

Position statement on orthopaedic MedTech company representatives (OMCRs) in operating rooms for elective surgery during the COVID -19 pandemic

Australian Orthopaedic Association

August 2020

In normal circumstances OMCRs attend surgical procedures to provide intra-operative support to operating room (OR) nursing staff in circumstances where it is requested by the nursing staff or surgeon. This is important when their specific product knowledge, expertise and continuity can enhance the instrument handling efficiency of the case, inventory management and technical advice that contributes to patient safety and better outcomes. OMCRs provide a valuable resource to the hospital, surgeon, nurses and patients particularly in relation to the peri-operative set-up of complex and new instrumentation.

During the current COVID -19 pandemic it was recommended that OMCRs were not present in the operating room if at all possible, especially during “lockdown” and highly restricted elective surgery phases. The situation is currently fluid requiring the adoption of a hybrid model of OMCRs being present in the operating room. In some States a transition has been made to return to elective orthopaedic surgery whilst in other States, and indeed discrete areas within States, surgery is again restricted to emergency and urgent cases only. Thus, there is a need to review the requirement for OMCR assistance at operation.

Overall hospitals and health services will determine who is able to enter facilities, on the advice of the health authorities of states, and according to COVID prevalence and existing Health Orders. Local overarching responsibility rests at this level.

Orthopaedic surgeons and OMCR are expected to fully comply with these directions, and act to minimise risk of infection.

If elective surgery is being undertaken

In those States where a return to elective surgery has occurred it remains the individual orthopaedic surgeon's request if the presence of an OMCR is required in the operating room. It is the OMCR responsibility to liaise with the senior operating room manager to ensure all COVID-19 precautionary protocols, if required, are in place and relevant instructions followed.

If elective surgery is restricted

For those States and regional areas where there are restrictions it is recommended that OMCRs presence the operating room is minimised. If OMCR assistance is required it should be by way of remote access or indirect support. This could be via video link, telehealth or another visual media channel. OMCRs should only be present in direct support only for those cases that present complex extraordinary circumstances, where a facility and surgeon are in agreement that such support is necessary.

In these circumstances it remains the individual orthopaedic surgeon's decision to request the presence of an OMCR is required in the operating room and it is the OMCR responsibility to liaise with the senior operating room manager to ensure all COVID-19 protocols are in place during the entire perioperative period.



If the patient is COVID positive or being treated as such, then it can be expected that the numbers of staff in the operating room will be severely restricted and there will be no place for OMCR within the operating theatre. The OMCR, at the request of facility and surgeon. May be required to support in inventory control from outside the operating room, but adjacent or nearby.

Surgeons should remain vigilant to the changing and fluid nature of requirements and restrictions around elective surgery. The Federal and State governments take primacy in the COVID-19 medical and clinical decisions, followed by the local health area and facilities. Surgeons should always follow the guidance given by these bodies.

The following requirements remain as essential requirements:

All OMCRs are required to attend a course that provides guidance in operating theatre protocols. This course is conducted in accordance with policies and procedure requirements of the Australian College of Peri-operative Nurses (ACORN).

During training, students of operating theatre protocols are taught:

- To observe proper hand hygiene and wear correct attire in the peri-operative setting;
- To remain out of the OR aseptic field;
- Not to speak unless necessary to perform their role;
- Not to provide unsolicited advice to OR staff, including the surgeon;
- Not to be involved in direct patient care, unless it is a special circumstance in regard to the medical technology, which has been identified in advance and authorised by the healthcare facility.

Successful completion of the course entitles the OMCR to hold an ID card identifying them as proficient in the application of operating theatre protocols. Responsible hospital managers ensure that all OMCRs are familiar with ACORN operating theatre protocols, have attended the requisite training and are carrying relevant identification.

During the course of their duties in the operating room, OMCRs facilitate the instrumentation setup to ensure that the contents of loan sets are present and readily identifiable. They enable operating room staff to provide the required level of support to the orthopaedic surgeon. OMCRs will also assist identification of implants from the hospital's consignment stock, by type and size, so that operating room staff can provide the specific devices required for implantation by the surgeon.