FP7V 04 (PCS2) **Contribute to the Safe Use of Medical Devices in the Perioperative Environment**

About this Unit

This standard covers the safe use of medical devices in relation to the maintenance of asepsis, the control of cross-infection, decontamination and sterilisation processes within the perioperative care environment. 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 theatres, and the individuals you are working with.

Values — the values underpinning this Unit are embedded within the 2009 NHS Code of Conduct for Healthcare 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:
♦ Simulation is **NOT** permitted for any part of this Unit.
The following forms of evidence ARE mandatory:
♦ **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** how you were able to identify when a sterile pack had been damaged and how you dealt with this situation. 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** why you disposed of items in a particular way and your understanding of the causes of cross infection.
Competence of performance and knowledge could also be demonstrated using a variety of evidence from the following:
♦ **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
♦ 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 contributing to the safe use of medical devices in the perioperative environment.	
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 principles and causes of infection and cross-infection.	
6	The application of standard precautions for infection control and other relevant health and safety issues and the potential consequences of poor practice.	
7	Decontamination and sterilisation processes.	
8	How to recognise that a theatre tray or supplementary equipment and packs are sterile.	
9	How to inspect the integrity of equipment, instruments and soft packs, and the types of damage and fault to look out for.	
10	The potential risks of using damaged sterile pre-packed items.	
11	Where and how to dispose of used, dirty and damaged equipment, instruments and soft packs, (both re-usable and single-use).	
12	The different types of waste and spillage, and how to dispose of each type.	
13	Methods for sorting and disposing or storing of contaminated and non-contaminated equipment prior to processing.	
14	The importance of reporting damaged or missing items, and procedures for doing this.	
15	The importance of traceability systems for theatre instruments.	
16	The importance of immediately reporting any issues which are outside your own sphere of competence without delay to the relevant member of staff.	

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Performance Criteria	DO	RA	EW	Q	P	WT	PD
1 Apply standard precautions for infection prevention and control and other appropriate health and safety measures.							
2 Check, handle and store packs delivered from sterile services or the manufacturer in the agreed place and record delivery in the appropriate documentation.							
3 Use packs in strict rotation and report shortages of supplies to the appropriate person.							
4 Check equipment, instruments and soft pack items and confirm they are free from damage.							
5 Recognise when a sterile pack is unsuitable for use, return the pack to the appropriate department or manufacturer and complete the appropriate documentation.							
6 Check instrument trays before and after use with a designated person, confirm that they contain the specified items and complete required documentation.							
7 Accurately report any missing equipment to an appropriate person.							
8 Locate and replace any objects that are missing from instrument trays and report accurately to an appropriate person.							
9 Identify and report any equipment, instruments or soft pack items, where you have found faults in them and report accurately to an appropriate person.							
10 After use, collect, sort and store items to be decontaminated and sterilised in an appropriate and safe manner according to schedule.							
11 Place empty pack containers, trays and used medical devices in the appropriate place for collection.							
12 Account for disposable items and dispose of them appropriately, following organisational policy.							
13 Carry out delegated activities to comply with traceability systems.							

DO = Direct Observation *RA = Reflective Account* *EW = Expert Witness*
Q = Question *P = Product (Work)* *WT = Witness Testimony*
PD = Professional Discussion

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ADDITIONAL INFORMATION

This National Occupational Standard was developed by Skills for Health.
This standard links with the following dimension within the NHS Knowledge and Skills Framework (October 2004):

- Dimension: HWB7 Interventions and treatments

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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: ……..……..