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Operating theatre 101:  
Guidance for anaesthesia research  
co-ordinators

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## Purpose of document:

This document offers general guidance for anaesthesia research co-ordinators working in the operating theatre environment. This advice is drawn from an Anaesthesia Research Co-ordinators Network (ARCN) educational session in November 2020 involving advice from experienced research co-ordinators and an informal survey from anaesthetists from various institutions. It addresses practical, professional, and interpersonal considerations for successful and safe integration of research activities into perioperative settings.

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## Operating theatre 101: Guidance for anaesthesia research co-ordinators

This document offers general guidance for anaesthesia research co-ordinators working in the operating theatre environment. This advice is drawn from an Anaesthesia Research Co-ordinators Network (ARCN) educational session in November 2020 involving advice from experienced research co-ordinators and an informal survey from anaesthetists from various institutions. It addresses practical, professional, and interpersonal considerations for successful and safe integration of research activities into perioperative settings.

### 1. Introduction to theatre etiquette and preparation

*Note: Each hospital or facility will have its own specific protocols, but general principles will apply across all sites.*

#### Orientation and preparation

- Seek out a clinical facilitator or senior member of staff in theatre and request to attend a general orientation for new staff. Most sites will run these sessions regularly for new team members.
- Familiarise yourself with the case list in advance.
- Arrive early and prepare all required study materials (labelled drugs, paperwork, equipment).
- Know your protocol thoroughly and be ready to answer clinical questions.
- Avoid recruiting patients on the day of surgery if possible.
- Ensure you have eaten and are well hydrated prior to entering theatre—breaks may be delayed.

#### Theatre attire

- Always wear appropriate scrub attire (clean, correctly sized). Scrubs must be changed daily and when soiled; all undergarments must be fully covered.
- Follow hospital-specific colour coding for scrubs and attire.
- Designated footwear should be enclosed, non-slip, and regularly cleaned. Overshoes are generally discouraged (some sites may require shoe covers) in lieu of dedicated theatre shoes which are to be left at the facility between uses to limit contamination.
- Remove all jewellery and watches (be bare below the elbow) and display Identification (ID) clearly.
- Cover any cuts/abrasions on hands with waterproof dressings and consider if injury prohibits any hands-on patient contact.
- Cover all hair with appropriate headgear (surgical scrub caps or hoods) and beard covers where applicable. Daily replacement for single use or daily cleaning is advised.
- Face masks must not be left hanging around the neck and must be changed after each procedure.
- Use personal protective equipment (PPE) as required—lead aprons, double gloves, splash-proof gowns, and safety eyewear may be essential depending on the procedure.

### 2. Conduct and communication in theatre

- Arrive at least 15 minutes early and know the appropriate entrance.
- Introduce yourself to the surgical and anaesthetic teams before the case begins.
- Attend the theatre huddle if possible and keep your phone on silent.
- Confirm study protocol requirements with the anaesthetist and anaesthetic technician or nurse in advance.
- Be discreet, quiet, and attentive to your surroundings at all times.

- Avoid unnecessary conversation, particularly during time-out, anaesthetic induction and emergence.
- Stand clear of high-traffic areas and avoid disrupting sterile fields.
- Limit movement during patient induction and scrub setup; avoid disruption during critical periods.
- If white boards are used in theatre, document important research information on these.
- Always leave your contact details with the anaesthetist, should they need to urgently contact you.

### 3. Understanding sterility and safety protocols

- Learn to distinguish sterile from non-sterile areas and equipment.
- Understand the different entry and exit procedures for theatres and the impact entry and exit have on negative pressure fields and sterile zones.
- Identify sterile setups and ensure safe navigation between sterile and non-sterile fields.
- Always face the sterile field when passing close by and avoid contact to minimise contamination risk.
- If accidental contamination occurs with sterile equipment or surfaces, notify theatre staff immediately—transparency is critical.
- Do not dispose of surgical items like swabs or instruments—this can interfere with surgical counts and patient safety.
- Do not dispose of any anaesthetic or study drug ampoules. These are routinely kept until the end of the operation in case of unexpected drug reaction.
- Do not touch any sterile surfaces, instruments, or personnel unless trained and authorised.

### 4. Special considerations for anaesthesia

- Alert anaesthetic team about potential patients prior to surgery day when possible.
- Avoid communication with anaesthetists during induction and emergence unless necessary and pre-discussed—these are high-risk phases of an anaesthetic and require the unbroken focus of the clinical team for safe patient management.
- Plan study-related interventions around clinical priorities and alert the team in advance if the study protocol requires specific timing or interventions.
- Be aware of critical incidents (e.g., laryngospasm, anaphylaxis, massive transfusion) and leave the room if needed.
- Respect the clinical priorities—research tasks are secondary to patient care.
- Be prepared to support or step back entirely during critical anaesthetic events: e.g., laryngospasm, Can't Intubate Can't Oxygenate (CICO), anaphylaxis, major bleeding.

### 5. When things go wrong in theatre

- Identify signs of clinical deterioration or intraoperative difficulty: suction canisters filling quickly, instruments slammed, terse voices, sharp commands, sudden quiet, music turned off abruptly, unexpected staff movement, cell saver requested or deployed.
- Step back or leave the theatre if tensions escalate or your presence becomes a distraction.
- Do not attempt to assist clinically unless you are qualified and requested to help.
- Maintain a calm, observant posture and wait until it is safe and appropriate to proceed.
- Notify your anaesthetist and step back and sit down if you feel faint, nauseous or unwell.

### 6. Non-clinical staff in theatre

- Non-clinical co-ordinators must not engage in patient handling, medication administration, or direct clinical tasks.
- Communicate your scope of practice clearly if asked to conduct any duties that fall outside of your scope as a non-clinical team member.
- Build confidence through structured induction, observation, and mentorship.
- Attend simulation or orientation sessions (e.g., anaesthesia walkthroughs) to understand the clinical flow.

- Introduce yourself with a visible ID or personalised scrub cap indicating your research role.
- Be prepared to step back or abandon procedures if conditions are not suitable for research.

## 7. Working in paediatric or private settings

- Paediatric theatres often involve parents at induction—maintain professionalism and sensitivity.
- Avoid introducing research procedures in front of anxious families—wait until appropriate moments.
- In private hospitals, avoid delaying lists and respect the operational expectations of the theatre team.
- Build trust with theatre staff through clear communication, consistent professionalism, and appreciation (e.g., thank-you notes or informal tokens).

## 8. Managing research documentation

- Never leave the original Case Record Forms (CRFs) in theatre unless necessary and ensure procedures for its safe storage are established.
- Use duplicate forms, cheat sheets, or recovery trays with clear labelling if delegation is essential.
- Ensure consent forms are stored securely; originals are often irreplaceable.
- Be present at the end of the case to retrieve documentation if possible.
- Communicate clearly with the anaesthetic team about documentation expectations and timing.

## 9. Building relationships with theatre teams

- Understand that you are often a guest in theatre—conduct yourself professionally.
- Introduce yourself to staff regularly and clarify your research role.
- Use consistent identifiers (e.g., labelled scrub caps) to clearly indicate your role.
- Build strong, respectful relationships with nurses and anaesthetists; a small gesture like chocolates can improve rapport.
- Avoid placing demands on clinical teams—support their workflow, assist where possible, and express appreciation.
- Close the loop: share published results or outcomes with staff who participated in trials to keep staff engaged and appreciated.
- Foster goodwill through consistency, communication, and respect for clinical responsibilities.
- Ensure anaesthetists are briefed in advance and are aware of key protocol deliverables for the trial in question.

## 10. Post-operative actions and communication

- Understand routine post-op blood tests to avoid duplication.
- Leave clear instructions for CRF handling when you exit theatre.
- Notify Post Anaesthetic Care Unit (PACU) or Intensive Care Unit (ICU) staff to anticipate study patients post-surgery.
- Maintain a role as a patient advocate throughout, leveraging your unique relationship built during consent and follow-up.
- Handover research related information or post operative protocol requirements at the bedside in both recovery and the ward.