

Scrub Practitioners Undertaking the Duties of Surgical First Assistant UHL Policy

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REVIEW DATES AND DETAILS OF CHANGES MADE DURING THE REVIEW

Due to the national release of the Perioperative Care Collaborative position statement on the role of the Surgical First Assistant (April 2018), changes in responsibility and practice have been identified. These have been collated in a separate document “UHL Guidelines and Role Boundaries for Scrub Practitioners” (Appendix 1). Therefore this is an updated UHL policy replacing B23/2005 V3 Policy for Scrub Practitioners undertaking the duties of Surgical First Assistant, May 2016.

Further update to Policy in November 2022 to include Orthoptists. Orthoptists are now assisting in strabismus surgery around the UK and there is a competency package developed by the British and Irish Society (BIOS) so added as First Assistants.

KEY WORDS:

Surgical First Assistant (SFA)
Scrub Practitioner
Enhanced Scrub Practitioner
Operating Department Practitioner (ODP)
Assistant Practitioner (AP)
Orthoptist

1 Introduction and Overview:

This policy sets out the University of Leicester (UHL) NHS Trust's Policy and Procedures for the adherence to the Perioperative Care Collaborative Position Statement to call for greater clarity in relation to roles and responsibilities of Surgical First Assistants.

- 12 It enables a standardised way of working across all Surgical First Assistants within the Trust to ensure they provide competent and dedicated assistance under the direct supervision of the operating surgeon throughout surgical procedures; whilst not performing any form of surgical intervention.
- 13 The policy distinguishes the role from that of the scrub practitioner who must be focussed on the management of the intraoperative care required by the patient.
- 14 The policy distinguishes the role from that of enhanced scrub practitioner who following competency based training and sign off, can deliver an enhanced scrub role to support the surgeon while still holding the role scrub practitioner for the surgical procedure.
- 15 The policy defines that the Surgical First Assistant must be aware of their own and others accountability when performing the role

2 Policy Scope – Who The Policy Applies To And Any Specific Exclusions:

- 21 This policy applies to those that can occupy the role of the Surgical First Assistant. The role can be undertaken by Registered Nurses/Midwives, Operating Department Practitioners (ODP), Orthoptists and Dental Nurses who are employed by the University Hospitals of Leicester NHS Trust and third year student Operating Department Practitioners, all working within the operating departments.
- 22 It also details the separate role of scrub practitioner who can be a registered ODP or Nurse or qualified Theatre Assistant Practitioner whose focus is to manage the intraoperative care required by the patient and must not assume the additional duties of the SFA.
- 23 The Enhanced Scrub Practitioner is a registered ODP or Nurse who has completed all routine scrub competencies and also completed the scrub practitioner enhanced skills competencies. The enhanced scrub practitioner is not a separate role but delivers enhanced skills to the surgical team while undertaking the role of the scrub practitioner.

3 Definitions And Abbreviations:

4 Roles – Who Does What:

4.0 Medical Director and Chief Nurse are responsible for: Ensuring that appropriate management mechanisms are in place across the Trust to ensure that Scrub Practitioners work within their scope of practise and skill set.

4.1 Clinical Management Groups are responsible for:

- 4.1.1 Ensuring all staff undertaking this role are made aware of this policy
- 4.1.2 Ensuring that all registered Practitioners within the CMG's have the appropriate education and competence to safely carry out their role. The practitioners own line manager within the CMG is responsible for this.
- 4.1.3 Ensuring all SFA's are registered on the UHL extended role database.
- 4.1.4 Ensuring compliance with any associated audit of clinical practice, appraisal and competence.

4.2 Matron/Theatre Team Leaders are responsible for:

- 4.2.1 Ensuring patient safety within the operating theatre environment by making sure that authorised staff from their CMG and other CMGs within UHL; have received the appropriate training, supervised practice and assessment of competence in the role of the SFA.
- 4.2.2 Ensuring patient safety within the operating theatre environment by requesting evidence of appropriate training, supervised practice and assessment of competence in the role of the SFA for staff working on behalf of other CMG's within the theatre environment.
- 4.2.3 Contribute to all audit requirements.
- 4.2.4 On occasions where all avenues have been explored to provide a surgical first assistant (by the surgical specialities teams) the lack of an assistant must be highlighted at scheduling and, if a suitably trained scrub practitioner is allocated to be a SFA, the relevant CMG must be cross charged for this service. Should the service be abused, in relation to the supplying of a SFA, it will be at the Matrons discretion to withdraw the support from those who are not seen as using the service appropriately.

4.3 Surgical First Assistants are responsible for:

- 4.3.1 The SFA will be required to take appropriate action to attain the roles and responsibilities laid down by the Perioperative Care Collaborative (PCC) position statement and the Royal College of Surgeons (Table 1) and the expectation of the Trust stated within this policy
- 4.3.2 Maintaining competence and undertake any refresher training as necessary.

- 4.3.3 Maintaining a logbook of the cases with which they have been involved as a SFA. They must be willing to surrender this to the Trust when requested.
- 4.3.4 The SFA can transfer their skills to new specialities following agreed educational development support. This should normally include ensuring that general scrub competencies for new specialities are completed as a foundation before the expansion into the SFA role.
- 4.3.5 The Surgical First Assistant is a separate role to that of a Scrub practitioner and as such should be staffed by a separate individual. It is not possible to act as a Surgical First Assistant and a Scrub Practitioner at the same time.

4.4 Scrub Practitioners/Orthoptists

- 4.4.1 Scrub Practitioners must achieve all the Band 4/5 scrub competencies for their role and can then undertake competencies as detailed in column one in table 1.
- 4.4.2 To carry out the Enhanced Scrub Practitioner role they must complete the scrub practitioner enhanced skills competencies and be signed off by a relevant surgeon for the skills listed in the competency book in Appendix 2
- 4.4.3 Further competence can then be delivered if required by specific specialities as detailed in column two in Table 1.
- 4.4.4 Practitioners must on a yearly basis complete one LCAT assessment based on working in the Enhanced Scrub Practitioner role to maintain evidence of ongoing competency. The LCAT assessment should be undertaken by a senior Theatre Practitioner (Senior Band 5, Band 6 or Band 7) who holds the Enhanced Scrub Practitioner competency and be countersigned by a Consultant Surgeon.
- 4.4.5 Scrub practitioners working in an enhanced role must report (at an appropriate time) when they are requested to step outside of their assessed competency and where necessary, stop the line.
- 4.4.6 The Enhanced Scrub Practitioner role is an extension of the Scrub Practitioner role and as such is delivered by one individual.
- 4.4.7 Working within the Enhanced Scrub Practitioner framework should be for short time limited procedures and should not detract from the core duties and responsibilities of the Scrub Practitioner. The priority role should be that of the Scrub Practitioner. If the surgical team require support under the Enhanced Scrub Practitioner framework for prolonged periods, or a high percentage of the overall operating time, this should be staffed separately under the Surgical First Assistant role.
- 4.4.8 Orthoptists must work within the Professional Practice Guidelines for Orthoptists for First Assistant Theatre Strabismus Surgery as outlined by the British and Irish Orthoptic Society (BIOS)

5. Policy Implementation and associated documents:

Table 1:

Table 1 sets out a number of explicit roles and responsibilities of the scrub practitioner, Orthoptists, enhanced scrub practitioner and Surgical First Assistant.

Roles and responsibilities	Scrub Practitioner	Enhance Scrub Practitioner	Surgical First Assistant	Orthoptists
Enhancing the communication link between theatre, patient and ward, including preoperative assessment and postoperative care evaluation	✓	✓	✓	✓
Involved in the team completion of the Surgical Safety Checklist team brief and debrief	✓	✓	✓	✓
Assisting with patient positioning, including tissue viability assessment	✓	✓	✓	-
Skin preparation prior to surgery	✓	✓	✓	✓
Draping as required	✓	✓	✓	✓
Application of dressings as required	✓	✓	✓	✓
Male urethral catheterisation, providing training has been undertaken and evidence of competency can be displayed	✓	✓	✓	-
Use and maintenance of specialised surgical equipment relevant to area of working	✓	✓	✓	✓
Assist in the transfer of patient to postoperative anaesthetic care unit	✓	✓	✓	-
Cutting of superficial sutures e.g. skin sutures	✓	✓	✓	✓
Superficial skin and tissue retraction	✓	✓	✓	✓
Assistance with superficial wound closure	✓	✓	✓	✓
Cutting of deep sutures and ligatures under direct supervision of the operating surgeon	-	-	✓	-
Nerve and deep tissue retraction and manipulation, delivered and controlled independently by the practitioner	-	-	✓	-

Handling of tissue and manipulation of organs for exposure or access as an independent [practitioner assisting the surgical team.	-	-	✓	-
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6. **Education and Training Documents:**

- 6.1 Nurses / Midwives/ Operating Department Practitioners and Orthoptists preparing for the enhanced scrub role will undertake advanced competency based training while in practice and are assessed under the supervision of a Consultant Surgeon. Competence must be verified and recorded in the enhanced skills competencies book. (Orthoptists must adhere to the BIOS Guidelines and agreed procedure and competency logs)
- 6.2 Prior to undertaking the role of SFA, successful completion of a Higher Education Institute module which is recognised by the University Hospitals of Leicester NHS Trust must be completed and evidence submitted to the Practitioners line management CMG for records.
- 6.3 The scrub practitioner, enhanced scrub practitioner Orthoptists and SFA must all accept responsibility for updating knowledge, skills and competence required in order to fulfil the role. Surgical First Assistants should keep an active logbook of cases for their professional records.
- 6.4 The scrub practitioner, enhanced scrub practitioner, Orthoptists or SFA must accept full responsibility and accountability of the role. They must be familiar with and demonstrate an understanding of the following appropriate documents, The Perioperative Care Collaborative position statement, Surgical First Assistant (PCC 2018) HCPC Standards of conduct, performance and ethics. (HCPC 2016), NMC Standards of conduct, performance and ethics. (NMC 2018). Scrub Competency booklets and appropriate LCAT assessments must be completed.

7. **Process for monitoring Compliance:**

All Policies must include details of audit standards or key performance indicators that will be used for monitoring compliance and effectiveness and the frequency of monitoring / audit. These must be set out in the Policy Monitoring table set out below.

Key indicators should relate to the aims and objectives of the policy and be based on policy standards

The monitoring table must also identify who is responsible for conducting and or leading the monitoring, the methodology to be used and process for reviewing results and taking action to improve performance where appropriate.

Advice on the most effective methodology, both in terms of measuring the success of the document and using the minimum resources in doing so, can be sought from the Clinical Audit Team. (See Table on Page 10)

8. **Equality Impact assessment:**

- a. The Trust recognises the diversity of the local community it serves. Our aim therefore is to provide a safe environment free from discrimination and treat all individuals fairly with dignity and appropriately according to their needs.
- b. As part of its development, this policy and its impact on equality have been reviewed and no detriment was identified.

9. **Supporting References, Evidence base and Related Policies:**

Perioperative Care Collaborative (April 2018) – **Position Statement Surgical First Assistant**

Health and Care Professions Council (2016) – **Standards of Performance, Conduct and Ethics**

Nursing and Midwifery Council (2018) - Standards of **Performance, Conduct and Ethics**

British & Irish Orthoptic Society (BIOS) – **Professional Practice Guidelines for Orthoptists for 1st Assistant Theatre Strabismus Surgery** (2022)

Related Policies:

Management of Surgical Swabs, Instruments, Needles and Accountable Items (Swab Policy) (Trust Reference B35/2007) (2018)

UHL **Safer Surgery** Policy (Trust Reference B40/2010)

UHL **Scrubbing, Gowning & Gloving** Policy (Maintaining a Sterile Field) (Trust Reference B7/2014) (2019)

Royal College of Ophthalmologists <https://www.rcophth.ac.uk/professional-resources/revalidation/clinical-sub-specialties/strabismus-general-description/quality-improvement-measures-in-the-care-of-strabismus/>

UHL Policy and Procedures **Cleaning and Decontamination for Infection Prevention and Control /Infected Patients in Theatres** (Trust Reference B5/2006 and C81/2017)

UHL NHS Trust **Hand Hygiene** Policy (Trust Reference B32/2003)

UHL NHS Trust **Personal Protective Equipment** for Infection Prevention Guideline (Trust Reference B10/2012)

UHL NHS Trust **Waste Management Policy** (Trust Reference A15/2002)

10. **Process for Version Control, Document Archiving and Review:**

This document will be uploaded onto SharePoint and available for access by Staff through INsite. It will be stored and archived through this system. The updated version of the Policy will be uploaded and available through IN site Documents and the Trust's externally-accessible Freedom of Information publication scheme. It will be archived through the Trusts PAGL system

This Policy will be reviewed every three years or sooner in response to clinical/ risk issues or learning outcomes or changes to Professional bodies guidance and instructions.

11. Policy Monitoring Table:

Element to be monitored	Lead	Tool	Frequency	Reporting arrangements Who or what committee will completed report go to.
SFA must have completed training and associated competencies as identified in the policy	Consultant Surgeon for speciality /HoN/Lead Nurse/Matron and Team Leader for the line management CMG	Appraisal	Annual	Reported to HR/workforce
		Completion of taught training and competency packs	Complete within time frame of the course undertaken	Reported locally at CMG meetings and education meetings.
SFA must be undertaken by the appropriate personnel identified in the policy	DHoN/ Lead Nurse/Matron/ Education Team for the line management CMG	Completion of taught training and competency packs and maintenance of log book		Reported locally at CMG meetings and education meetings.
Scrub Practitioner competencies	Lead Nurse/Matron/ Team Leader/Education Team for the line management CMG	Appraisal Completion of Band 4/5 scrub competencies/LCAT scrub assessment. Completion of Scrub Practitioner competencies.	Annual	Reported to HR/workforce Reported locally at CMG meetings and education meetings. Evidence of competency completion filed in staff members HR File
Enhanced Scrub Practitioner competence.	Lead Nurse/Matron/ Team Leader/Education Team for the line management CMG	Appraisal Minimum 6 months scrub experience in the speciality. Completion of Enhanced Scrub Practitioner competencies.	Annual appraisal and annual LCAT assessment of Enhances Scrub Practitioner role.	Reported to HR/workforce Reported locally at CMG meetings and education meetings. Evidence of competency completion filed in staff members HR File
Log book audits for Surgical First Assistants	Lead Nurse/Matron/ Team Leader for the line management CMG	Appraisal	Annual	Reported locally at CMG meetings and education meetings.

APPENDIX 1

SCRUB PRACTITIONER AND SURGICAL FIRST ASSISTANT ROLE BOUNDARIES

SCRUB PRACTITIONER + 3 rd year St ODP's (delegated and supervised by the surgeon) + Band 3/4 Assistant Practitioners (delegated and supervised by the surgeon) Must successfully complete competencies in the skills below.	ENHANCED SCRUB PRACTITIONER. Registered Scrub Practitioner with minimum 6 months scrub experience in the team. Must have completed all routine scrub competencies and have experience of scrubbing with different surgeons and good knowledge of the surgical procedures. Must successfully complete competencies in the skills below.	SURGICAL FIRST ASSISTANT. Must have completed full SFA competencies and be employed to be in the role
Skin preparation and draping prior to surgery	Skin preparation and draping prior to surgery	Skin preparation and draping prior to surgery
Superficial skin and tissue retraction	Superficial skin and tissue retraction	Superficial skin and tissue retraction
Cutting of superficial sutures	Cutting of superficial sutures	Cutting of superficial sutures
Application of dressings	Application of dressings	Application of dressings
Irrigation of the cornea (ophthalmic)	+ THE FOLLOWING SHORT/TEMPORARY ACTIONS during an operation but not requiring full first assistance	Handling of tissue for exposure and access (guided by the operating surgeon)

	throughout the case:	
	Handling of tissue for exposure and access (directed by the operating surgeon whose decision making positions the tissue/practitioner/retractor where the intention is a short supportive holding position, not a movement.	Nerve and deep tissue retraction (placing or moving retractors under the direct supervision of the operating surgeon)
	Oral or superficial suctioning (guided by the operating surgeon)	Cutting of deep sutures and ligatures under direct supervision of the operating surgeon
	Supporting the camera in a static position during laparoscopic surgery whilst the surgeon moves or manipulates another instrument or moves around the table.	Use of suction as guided by the operating surgeon Assisting with haemostasis in order to secure and maintain a clear operating field including indirect application of surgical diathermy by the surgeon Camera manipulation for minimal invasive access surgery

British and Irish Orthoptic Society – Professional Practice Guidelines for Orthoptists for First Assistant Theatre Strabismus Surgery

The above Society important Guideline Points must be adhered to at all time as this defines Orthoptists specific boundaries within their role. All practice and training for proficiency must be in line with this Policy and agreed UHL Competency evidence. (LCAT Assessments for Orthoptists undertaking this role must be undertaken in scrubbing, gowning and gloving and scrub competency by a UHL experienced Theatre Practitioner) All other relevant UHL Policies as described in section 9 of this Policy must be understood and adhered to by Orthoptists undertaking the Surgical First assistant role for Strabismus surgery within UHL.