FP83 04 (PCS16) Provide surgical instrumentation and items for the surgical team and maintain the sterile field

About this Unit

This standard covers providing surgical instrumentation and supplementary items to the surgical team and monitoring their use. This involves passing surgical instrumentation and supplementary items across the sterile field and checking and counting surgical items with the Registered Practitioner, in line with organisational policies and procedures. 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:
♦ 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**, acting as the second checker during the case and communicating with other members of the surgical team. 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 how you avoid or minimise any potential hazards that may occur with surgical instrumentation, and your understanding of how the sterile field may be compromised.
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 providing surgical instrumentation and items for the surgical team and maintaining the sterile field.	
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 role of regulatory bodies in relation to medical and healthcare products and regulations relating to medical devices.	
5	The application of standard precautions to the handling, provision and monitoring of surgical instrumentation and supplementary items and the potential consequences of poor practice.	
6	The difference between scrubbed and circulating roles.	
7	The importance of working within your own sphere of competence and seeking advice when faced with situations outside your sphere of competence.	
8	The principles of asepsis in relation to the provision of surgical instrumentation and supplementary items and the maintenance of the sterile field and the potential consequence of poor practice.	
9	The sources, transmission routes and destruction of pathogenic organisms.	
10	The responsibilities of the scrubbed role in monitoring and maintaining sterile fields during clinical procedures.	
11	The nature and purpose of sterile fields and describe how they are established and maintained.	
12	How the sterile field contributes to infection control.	
13	The importance of adhering to correct methods for passing items to, and receiving them from, the sterile team and the circulating practitioner.	

14	How sterile fields may be compromised during procedures, and the action to take if this happens.	
15	The safe methods of disposing of all types of waste from the sterile field.	
16	The potential hazards associated with surgical instrumentation and supplementary items and how they can be avoided or minimised.	
17	The criteria and methods for judging the sterility of surgical instrumentation and supplementary items.	
18	The types, purpose and function of surgical instrumentation and supplementary items in common use in the clinical specialties relevant to your practice.	
19	The requirements for, and suitability of, surgical instrumentation and supplementary items for the clinical specialties relevant to your practice.	
20	The factors to consider in selecting surgical instrumentation and supplementary items for individual patients.	
21	The importance of adhering to manufacturers' instructions regarding the preparation of surgical instrumentation and supplementary items for surgery.	
22	The importance of checking and confirming that surgical instrumentation and supplementary items are in a suitable condition prior to use.	
23	Procedures for identifying and reporting problems in surgical instrumentation and supplementary items.	
24	The action to take if problems are identified with surgical instrumentation and supplementary items which have been requested.	
25	The types of procedure carried out in the clinical specialties relevant to your practice.	
26	The surgical instruments and supplementary items required by the surgical team for common procedures carried out in the clinical specialties relevant to your practice.	
27	The ways in which the type of procedure and clinical specialty affects the instrumentation and supplementary items required by the surgical team.	
28	The principles, methods and techniques for monitoring surgical instrumentation and supplementary items for the surgical team.	
29	Methods of care and handling of surgical instrumentation and supplementary items during use.	
30	The specific times at which checks must be carried out on surgical instrumentation and supplementary items during use.	
31	The procedure(s) to be carried out if any item is identified as missing during use.	
32	The importance of following procedures for the tracking and traceability of surgical instrumentation and supplementary items during use.	
33	The potential hazards associated with the handling of surgical instrumentation and supplementary items and how they can be avoided or minimised.	
34	The potential consequences of poor practice in relation to the handling of surgical instrumentation and supplementary items.	

35	Ways in which the sterile field can be compromised during hand-over of items, and how this can be avoided.	
36	Methods of effective communication with members of the perioperative care team during operative procedures.	
37	Individual responsibilities of all clinical team members in relation to monitoring and accounting for surgical instrumentation and supplementary items use during clinical procedures.	
38	The specific lines of accountability within the surgical team.	
39	Where and how to record information on the number and location of surgical instruments and supplementary items for used in clinical procedures.	
40	The importance of recording all information clearly and precisely in the correct documentation.	
41	The importance of reporting all information to the registered practitioner.	
42	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 relevant health and safety measures.							
2 Ensure your, position, posture and movements do not compromise the sterile field or patient safety.							
3 Communicate clearly and assertively with others, giving appropriate information, instruction and advice so that they do not compromise the sterile field.							
4 Effectively monitor the activities of the surgical team and anticipate their requirements for surgical instrumentation and supplementary items.							
5 Handle surgical instrumentation and supplementary items correctly and safely, ensuring the sterile field and patient safety is not compromised when handing them to the surgical team.							
6 Promptly clarify any uncertainty over requirements with the appropriate member of the surgical team.							
7 Where you identify a problem in relation to: (a) an instrument or item (b) the sterile field (c) contamination of instruments (immediately report and take appropriate action)							
8 Provide the correct instrumentation and supplementary items to meet the surgical team's needs according to the patient, the clinical specialty and procedure.							
9 Count and record instruments, needles, swabs and supplementary items in conjunction with a registered practitioner as the second authorised checker during the case and prior to closure and completion, in accordance with organisational policies and procedures.							

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Performance Criteria	DO	RA	EW	Q	P	WT	PD
10 Clearly inform the surgical team of the instrumentation and supplementary item counts at appropriate stages of the procedure.							
11 Dispose of and transfer used instrumentation and supplementary items to the non-sterile area for accounting and compliance with tracing requirements for medical devices in line with local policies.							
12 Complete records accurately and legibly in accordance with national guidelines.							
13 Carefully remove drapes from the patient, ensuring their dignity and safety, and dispose of drapes as appropriate.							

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

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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: ……..……..