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| Procedure |
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Document Number: GNAH_0075

Neonatal Resuscitaires: Oxygen supply in John Hunter Hospital Operating Suite.

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| Sites where Procedure applies: | John Hunter Hospital Operating Suite |
| Target audience: | Delivery Suite, Neonatal Intensive Care Unit, Operating Suite and Anaesthetic Staff |
| Description: | Procedure for connecting the neonatal Resuscitaires into bulk gas supply within the JHH Operating Theatres. |
| Keywords: | Neonatal, caesarean, oxygen, resuscitation, operating theatre, NICU, baby |
| Replaces Existing Procedure: | No |
| Registration Number(s) and/or name and of Superseded Documents: | |
| Relevant or related Documents, Australian Standards, Guidelines etc: | <ul style="list-style-type: none"> • NSW Health Policy Directive 2005_107 Newborn Stabilization Prior to Transport (Guidelines for Facilities for the) http://www.health.nsw.gov.au/policies/pd/2007/pdf/PD2007_079.pdf • Australian Resuscitation Council (ARC) Guidelines for Neonatal Resuscitation 13.2- 13.10 2006 • NSW Health Policy Directive PD 2005_224 Manual Handling Incidents – NSW Public Health Services- Policy/Best Practice Guidelines Prevention http://www.health.nsw.gov.au/policies/pd/2005/pdf/PD2005_224.pdf • HNEH Manual Handling Incident Prevention Policy 09_03 • HNEH Occupational Health and Safety Policy 09_04 • HNEH Area Manual handling Incident Prevention Program, Policy Compliance Procedure 09_03 • GNAH_0072 procedure Medical Gas and Suction supply |
| Prerequisites (if required): | Moving Safely training and regular competency assessment |
| Procedure Summary: | This procedure sets out the steps to be followed when a Neonatal Resuscitaire with extra long gas hoses is connected to a John Hunter Hospital Operating Suite gas boom. The procedural components are considered mandatory. |
| Date first authorised: | October 2010 |
| Authorised by: | Managers JHH Operating Suite, Delivery Suite and NICU |
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| Date Reviewed: | |
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| Responsible for review: | Nurse Educator JHH PACU |
| Version: | Version 1.0 7 October 2010 |

OUTCOMES

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| 1 | Continuous oxygen supply available for babies delivered within JHH operating theatres |
| 2 | All neonatal Resuscitaires will be connected to bulk oxygen and air supply within the JHH Operating Suite via extra long gas hoses. |
| 3 | The extra long gas hoses will be positioned to minimise trip hazards, and reduce the risk of IV poles being pulled / falling over, without impeding traffic flow in the operating theatre. |

ABBREVIATIONS & GLOSSARY

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| Op Suite | Operating Suite |
| IV | Intravenous |
| JHH | John Hunter Hospital |
| NICU | Neonatal Intensive Care Unit |

PREAMBLE

Previously the neonatal Resuscitaires when being used in the John Hunter Hospital Theatre Suite have had to run on bottle oxygen and air because the Resuscitaires have not had long enough gas hoses to reach the available theatre bulk oxygen and air supply. This enabled the Neonatal Resuscitaire to be placed in a position so as to not impede staff movements through the theatre. To ensure continuous oxygen and air supply for babies following delivery within the JHH Theatres, the Resuscitaires are now required to be connected to the hospital's bulk oxygen and air supply.

External benchmarking with other hospitals revealed, best practise is to connect neonatal Resuscitaires to bulk oxygen and air supply when used in a resuscitation situation regardless of location, especially in theatre. In order to achieve this in JHH operating theatres, extra long gas hoses must be attached to the neonatal Resuscitaires to enable connection to bulk oxygen and air supply.

PROCEDURE

The procedure requires mandatory compliance.

