Sharps Safety in the OR

Let’s Walk the Talk
Disclosure Information

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7. Has no financial interest

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2. AORN Employee

Disclosure Information
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Overview

The Sharps Safety presentation, part of the AORN Sharps Safety Toolkit, provides the OR educator, manager, and staff nurse with a complete presentation to educate perioperative team members on the importance of sharps safety in the surgical setting. This presentation, which emphasizes the techniques to prevent sharps injury in the surgical setting, has been developed to provide continuing education for all surgical team members and can also be modified to meet the needs of the individual work setting.
Objectives

1. Identify the risks of blood borne pathogen exposure.
2. Discuss the current status of multidisciplinary OR sharps safety initiatives.
3. Discuss the components of an OR sharps safety program.
4. Describe barriers to change.
5. Describe the AORN Sharps Safety Tool Kit components.
Contact Hours

To receive the 1.0 contact hours for this activity, you must complete the Evaluation Form and Verification of Participation Forms and return them to AORN.

Contact hours are free to AORN members.

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AORN Worker Safety Background

- Workplace Safety Task Force
- Position Statement on workplace safety
- Webpage
- Position Statement on safe work/on-call practices
- Guidance document on sharps safety
- Ergonomics
- Surgical smoke initiatives
The Bloodborne Pathogens Standard

• Promulgated by Occupational Safety and Health Administration (OSHA) in 1991
  – Purpose: to protect all workers who may come into contact with human blood or body fluids as a routine part of their job

• Revised in 2001
  – New requirements for employers to maintain a Sharps Injury Log and provide employees with safety needles

Epidemiology of Bloodborne Diseases

• Bloodborne pathogens are viruses or infectious agents carried by human blood and body fluids.
  • They can enter our bodies and cause disease and immune deficiencies, which can sometimes lead to death.

• HIV, HBV, and HCV
Transmission of Bloodborne Pathogens

- Blood and body fluids
  - from accidents, illnesses, medical procedures, research samples, or handling medical waste
- Disease transmission
  - through cuts, punctures, contact with broken skin, or contact with mucous membranes

<table>
<thead>
<tr>
<th>Bloodborne Pathogen</th>
<th>Prevalence*</th>
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<tbody>
<tr>
<td>Hepatitis B</td>
<td>1 in 20</td>
</tr>
<tr>
<td>Hepatitis C</td>
<td>1 in 50</td>
</tr>
<tr>
<td>HIV</td>
<td>1 in 250</td>
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</tbody>
</table>

*Prevalence in an average population, prevalence is higher for at risk populations*
Results: Prevalence of HIV, Hepatitis B and Hepatitis C Among Surgery Patients

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<table>
<thead>
<tr>
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<tbody>
<tr>
<td>HIV</td>
<td>26%</td>
</tr>
<tr>
<td>Hep B</td>
<td>4%</td>
</tr>
<tr>
<td>Hep C</td>
<td>35%</td>
</tr>
<tr>
<td>HIV &amp; Hep C</td>
<td>17%</td>
</tr>
<tr>
<td>Any</td>
<td>38%</td>
</tr>
</tbody>
</table>

Prevalence of blood-borne pathogens *

- Soft-tissue abscess procedures-71%
- Lymph-node biopsies-67%

Sharps Injuries

Medical device injuries

- Hypodermic Needle 29%
- Suture needle 17%
- Winged Steel Needle 12%
- Other Hollow-bore Needle 19%
- Scalpel 7%
- Glass 2%
- Other 14%

Healthcare Workers Exposed to Blood and Body Fluids

National Surveillance System for Health Care Workers (NaSH) Data, 23 Hospitals, 1995-1999
• **Infection Prevention and Control Standards:**
  – The hospital / organization identifies risks for acquiring and transmitting infections, allocates resources, and analyzes surveillance activities.
  – Goals are established to minimize the possibility of transmitting infections.
    • IC.01.03.01- IC.01.05.01
  – The hospital / organization evaluates the effectiveness of its infection prevention and control plan.
  – IC.02.02.01: The hospital /organization reduces the risk of infection associated with medical equipment, devices, and supplies.
• **Environment of Care Standards**
  - EC.04.01.01: The hospital collects information to monitor conditions in the environment.
  - EC.04.01.03: The hospital analyzes identified environment of care issues.
  - EC.04.01.05: The hospital improves its environment of care.
Joint Commission Hospital/Ambulatory Standards

• Human Resources Standards
  – HR.01.04.01: The hospital provides orientation to staff.
  – HR.01.05.03: Staff participate in ongoing education and training.
Leadership

• LD.03.01.01: Leaders create and maintain a culture of safety and quality throughout the hospital.
Preventing needlestick and sharps injuries

- Hazard risk—staff and database included two patient sticks, one in a child
- Prevention strategies
- Recommendations
Ambulatory Accrediting Bodies

• Accreditation Association for Ambulatory Health Care (AAAHC)
  • OSHA Bloodborne Pathogen Standards

• American Association for Accreditation of Ambulatory Surgery Facilities (AAAASAF)
  • OSHA Bloodborne Pathogen Standards
Cost Opportunities for Magnet Hospitals

Occupational health injuries

• The CDC reports 385,000 needlestick injuries per year, which averages 67.5 per hospital.
• Multiple studies report up to a 1/3 reduction in needlestick injuries in Magnet facilities at a cost of $405/event.
• Blood and body fluid exposures are also lower in hospitals with Magnet status.

Organizational Support

- Collaboration with National Institute for Occupational Safety and Health [NIOSH] – Memorandum of Understanding
- American College of Surgeons [ACS] Statement on the Sharps Safety
- Centers for Disease Control and Prevention [CDC] National Sharps Injury Prevention Meeting, 9/12/2005
- Council on Surgical and Perioperative Safety [CSPS]
- International Healthcare Worker Safety Meeting; University of Virginia; November 2010
Principle #5 Sharps Safety

• The CSPS endorses sharps safety measures to prevent injury during perioperative care.

• Sharps safety measure should include
  o double-gloving;
  o use of blunt suture needles for fascia closure; and
  o use of the neutral zone, when appropriate, to avoid hand to hand passage of sharps.

Adopted 7.15.07, Modified 2.5.09
Increase in Sharps Injuries in Surgical Settings*

Update 1993-2006 Epinet Data

**Outside the OR**
- Injury rates in non-surgical settings dropped 31.6%

**In the OR**
- Injury rates increased 6.5%
- Suture needles-43.4%
- Scalpel blades-17%
- Syringes-12%
- 75% of the injuries occurred during passing or use

OR Sharps Injuries

• Each year, 30% of the estimated needle sticks and other sharps-related injuries that occur happen in the OR.

• Of injuries, 6% to 16% are self-inflicted while passing suture needles.

• Sutures are the most frequent percutaneous injury.

• Scalpels are the second most frequent percutaneous injury.
Sharps Injury Risk to Patients

• Percutaneous injury to perioperative personnel places patients at an equal risk.
• The OR setting is the highest risk for this type of transmission.
  • Open wounds are susceptible to contamination.
  • Personnel injuries often result in bleeding.
• Of 132 documented health care worker-to-patient transmissions of HIV, HBV, & HCV, 131 were transmitted during invasive surgery.
• Reducing injuries during surgery would correspondingly reduce patients’ risk of exposure.

Creating an OR Sharps Safety Program

• Engineering Controls
  • Tools, instruments, and sharps shelters
  • Blunt-tip suture needles, safety scalpels

• Work Practices
  • Safe zone, double gloving, and one-hand re-capping

• Making Changes
  • Reviewing data, assembling committee, evaluating product, and active participation in education and safety conversion
Implementation

Double Gloving during All Surgical Procedures
Punctured Gloves Linked to Higher Infection Rates*

- University Hospital; Basel, Switzerland
- Time frame: 2000-2001
- 4,147 surgical procedures analyzed
- Overall Surgical Site Infections (SSI) occurred 4.5% of time
- Glove perforation infections increased to 7.5% of time compared to 3.9% of time when gloves remained intact
- In procedures without prophylaxis but with perforation - 12.7% compared to 2.9% when all gloves stayed intact

Punctured Gloves Linked to Higher Infection Rates*

- Recommendations - use antibiotics in Class 1 procedures
- Double gloving and changing gloves every 2 hours prevents glove puncture or breakage.
- Studies cited in the article report that double gloving can reduce failure from a high of 51% to 7% depending on the study.
- **Double Gloving also decreases SSI.**

Implementation

Use scalpels with safety blades

Reusable

Disposable
Implementation

• Use next generation safety scalpel handles that will work with any standard blade.
Implementation

Adopt a hands-free technique of passing sharps and suture needles between perioperative team members
Why use a neutral zone?

One-fourth of suture needle injuries and more than one-half of scalpel injuries occur when an instrument is passed from one person to another.
Hands-free Neutral Zones

• The neutral or safe zone is a designated area on the sterile field where a sharp can be placed and then picked up by the user.

• The ideal device for a neutral zone should be large enough to hold sharps, not easily tipped over, and preferably mobile.

