OPERATING ROOM OBSERVATION REQUIREMENTS
SURGEON’S OFFICE GUIDE

Observation requests are only for visiting Medical Students and visiting Physicians.

1. Instruction on submitting Observation Requests
   1. **Forms** – All required forms (listed below) must be filled out and signed for visiting Medical students and visiting Physicians. Please email all completed forms to Observation@mednet.ucla.edu.
   2. **Badges** – For observations of duration of more than 30 days; a UCLA badge is required. The surgeon’s office is responsible for obtaining a UCLA badge.
   3. **Scrubs** – Our office will contact you to request badge sizes and a PIN code for ScrubEx machine use.
   4. **Medical Students** – In addition to the required forms (below), an O.R. orientation is required and should be scheduled by the surgeon’s office with Lorie Paset. *Except for resident interviews.*
   5. **Any requests for non-medical observers must be approved by the Operating Room Services Director.**

**Required forms for observation requests are:**
   1. Observation Request form (Page 3 of this packet)
      a. To be filled out by the requesting Surgeon’s Office
      b. Must include Surgeon’s signature
   2. Confidentiality Statement (Pages 4-5 of this packet)
      a. To be filled out and signed by the observer
   3. Precautions & Hepatitis B Statement (Page 6 of this packet)
      a. To be filled out and signed by the observer
   4. Active negative TB Test for observer or negative Chest X-ray
      a. Provided by the observer
      b. Negative TB Test/Chest X-ray is active for ONE year. Any TB Test older than one year will not be accepted

II. Instructions for visiting Medical Students and visiting Physicians (see page 2 of this packet for the Visiting Physician/Medical Student Guide)
   1. **Lockers** – a temporary shared locker will be assigned upon your arrival. Do not bring valuables with you as these lockers are shared and other visitors will have access to the locker. Lock on the locker must remain on the assigned locker.
   2. **Badge** – Badges for people observing cases from 1 to 30 days will be assigned a temporary badge by the Main O.R. Over 30 day observations will require a UCLA badge obtained by the surgeon’s office.
   3. **Scrubs** – Your surgeon’s office will inform you on the PIN and Access code to be used for scrubs. *All Scrubs must be returned at the end of the day using your Access code and PIN.*
VISITORS

PURPOSE
To provide guidelines for authorization of visitors in the Department of Operating Room Services that will protect patient's rights to privacy and to ensure infection control safety.

POLICY
1.0 VISITOR AUTHORIZATION

1.1 Prior to being permitted into the Department of Operating Room Services, an outline of defined visitor privileges must be presented to the Director or designee.
   1.1.1 Requests for visitor privileges should be made at least 1 day in advance.
   1.1.2 The following information must be provided by the requesting Department/Division/Staff when requesting visitor privileges: academic title of the visitor, purpose of the visit, date(s) of visit, and patient's name when applicable.

1.2 Upon entering the Department, all visitors are required to obtain a locker assignment from the Department's Administrative Assistant.

   Note: visitors for the Main Operating Room should check-in at the Front Desk prior to entering the clinical area.

1.3 The Charge Nurse or designee will orient the visitor to Department Policies and Procedures, escort the visitor to the appropriate clinical area, introduce the visitor, and provide a letter of authorization to the clinical nurse.
   1.3.1 Clinical nurses are responsible for ensuring authorization of all persons in their designated clinical areas.

1.4 All visitors are required to comply with UCLA and Department of Operating Room Services Policies and Procedures.

1.5 Photographs may not be taken by visitors in the Department of Operating Room Services without the permission of management and the patient.

1.6 Non-medical personnel may not observe in the Department of Operating Room Services, except if pre-approved by the OR Director or higher Medical Center authority approval is obtained.

1.7 Family members of patients, professional or otherwise, are not permitted in the Department of Operating Room Services during the surgical procedure.

1.8 Prior to entry into the Department of Operating Room Services, all visitors are required to have the following on file with the Department Business Office:
1.8.1 *HBV Vaccine/Declination Statement
1.8.2 Statement confirming knowledge of Bloodborne Pathogens and Universal Precautions
1.8.3 A signed confidentiality statement of privacy practices (HIPAA) guidelines
1.8.4 Verification of TB clearance

*Note: The HBV vaccination should be provided by the visitor's employer/institution.

2.0 OBSERVATIONAL PRIVILEGES

2.1 Visitors observing within one foot of the surgical field should be gowned and gloved in a sterile manner to protect against contamination.
   2.1.1 Unless temporary Medical Staff privileges have been granted, visitors approved for observational privileges are not to deliver any hands-on patient care (see 3.0).
   2.1.2 Visitors who are gowned and gloved for the purpose of maintaining aseptic technique should be entered under "Others in Room" on the Operating Room Record, not "scrubbed or assistant".

