FP80 04 (PCS24) **Perform the non-scrubbed circulating role for perioperative procedures**

About this Unit

This standard covers the non-scrubbed circulating role, assisting perioperative teams during perioperative procedures. This involves preparing and positioning clinical medical devices and equipment, providing these items to the surgical team and monitoring the items used. You will be working under the guidance of a registered practitioner.

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**, obtaining the requested item and making it available to the correct member of the team. ♦ **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 why it is important that swabs and instruments are counted and the importance of maintaining a sterile field.
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 performing the non-scrubbed circulating role for perioperative 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 when assisting operating department teams in perioperative procedures and seeking advice when faced with situations outside your sphere of competence.	
5	The role of regulatory bodies in relation to medical and healthcare products.	
6	The application of standard precautions to the provision and monitoring of medical devices and equipment and the potential consequences of poor practice.	
7	The principles of asepsis in relation to: (a) the provision of medical devices to the surgical team (b) maintenance of sterile field	
8	The potential consequences of poor practice in relation to the preparation, provision and monitoring of medical devices and equipment.	
9	The types and explain the purpose, function and potential hazards of medical devices used for surgical interventions.	
10	The requirements for, suitability of, and types of surgical instrumentation for different procedures and clinical specialities.	
11	The importance of adhering to manufacturers' instructions regarding the specific care and use of medical devices.	
12	Procedures for identifying and reporting problems in medical devices.	
13	The action to take if problems are identified with medical devices which have been requested.	

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You need to show that you know, understand and can apply in practice:	Enter Evidence Numbers
14 Equipment used for: (a) weighing swabs (b) counting instruments	
15 The potential hazards associated with the preparation of equipment and how they can be avoided or minimized.	
16 Ways in which the sterile field can be compromised by those working outside it, and how this can be avoided.	
17 The principles and techniques for counting and monitoring surgical items and swabs.	
18 The principles and techniques for counting and monitoring surgical items and swabs.	
19 The importance of checking and confirming that medical devices are in a suitable condition prior to use.	
20 Safe moving and handling principles and techniques.	
21 The criteria and methods for checking and maintaining the sterility of medical devices used in clinical procedures.	
22 The circulating role and responsibility for maintaining the sterile field.	
23 The agreed lines of communication within clinical teams in relation to requesting and providing medical devices during clinical procedures.	
24 The procedural differences, responsibilities and accountability in relation to counting, monitoring and checking items which you handle yourself and those which are handled only by others in the team.	
25 The importance of recording all information clearly and precisely in the correct documentation.	
26 The importance of reporting all information to the registered practitioner.	
27 The importance of correctly recording swab and instrument counts.	
28 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 that your position and movements do not compromise the sterile field.							
3 Take appropriate action without delay if there is any breakdown of the sterile field.							
4 Obtain, prepare and position the requested medical devices and equipment correctly in an appropriate manner and time, according to the patient's clinical status and as requested.							
5 Take appropriate action where you identify a problem in relation to an item.							
6 promptly clarify any uncertainty over requirements with a registered practitioner.							
7 Obtain the correct items, check and maintain integrity of items, and make selected item available to the appropriate member of the team in the prescribed manner, manufacturers instruction and organisational policies and procedures.							
8 Monitor and count surgical items with the registered practitioner, in line with organisational policies and procedures.							
9 Handle and connect medical devices and equipment safely and correctly, in line with manufacturers' instructions and organisational policies.							
10 Ensure waste is disposed of appropriately.							
11 Correctly handle and manage contaminated items in line with organizational policies.							
12 Comply with organisational policies for replacing used items from stock and tracking and traceability requirements.							

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: ……..……..