Procedure Steps

1. Two neonatal Resuscitaires dedicated for transfer between Delivery suite, NICU and the Operating Suite are fitted with extra long gas hoses and double adaptor gas taps, designated for use in John Hunter Hospital Operating Theatres. The hoses and adaptors are not to be removed at any time.
2. Delivery Suite staff are responsible for ensuring only the two Resuscitaires with extra long hoses are transferred to the Operating Suite. On the rare occasion that three Resuscitaires may be required, Delivery Suite staff must notify the Operating Suite and the Resuscitaire will be placed near the foot of the operating table.
3. The gas hoses must be connected to specific gas outlets depending on which theatre is used as described in appendix 1.
4. Position Resuscitaires against a side wall.
5. In theatres 1-3 and 8-10 the gas hoses must be connected to the ceiling pendants (booms) requiring the gas hoses from the neonatal Resuscitaires to be suspended off the floor using an IV pole/s. Check the Resuscitaire has extra long gas hoses.
6. Obtain one or two IV poles.

7. Place the IV pole/s between the Neonatal Resuscitaire and the bulk oxygen and air supply outlet. Lower the IV pole/s to its lowest level. Place the IV pole/s under the gas hoses (which are netted together). Ensure that the hoses sit in hook at the top of the IV pole/s. Raise the IV pole/s so as to suspend the gas hoses high enough that staff will not run into it.
8. After the gas hoses have been connected to the bulk oxygen and air supply, the IV pole/s should be maneuvered in such a way to ensure that the gas hoses sit above staff head height, so traffic around the theatre is not obstructed, the gas hoses are not positioned over a sterile field/ set up and staff will not trip on the base of the pole or pull poles over.
9. The Midwife/ Neonatal Intensive Care (NICU) staff present, are responsible for checking that the neonatal Resuscitaire is connected correctly and all the necessary resuscitation equipment is available and working correctly.
10. The midwife/ Neonatal Intensive Care (NICU) staff present must ensure that the neonatal Resuscitaire bottled oxygen and air supply is full and turned off when connected to the bulk gas supply.
11. Before transporting the neonatal Resuscitaire out of the theatre, the midwife/ NICU staff members must ensure that the gas hoses are disconnected from the bulk gas supply (the three way gas adapter is not be removed from the end of the gas hoses) and the bottled oxygen and air supply is to be turned on if required for transport of the baby to designated unit.
12. The staff member disconnecting the gas hoses must ensure the IV pole/s are placed against a theatre wall to avoid causing a trip hazard or impede staff movements within the operating suite.

APPENDICES

Appendix 1: Connection of neonatal Resuscitaire gas hoses in JHH Operating Rooms

REFERENCES

- NSW Health Policy Directive 2005_107 Newborn Stabilization Prior to Transport (Guidelines for Facilities for the) http://www.health.nsw.gov.au/policies/pd/2007/pdf/PD2007_079.pdf
- Australian Resuscitation Council (ARC) Guidelines for Neonatal Resuscitation 13.2- 13.10 2006

Appendix 1: Connection of neonatal Resuscitaire gas hoses in JHH Operating Rooms

| Operating Room number | Gas hoses connected to: |
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| 1, 2, 3, 9 and 10 | Theatre boom (central core end of operating room). The gas hoses will need to be suspended using an IV pole/s. |
| 4 and 5 | Bulk supply oxygen and air outlets on the wall facing the delivery suite. No IV pole/s will be required in these theatres. |
| 7 | Bulk oxygen and air supply on boom that is usually devoted to the cardiac bypass machine. No IV pole/s will be required in this theatre. |
| 8 | The preferable first choice is to connect to the theatre oxygen and air gas boom if possible (central core end of operating room). Only after consultation with the Anaesthetist/ Registrar can the Neonatal Resuscitaire gas hoses, be plugged into the bulk oxygen and air supply outlet that the Anaesthetic Machine is plugged into. The gas hoses will need to be suspended using an IV pole/s. If this is not possible the Neonatal Resuscitaire will have to be placed near a theatre wall away from the sterile field and function with the bottle oxygen and air supply on the Neonatal Resuscitaire. |