

About this Unit

This standard involves carrying out activities that are delegated to you by a registered practitioner within the anaesthetic environment/Post Anaesthetic Care Unit (PACU). This includes preparing the environment and equipment for the reception of patients into the anaesthetic care area/PACU and carrying out delegated care activities to assist the registered practitioner in the care of patients the patient's anaesthetic phase.

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.**

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, undertaking and recording routine physiological observations. ◆ Professional discussion: Describes your actions in a particular situation and reflect on the reason(s) why you practice that way. For example, how you maintain patient's dignity and privacy when they are in your care and your understanding of the effects anaesthesia can have on the patients cardiovascular system.
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.

FP82 04 (PCS25) Carry out delegated activities in the anaesthetic environment/Post Anaesthetic Care Unit (PACU)

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 carrying out delegated activities in the anaesthetic environment/Post Anaesthetic Care Unit (PACU).	
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 when preparing the care area for the reception of patients for/from anaesthesia/recovery from surgery/clinical procedures.	
5 The application of standard precautions to preparing the anaesthetic environment/Post Anaesthetic Care Unit and the potential consequences of poor practice.	
6 The reasons the anaesthetic care environment/ Post Anaesthetic Care Unit may be stressful for the patient and ways in which the patient may be reassured.	
7 The potential difficulties in communicating with patients prior to and following anaesthesia/sedation and how they can be overcome.	
8 How to maintain patients' dignity, privacy and comfort during the anaesthetic/sedation and recovery period.	
9 The significance of continuous individual patient observation and the importance of reporting to the registered practitioner.	
10 The anatomy and physiology of the cardiovascular system in relation to measurement of pulse and blood pressure.	
11 How anaesthesia and surgery may affect pulse and blood pressure.	
12 The anatomy and physiology of the respiratory system related to measurement of respiratory function.	
13 How anaesthesia and surgery may affect the respiratory system during the perioperative period and the importance of correct positioning.	

You need to show that you know, understand and can apply in practice:	Enter Evidence Numbers
14 The anatomy and physiology of the renal system related to urinary output.	
15 How anaesthesia may affect the renal system during the perioperative period and how this may affect urinary output.	
16 Thermoregulatory system and how this may be affected during the perioperative episode.	
17 The importance of the need for warming patients' during the perioperative period.	
18 The skeleton and peripheral nervous system related to checking warmth, colour, sensation and movement.	
19 The types, purpose and function of materials and equipment required in the anaesthetic environment/Post Anaesthetic Care Unit.	
20 The types, purpose and function of materials and equipment required for measuring non-invasive clinical observations.	
21 The types of essential anaesthetic/recovery equipment used for patients requiring anaesthesia or recovering from anaesthesia.	
22 Methods the normal parameters and methods for measuring patients, including: (a) temperature (b) pulse and blood pressure (c) respiration and oxygen levels (d) urinary output (e) warmth, colour, sensation and movement of limbs	
23 The common adverse reactions related to anaesthetic and recovery care which patients may experience and the importance of recognising and immediately reporting adverse reactions to the registered practitioner.	
24 Risk assessment in the anaesthetic/sedation/recovery care area and the assistance required by the registered practitioner/clinician when any hazards are identified or actually occur.	
25 The importance of reporting the status of essential anaesthetic/recovery equipment to the registered practitioner.	
26 The importance of recording all information clearly and precisely in the relevant documentation.	
27 The importance of reporting all information to the registered practitioner.	
28 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	In consultation with the registered practitioner ensure that all necessary equipment appropriate to the expected patient is available.							
3	Report equipment that is not fit for purpose to the registered practitioner.							
4	Assist in transferring the patient to the anaesthetic environment/Post Anaesthetic Care Unit.							
5	Assist the registered practitioner during reception and care of the patient, providing support as required within own sphere of competence.							
6	Maintain the privacy, dignity and comfort of patients at all times.							
7	Support the registered practitioner in the assessment and management of the patient undergoing anaesthesia/sedation/post-operative care.							
8	Carry out delegated care activities as requested by the registered practitioner.							
9	Assist as directed by the registered practitioner in any clinical emergency interventions.							
10	Measure and record clinical observations under direct supervision of the registered practitioner.							
11	Report any deviation from normal clinical parameters to the registered practitioner.							
12	Handle and use all equipment correctly and safely throughout, consistent with manufacturer's instructions.							
13	Clean reusable equipment following relevant procedures and dispose of waste and single use equipment in the correct receptacle.							
14	Carry out routine daily stock taking for disposables/fluids/linen.							
15	Maintain the cleanliness of the care environment.							

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: