.
- 6 - 10% become carriers
- Response to vaccine 90 -95%
- Vaccine provides immunity for approximately ten years.

Most employee health units will check your antibody titres at the time of exposure if you have not been checked within the last 24 months. It should also be noted that a recent article suggests that the efficacy of immune globulin may decline by day three of exposure.¹

Hepatitis C

Hepatitis C antibody testing has only been widely available since 1991 and the prevalence in Canada is estimated anywhere from 90,000 to 300,000 cases.² British Columbia had 5,000 new cases in 1996 but this may have been a reporting phenomenon as the screening program had recently been implemented. The majority of cases in Canada were from injection drug users and accounted for at least half of newly documented infections.²

Author

Dr. Elizabeth Ann Bryce, MD, (FRCPC) Internal Medicine, Fellowship Infectious Diseases, is a Clinical Assistant Professor, University of British Columbia and Medical Microbiologist and Infection Control Officer, Vancouver Hospital Health Sciences Centre. This presentation was made to the 16th BCORNG Conference in Harrison Hot Spring, BC, April, 1998.