3.0 SURGICAL PRIVILEGES

3.1 Temporary Medical Staff Status is required for visitors to be granted scrub privileges.
3.2 Surgical privileges are granted by the Chief of Staff.
   3.2.1 The Department/Division Chief requests surgical privileges for the visiting physician.
   3.2.2 After the Chairperson, Department of Surgery, OB/GYN, Ophthalmology, Orthopedics, or Urology signs the request form and forwards it to the Chief of Staff, the Chief of Staff's Office issues a privilege approval form, which is entered into the computer.
   3.2.3 The approved surgical privilege form is sent to the Department of Operating Room Services' Director's Office. The approval is then distributed to the Department Business Office for coordination of locker assignments and orientation.
3.3 The supervising staff physician is responsible for enforcing UCLA practices and protocols.

4.0 MANUFACTURER'S REPRESENTATIVES

4.1 Each entrance into the Department of Operating Room Services must be pre-approved by the Director.
   4.1.1 The physician requesting the presence of a representative must contact the Director.
   4.1.2 The "Questionnaire for Manufacturer's Representatives" must be completed and filed within the Department of Operating Room Services.
4.1.3 Vendor presence during a procedure is covered in the operative consent and gives the patient the option to decline.
4.1.4 Representatives must be oriented to Department Policies and Procedures prior to entering the Department for the first time. 
4.1.5 If any outside electrical equipment is required, it must be checked and cleared by the UCLA Biomedical Engineer prior to the surgical procedure.

4.2 Representatives are allowed into the Department solely for the operational/technical assistance related to the manufacturer's item.
4.3 Displaying manufactured items in the Main Operating Room for in-service purposes must be arranged with prior approval.
4.3.1 Presence in the Main Operating Room for solicitation/sales purposes is prohibited.
4.4 Vendor trainees are not allowed in the Operating Rooms.

5.0 PROCEDURE TREATMENT UNIT (PTU)
5.1 Pediatric patients, up to the age of 18, admitted to the Procedure Treatment Unit may be accompanied by no more than two (2) significant others.
5.2 Adult patients admitted to the Procedure Treatment Unit may be accompanied by no more than one significant other.
5.3 All other patient visitors should be directed to the First Floor Surgical Waiting Area.

FORMS
Confidentiality Statement
Proof of TB Clearance
Questionnaire for Manufacturer's Representatives
Medical Record
Bloodborne Pathogen/Universal Precautions and HBV Vaccine/Declination Statement

REFERENCES
Title 22 Joint Commission Standards UCLA Medical Center Policy 1001,1,2,3; 2013; 2999.2; 3018; 3019 The Medical Staff of the UCLA Medical Center; By Laws, Rules and Regulations: Article IV, Section 1f, Page 10. OSHA Federal Register (1991): Volume 56, No. 235, Section 1910.1013

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APPROVAL
Susan Chan, M.D.
Director of Main Operating Room Services
UCLA Hospital System
OPERATING ROOM OBSERVATION REQUIREMENTS
VISITING PHYSICIAN/MEDICAL STUDENT GUIDE

Observation requests are only for visiting Medical Students and visiting Physicians. Fill out the required forms for observation requests provided by the surgeon’s office:

1. Confidentiality Statement (Pages 4-5 of this packet)
   a. To be filled out and signed by the observer
2. Precautions & Hepatitis B Statement (Page 6 of this packet)
   a. To be filled out and signed by the observer
3. Provide an active negative TB Test or negative Chest X-ray for person observing
   a. Negative TB Test/Chest X-ray is active for ONE year. Any TB Test older than one year will not be accepted

I. Instructions for visiting Medical Students and visiting Physicians
   1. Lockers – a temporary shared locker will be assigned upon your arrival. Do not bring valuables with you as these lockers are shared and other visitors will have access to the locker. Lock on the locker must remain on the assigned locker.
   2. Badge – Badges for people observing cases from 1 to 30 days will be assigned a temporary badge by the Main O.R. Over 30 day observations will require a UCLA badge obtained by the surgeon’s office.
   3. Scrubs – Your surgeon’s office will inform you on the PIN and Access code to be used for scrubs. All Scrubs must be returned at the end of the day using your Access code and PIN.

II. Where to go – please see maps below
   1. Check in at the Main Operating Room’s Front Desk on the second floor
      a. Take the West Public Elevators to the 2nd floor
      b. Turn left upon exiting the elevators and turn left again
      c. Walk down the hall and make a left turn at the Pharmacy
      d. Turn right after passing the East elevators
      e. The O.R. Front Desk will be on the left
   2. For scrubs and locker room:
      a. Take the West Public Elevators to the third floor
      b. Turn right upon exiting the elevator
      c. The locker room (3311 RRUMC) will be on your left hand side

To the Main O.R.:  

To the Locker Room:
OPERATING ROOM OBSERVATION REQUIREMENTS
REQUEST FORM

DATE: _____/_____/_____

TO: Samuel Wald, M.D.
Main Operating Room
Physicians & Medical Students – email requests to Observation@mednet.ucla.edu
Vendors – fax requests to Tim Phone (310) 267-8303 Fax (310) 267-3609

FROM: ___________________________  EXT: _______________

Please allow ________________________________________________ □ Male □ Female
(Visitor Name and Title)
from ______________________________________________________
(Company Name and Location)
to observe surgery on __________________________________________
(Patient Name and/or Case Number)
scheduled for surgery on _____/_____/_____.

This request is for a visiting □ physician, □ resident, □ medical student, or
□ Other (specify) ____________________________________________
who will be observing numerous surgeries. The following dates indicate the duration
of visitation: _____/_____/____ through _____/_____/____.

□ Non-medical visitors (i.e. film crews, reporters, medical photographers, etc.) to the Operating Room, the
patient has been advised And a signed authorization is in the chart.
(NOTE: THIS MUST BE CHECKED, IF NON-MEDICAL)

Thank you for your consideration.

________________________________  __________________________________
(Type/Print Name of Requesting Surgeon)  (Signature of Requesting Surgeon)

<<For Office Use Only>>

Approved: _______________________________________ _____/_____/____
O.R. Medical Leadership Date

Name (Print): _______________________________________

□ TB  □ Confidentiality  □ Pathogens  □ Orientation  □ Scrub  □ Badge □ N/A
OPERATING ROOM OBSERVATION REQUIREMENTS
CONFIDENTIALITY STATEMENT (For Non-Workforce Members)

The federal Health Insurance Portability and Accountability Act ("HIPAA") and its regulations, the California Confidentiality of Medical Information Act and other federal and state laws and regulations were established to protect the confidentiality of medical and personal information, and provide, generally, that patient information may not be disclosed except as permitted or required by law or unless authorized by the patient. In certain circumstances, HIPAA allows the disclosure of limited patient information in order to carry out treatment, education, research, public health, or health care operations activities without obtaining the patient or subject’s authorization.

Confidential Patient Information includes: Any individually identifiable information in possession or derived from a provider of health care regarding a patient’s medical history, mental or physical condition or treatment, as well as the patients and/or their family members records, test results, conversations, research records and financial information. (Note this information is defined in the Privacy Rule as “protected health information.”) Examples include but are not limited to:

- Physical medical and psychiatric records including paper, photo, video, diagnostic and therapeutic reports, laboratory and pathology samples;
- Patient insurance and billing records;
- Computerized patient data;
- Visual observation of patients receive medical care or accessing services; and
- Verbal information provided by or about a patient.

I understand and agree that this document establishes a Confidentiality Agreement between me____________________________ [insert name of Individual] a representative of ______________________________ [insert name of employer] and UCLA and sets forth the understanding regarding the protection of any confidential information that Individual may have access to while performing services at UCLA with the following purpose:

1. I understand that I will be granted access to, or otherwise become acquainted with, the following information ("Information") relating to UCLA patients:

   - Clinical/medical information
   - Insurance and Billing information
   - Scheduling information
   - Visual observation of patients receiving medical care or accessing services
   - Other (describe)______________________________
OPERATING ROOM OBSERVATION REQUIREMENTS
CONFIDENTIALITY STATEMENT (For Non-Workforce Members)

It is understood and agreed that except as required by law, I will use and hold all
Information in strict trust and confidence, and will use such information only for the
purposes contemplated herein, and not for any other purpose.

2. I acknowledge that it my responsibility to respect the privacy and confidentiality of Information
received from UCLA. I will not access, use or disclose patient or other confidential information
unless I am authorized or permitted to do so by law or as authorized by the patient. I further
understand that I am required to immediately report any information about unauthorized access,
use or disclosure of confidential patient information to UCLA.

3. I agree to not disclose the Information to any other individuals.

4. Neither the release of any Information hereunder or the act of disclosure shall constitute a grant
of any license under a trademark, patent, or copyright or application of the same.

5. I understand and acknowledge that, should I breach any provision of this
Confidentiality Statement, I may be subject to civil or criminal liability.

________________________________________________________________________
(Signature) (Date) (Time)

________________________________________________________________________
(Print Name)
OPERATING ROOM OBSERVATION REQUIREMENTS
PRECAUTION AND HEP B STATEMENT

I. Knowledge Statement of Bloodborne Pathogens And Universal Precautions
I have a theoretical and clinical knowledge of bloodborne pathogens and universal precautions.

(Signature)                      (Date)              (Time)

(Print Name)

II. Hepatitis B Vaccine Verification/Declination

I understand that due to my occupational exposure to blood or other potentially infectious materials that I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with the hepatitis B vaccine however; I have declined the hepatitis B vaccination. I understand that by declining this vaccine I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with the hepatitis B vaccine series I will arrange this with my employer/institution.

(Signature)                      (Date)              (Time)

-OR-

I have completed the hepatitis B vaccination series.

Completion date of HBV series

(Signature)                      (Date)              (Time)