

DN9V 04 (PCS15) Assist in the preparation of patients for operative and clinically invasive procedures

About this Unit

This standard is about assisting with the preparation of patients for operative procedures. This includes providing assistance to the clinician/registered practitioner during draping and the preparation of the operative sites. You will be working in a 'scrubbed' role whilst undertaking these activities.

Users of this standard will need to ensure that practice reflects up to date information and policies.

Your **knowledge and understanding** will be specifically related to legal requirements and codes of practice and conduct applicable to your job, and the NHS Knowledge and Skills Framework. This will relate to your work activities; the job you are doing, and the setting, eg in hospital and community, domiciliary, residential care, and the individuals you are working with.

Values — the values underpinning this Unit are embedded within the 2009 NHS Code of Conduct for Health Care Support Workers. These are stated in full within the Assessment Strategy and Guidance document for the awards.

Key Words and Concepts — a glossary of definitions, key words and concepts used in this Unit is contained in the Assessment Strategy and Guidance document.

In occupational standards it is quite common to find words or phrases used which you will be familiar with, but which, in the detail of the standards, may be used in a very particular way. **You should read the Assessment Strategy and Guidance document before you begin working with the standards and refer to it if you are unsure about anything in the Unit.**

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Specific Evidence Requirements for the Unit

It is essential that you adhere to the Evidence Requirements for this Unit

SPECIFIC EVIDENCE REQUIREMENTS FOR THIS UNIT
Simulation:
<ul style="list-style-type: none"> ◆ Simulation is NOT permitted for any part of this Unit.
<ul style="list-style-type: none"> ◆ The following forms of evidence ARE mandatory:
<ul style="list-style-type: none"> ◆ Direct Observation: Your assessor or expert witness must observe you in real work activities. Their confirmation of your practice will provide evidence for a significant amount of the performance criteria in this Unit. For example, disposing of waste safely. Your assessor may use a checklist to record this. ◆ Professional discussion: Describes your actions in a particular situation and reflect on the reason(s) why you practice that way. For example, you could explain what information should be recorded when preparing patients for surgery or invasive procedures and why it is important.
Competence of performance and knowledge could also be demonstrated using a variety of evidence from the following:
<ul style="list-style-type: none"> ◆ Reflective Account: These are written pieces of work which allow you to reflect on the course of action you took in a specific situation to identify any learning from the piece of work and to describe what you might do differently in the light of your new knowledge. ◆ Questioning/professional discussion: May be used to provide evidence of knowledge, legislation, policies and procedures which cannot be fully evidenced through direct observation or reflective accounts. In addition your assessor/mentor or expert witness may also ask questions to clarify aspects of your practice. ◆ Expert Witness: A designated expert witness, eg a senior member of staff, may provide a direct observation of your practice, or record a professional discussion they have held with you on a specific piece of practice. ◆ Witness Testimony: Can be a confirmation or authentication of the activities described in your evidence which your assessor or mentor has not seen. ◆ Products: These can be any record that you would normally use within your normal role, eg you should not put confidential records in your portfolio; they can remain where they are normally stored and be checked by your assessor and internal verifier. ◆ Prior Learning: You may be able to use recorded prior learning from a course of training you have attended within the last two years. Discussion on the relevance of this should form part of your assessment plan for each Unit. ◆ Simulation: There may be times when you have to demonstrate you are competent in a situation that does not arise naturally through your work role, eg dealing with violent or abusive behaviour. The Evidence Requirements in each Unit provide specific guidance regarding the use of simulation.
GENERAL GUIDANCE
<ul style="list-style-type: none"> ◆ Prior to commencing this Unit you should agree and complete an assessment plan with your assessor which details the assessment methods you will be using, and the tasks you will be undertaking to demonstrate your competence. ◆ Evidence must be provided for ALL of the performance criteria, ALL of the knowledge. ◆ The evidence must reflect the policies and procedures of your workplace and be linked to current legislation, values and the principles of best practice within the Health Care sector. This will include the National Service Standards for your areas of work. ◆ All evidence must relate to your own work practice.

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KNOWLEDGE SPECIFICATION FOR THIS UNIT

Competent practice is a combination of the application of skills and knowledge informed by values and ethics. This specification details the knowledge and understanding required to carry out competent practice in the performance described in this Unit.

When using this specification **it is important to read the knowledge requirements in relation to expectations and requirements of your job role.**

You need to provide evidence for ALL knowledge points listed below. There are a variety of ways this can be achieved so it is essential that you read the 'knowledge evidence' section of the Assessment Guidance.

You need to show that you know, understand and can apply in practice:	Enter Evidence Numbers
1 The current European and National legislation, national guidelines, organisational policies and protocols in accordance with clinical/corporate governance which affect your work practice in relation to assisting in the preparation of patients for operative and clinically invasive procedures.	
2 Your responsibilities and accountability in relation to the current European and National legislation, national guidelines and local policies and protocols and clinical/corporate governance.	
3 The duty to report any acts or omissions in care that could be detrimental to yourself, other individuals or your employer.	
4 The importance of working within your own sphere of competence and seeking advice when faced with situations outside your sphere of competence.	
5 The application of standard precautions to the preparation of patients for operative procedures and the of potential consequences of poor practice.	
6 The types, purpose and function of surgical instrumentation and supplementary items used in patient preparation for surgery.	
7 Potential hazards associated with the use of surgical instrumentation and supplementary items used in patient preparation for surgery.	
8 Factors which affect the choice of surgical instrumentation and supplementary items for individual patients.	
9 Factors which affect the choice of appropriate sites for attaching instrumentation, eg diathermy, during patient preparation.	
10 Common skin preparation agents and their: (a) presentation and nomenclature (b) mode of action (c) precautions required to prevent allergic reactions and diathermy burns	
11 The types of surgical drape in common use, and the effectiveness of different types of material as barriers to cross infection.	
12 The dangers of re-using equipment designed for single use only.	

You need to show that you know, understand and can apply in practice:	Enter Evidence Numbers
13 The relationship between effective surgical field preparation, prevention of wound contamination and surgical access.	
14 Specific instances where particular, non-routine methods are used to prepare the surgical field on the ward and in the operating department, and the rationale for this.	
15 Safe and effective methods of applying skin preparation agents and the type and extent of skin preparation needed.	
16 The specific lines of accountability within the surgical team.	
17 The information which should be recorded in relation to the preparation of patients for operative procedures.	
18 The importance of recording information relating to the preparation of patients for operative procedures.	
19 The importance of immediately reporting any issues which are outside your own sphere of competence without delay to the relevant member of staff.	

Performance Criteria		DO	RA	EW	Q	P	WT	PD
		1	Apply standard precautions for infection prevention and control and other relevant health and safety measures.					
2	Correctly identify the patient's operative site, and clarify any uncertainties with the registered practitioner before assisting with the preparation.							
3	Correctly identify potential sources of contamination and take appropriate action to minimise any risks.							
4	Assist in the preparation of the patient in a manner which optimises their dignity, comfort and safety.							
5	Correctly select and handle surgical instrumentation and supplementary items in line with manufacturers' instructions and in a manner which minimises the risk of harm.							
6	Select an appropriate site on the sterile field for attaching surgical instruments and supplementary items.							
7	Ensure all swabs and items used in the preparation of the operative site are accounted for and recorded in accordance with organisational policies and procedures prior to safe disposal.							
8	Ensure safe and correct disposal of waste associated with surgical preparation.							

DO = Direct Observation

EW = Expert Witness

PD = Professional Discussion

RA = Reflective Account

P = Product (Work)

Q = Questions

WT = Witness Testimony

To be completed by the candidate

I SUBMIT THIS AS A COMPLETE UNIT

Candidate's name:

Candidate's signature:

Date:

To be completed by the assessor

It is a shared responsibility of both the candidate and assessor to claim evidence, however, it is the responsibility of the assessor to ensure the accuracy/validity of each evidence claim and make the final decision.

I CERTIFY THAT SUFFICIENT EVIDENCE HAS BEEN PRODUCED TO MEET ALL THE ELEMENTS, PCS AND KNOWLEDGE OF THIS UNIT.

Assessor's name:

Assessor's signature:

Date:

Assessor/Internal verifier feedback

To be completed by the internal verifier if applicable

This section only needs to be completed if the Unit is sampled by the internal verifier

Internal verifier's name:

Internal verifier's signature:

Date: