

***VALLEYCARE***  
**OLIVE VIEW-UCLA MEDICAL CENTER/HEALTH CENTERS**  
**ANGIOGRAPHY SUITE/CARDIOLOGY DIVISION**  
**POLICY & PROCEDURE**  
**PACEMAKER/AICD IMPLANTATION**

**NUMBER: 1920**  
**VERSION: 1**

**SUBJECT/TITLE:** NEUTRAL ZONE IN THE OPERATING ROOM

**MD ORDER:** Yes ( ) No (X)

**POLICY:** The Neutral Zone should be utilized on all surgical procedures.

**PURPOSE:** The passing of sharps at the surgical field is recognized as high risk for sharps injury to the members of the surgical team. The identification and use of a neutral zone at the surgical field is a means for reducing the incidence sharps injury.

**DEPARTMENTS:** All

**PROCEDURE:**

1. The Neutral Zone is identified at the start of the procedure and communicated among scrubbed members of the surgical team.
2. The Neutral Zone may be magnetic mat, instrument tray, or a specific area on the Mayo stand or instrument table.
3. Scrub personnel place sharps in the Neutral Zone for the surgeon/resident to pick up.
4. The surgeon/resident returns sharps to the Neutral Zone when he/she is finished with their use.

**EXCEPTIONS:**

1. There are some instances when it is not feasible to use the Neutral Zone. Most commonly this is when the surgeon cannot look up from the operative field, i.e.:
  - a. Microsurgery.
  - b. Critical stages of an operation, i.e., suturing a vascular graft, controlling bleeders.
2. When it is not possible to use the Neutral Zone, the following recommendations are made:
  - a. Hand movements with sharps must be deliberate and consistent.
  - b. Clear communication is essential between surgeon and scrub personnel.
  - c. Under no circumstances should a sharp in use be placed out of view of the scrubbed team members.

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References:

The Manufacturer's Manual.

Approved by: Robin Wachsner (Chief of Cardiology)

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