• Kidney basins may be dangerous when used to pass instruments because fingers wind up inside the basin next to the sharp.
Hands-free Neutral Zones

- Only one sharp should be in the neutral zone at a time.
- The person passing the sharp can announce “sharp” when moving the instrument.
- There will be times when a surgeon cannot safely use the neutral zone because eye contact must be maintained with the surgical site.
- Non-sharp instruments may still be passed hand-to-hand.
Implementation

- Load suture needles using the suture pack to help mount the needle in the needle holder.
- Use a one-handed or instrument-assisted suturing technique to avoid finger contact with needles.
- Use “control-release” or “pop-off” needles.
- Cut off the needle before tying knots.
Use blunt-tip suture needles whenever possible.
Purpose:
• To describe the hazard
• To present evidence for effectiveness of blunt-tip needles
• To emphasize OSHA’s and NIOSH’s requirements to use safer devices [eg, blunt-tip needles]

Conclusion:
• OSHA and NIOSH *strongly encourage* the use of blunt needles
Support for Blunt Suture Needles

• Suture needles are involved in as many as 77% of injuries.

• The 2007 New England Journal of Medicine study states that 99% of surgical residents experience a stick during training; more than half were not reported.

• An ACS study states that surgeons and first assistants are at the highest risk, incurring as many as 59% of the injuries.
An Epinet Study found that 59% of suture needle injuries occurred during suturing of internal tissue and that the use of blunt suture needles could potentially reduce rates by as much as 30.4%.

Blunt needles are sharp enough to penetrate internal tissue with little or no change in technique but will not pierce the skin of the user.
Use alternative cutting methods:

- Electrosurgery
Implementation

Use alternative cutting methods
• Ultrasonic scalpel
Implementation

Alternative devices
- Blunt suture needles
- Stapling devices
- Adhesive strips
- Glues
Implementation

Use blunt rather than sharp retractors.
Implementation

Use mechanical/instrument tissue retraction whenever possible.
Implementation

• **DO NOT** bend, break, or re-cap contaminated needles.

• If re-capping is **absolutely** required, use the one-handed scoop technique:
  
  o Place the needle cap on the table.
  
  o Holding the syringe only, guide the needle into cap.
  
  o Lift up the syringe so cap is sitting on the needle hub.
  
  o Secure needle cap into place.
Local Solution on the Back Table

- High Volume - High Risk
  - Use multiple labeled syringes instead of refilling a single syringe that must then be re-capped.
  - The cost of using multiple syringes is only pennies compared to the cost of a needlestick both literally and emotionally.
  - Activate the device immediately after use.
Implementation

Keep used needles on the sterile field in a disposable puncture-resistant needle container.
Sharps Container Disposal

• Sharps containers should either be color-coded red or orange and/or labeled with the universal biohazard symbol and the word “biohazard.”
• Use closable, leak proof puncture resistant containers.
• Place the sharps container close to the point-of-use and maintain it in an upright position either
  • wall mounted or
  • floor mounted.
• Replace the container routinely and do not allow it to become overfull.
Sharps Disposal

Safety sharps containers
Goal: to Prevent Needlesticks
• Counter-balanced drop
• Automatically closes at ¾ full – prevents overfilling

Reusable sharps containers
Goal: to reduce landfill waste
• Outside contractor
  • removes contaminated sharps,
  • cleans container, and
  • returns it.
Improper Sharps Disposal

• Knife blades and suture needles left on instruments that are returned to sterile processing have the potential to injure a sterile processing staff member.

• Sharps not accounted for at the end of the case may be discarded in the garbage or fall on the floor, and have the potential to injure an environmental services staff member.
Worker Responsibilities

CDC Recommended work practices simplified:

• Be prepared,
• Be aware, and
• Dispose with care.

• Observe regulations.
• Actively participate in safety conversion.
• Practice using safety devices.
• Use safety devices.
• Prevent hollow-bore injuries.
Worker Responsibilities

- Comply with methods available to protect yourself.
- Use personal protective equipment (ie, surgical mask, eye protection, double gloving, fluid-resistant gown).
- Use appropriate sharps containers.
- Participate in education and follow recommendations.
- Support others to follow the recommendations.
- Follow your exposure control policy.
- Report exposures.
Employer Responsibilities

• Reporting Exposures
  • Employers are required by OSHA to document all staff member exposures to blood or body fluids anonymously.
    • OSHA 300 Log
    • Sharps Injury Log
      • Location, job title, description of incident, and type and brand of sharp involved
  • Source testing, risk analysis, and post-exposure prophylaxis
Employer Responsibilities

• Comply with regulations.
• Create a safety-oriented culture.
• Encourage reporting.
• Analyze data.
• Provide training.
• Evaluate devices.
• Establish safe staffing patterns.
Implementation Statistics

• In a nationwide survey...
  • 71% of respondents indicated they had not evaluated use of blunt-tip suture needles in the OR but
  • 2% had fully implemented blunt-tip suture needles and
  • 14% of respondents had implemented safety scalpels in the OR.

Barriers to Implementation

- Psychosocial and organizational factors
- Attitude and resistance to change
- Shortcomings associated with safety devices
- Perceived costs associated with engineered devices and safe work practices
- Inadequate training
- Time limitations
Barriers to Implementation

- Communication
- Resistance to change
- Intimidation
- Powerlessness
- Inconsistencies
- Perceived costs
- Inaccurate beliefs
Communication

- Practice change is effected by inadequate communication between OR administrators, managers, nursing staff members, and medical staff members.
- Perceived lack of support from management may cause staff feel that they are not empowered to enforce policy and make change.
- Lack of management follow through may lead to resistance to change.
- Negative attitudes of staff members impede effective communication and teamwork.
Resistance to Change

- Not wearing PPE.
- Not using safety products.
- Not using one handed recapping technique or multiple syringes as appropriate.
- Not double gloving or failure to monitor for glove puncture
- Not using a neutral or hands-free technique for passing sharps

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Intimidation

• Surgeon resistance to change may cause staff members to feel intimidated.
• Surgeon is perceived as powerful and able to control policy and procedure implementation.
• Team members do what it takes to get through the day and do not report noncompliant behavior.
• Non-reporting leads to non-compliant behavior.
• Lack of consistency in practice causes conflict between surgeons and staff members.
Powerlessness

• Team members perceive surgeons as powerful and in control of policy and procedure implementation.
• Staff members feel divisive and powerless.
• Staff members feel negative to one another.
• Staff members are unwilling to report surgeon’s behavior due to fear of reprisal.
Inaccurate Beliefs

• Safety items are time consuming.
• Safety items are cost prohibitive.
• I am always careful.
Overcoming Obstacles to Compliance

- Frequent and multiple training methods
- Multidisciplinary sharps injury prevention plan
- Education of new employees, incoming residents, and medical students
- Multidisciplinary sharps safety committee
- Networking with other facilities
Overcoming Obstacles to Compliance

- Collaborate with personnel who use the device and facilitate change.
- Discuss current research.
- Work with resistant team members.
- Remove old technology when new technology is trialed and available.
- Create a culture of Safety.
Developing & Implementing a Prevention Program

• Organizational Steps
  • Assess – Review what is currently in place
  • Document the development phase
  • Evaluate the impact of your prevention interventions

Assemble a Multidisciplinary Team

• Develop an action plan
  • Review current process.

• Operational processes
  • Assess culture of safety.
  • Identify a procedure for reporting injuries.
  • Analyze data and use of information.
  • Select, evaluate, and implement a program.
  • Educate and train personnel.
Education & Training Opportunities

• Initial orientation to department
• Annual bloodborne pathogens training
• Staff development training on procedures
• Introduction of new devices
• Educate residents and medical students including using the products currently available for hands-on-training
Annual Training Content*

- Number of sharps injuries reported
- Occupations, devices, and procedures involved
- The most common ways injuries occurred
- Q & A – opportunity for employees to ask questions.

*OSHA requirement
## Sample Tool to make Change
### Assess Culture of Safety

<table>
<thead>
<tr>
<th>Questions</th>
<th>Current Practice</th>
<th>Strategies for Improvement</th>
</tr>
</thead>
<tbody>
<tr>
<td>What strategies does administration use to communicate the importance of</td>
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<tr>
<td>safe environments for patients and health care personnel?</td>
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<tr>
<td>How has administration shown support for the introduction of safety</td>
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<tr>
<td>interventions (eg, devices with engineered sharps injury prevention</td>
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<td></td>
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<tr>
<td>features)?</td>
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<tr>
<td>What strategies are used to document that sharps injury hazards have been</td>
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<tr>
<td>corrected? How are workers who identify a hazard informed that corrective</td>
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<td></td>
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<tr>
<td>action has been taken?</td>
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## Identify Procedure for Reporting Injuries

<table>
<thead>
<tr>
<th>Questions</th>
<th>Current Practice</th>
<th>Strategies for Improvement</th>
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</thead>
<tbody>
<tr>
<td>Where are copies of the organization’s policy/procedure for reporting occupational blood and body fluid exposures located? On what date was the policy/procedure last reviewed? Is this date within the past 12 months?</td>
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<tr>
<td>What items of information (eg, name, date, device, procedure) are collected on the injury report form? How does this list compare to the variables recommended standards?</td>
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## Analyze Data & Use of Information

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<th>Questions</th>
<th>Current Practice</th>
<th>Strategies for Improvement</th>
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<tr>
<td>How are data on sharps injuries stored (e.g., computerized database, incident log)? Where is the information kept?</td>
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<tr>
<td>Who compiles, analyzes, and interprets the data? How often is this done?</td>
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<tr>
<td>How often are summary reports on injury trends prepared? Who receives copies of this information?</td>
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<tr>
<td>What data sources (e.g., committee reports) are used to monitor improvement in sharps injury data analysis?</td>
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### Select, Evaluate, & Implement

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<th>Questions</th>
<th>Current Practice</th>
<th>Strategies for Improvement</th>
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</thead>
<tbody>
<tr>
<td>What committee or group is responsible for evaluating devices with sharps injury prevention features? How are front-line workers involved in this review?</td>
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<tr>
<td>How are priorities determined for what devices will be considered for implementation? Which devices currently have the highest priority?</td>
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<tr>
<td>How are health care personnel trained in the use of new devices? Who is responsible for ensuring that this is done, and how is it documented?</td>
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## Education & Training

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<tr>
<th>Questions</th>
<th>Current Practice</th>
<th>Strategies for Improvement</th>
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</thead>
<tbody>
<tr>
<td>How training is provided to the perioperative program?</td>
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<tr>
<td>Are there any groups who are not being reached?</td>
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<tr>
<td>How are students, per diem staff, members, and contractors trained on sharps injury prevention?</td>
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<tr>
<td>How is completion of training documented? Who is responsible for maintaining this information, and where is it located?</td>
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Sample Plan to Make Change

Create a Case Study Presentation

• What sharps injury occurred?

• How did it happen?

• Group discussion of prevention methods

• Review facilities recommendations and suggestions for improvement
Change to Blunt Needles

Surgical champion(s)

• Reasons to support change to blunt needles
  • Surgeon safety
  • Resident safety
    • Education starts with them
  • Surgical scrub safety
  • Cost of suture verses cost of needlestick
Use Sales Representative

- Set up the trial.
- Plan the time line.
- Work with positive surgeons.
- Stage service lines.
- Use the sales representative effectively by having him or her help surgical scrub person.
- Select comparable suture for procedure.
- Update preference cards with nursing staff.
Communication

- Communicate with surgical chairpersons regarding the blunt suture trial with dates.
- Recruit positive surgeons (Champion) first.
- Communicate with the perioperative staff members the trial and how it will work.
- Substitute the blunt needle suture and remove the current product.
- Provide evaluation sheets to be completed by surgeons.
Reasons to Change

- Decreases potential for injury from inadvertent “sticks” while suturing.
- Provides for addition of antibiotic coated suture.
- Decreases incidents of glove punctures caused by needlesticks.
AORN Sharps Safety Tool Kit

- Power Point for perioperative staff members
- Power Point for surgeons*
- Sample sharps safety poster presentation**
- Sample OR sharps policy and procedure**
- Sample hands-free policy and procedure ***
- Sample generic product evaluation tool
- How to implement blunt-tip suture needles

*Power point for surgeons courtesy of Ramon Berguer, MD
** OR sharps policy and sample poster used with permission of Contra Costa Medical Center
*** Hands-free policy used with permission of West Virginia University Hospital
AORN Sharps Safety Tool Kit

• How to analyze sharps injury data
• Hands Free U Tube Video*****
• Sample letter to surgeons *****
• Link to pre-recorded sharps safety webinar
• AORN ‘s sharps injury prevention guidance statement
• Bibliography
• Literature review
• Sharps safety online resource

****Video courtesy Bernadette Stringer, PhD
*****Sample letter used with permission of Mark Davis, MD
Yesterday

Today
Clinical Nursing Practice Committee
Sharps Safety Workgroup

- Donna A. Ford, MSN,RN-BC,CNOR—Chairperson
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  - Beth A. Beilein, BSN,RN,MSM,CNOR
  - Nedra V. Brown, BSN,RN,MHA
  - Trudy A. Kenyon, RN,CNOR
  - Dawn M. Yost  BSN,RN,CNOR
  - Ramon Berguer, MD
  - Sherri Alexander, CST
- Jane Kusler-Jensen, RN,MBA,CNOR—Board liaison
- Mary J. Ogg, MSN,RN,CNOR—Staff liaison
Questions?