Delegation: the Support Worker in the SCRUB ROLE
Position Statement

Delegation: the Support Worker in the Scrub Role

CAVEAT This position statement is supplementary to Optimising the Contribution of the Perioperative Support Worker (February 2007) and seeks to provide particular guidance regarding delegation of the scrub role to support workers.

In reading this position statement, the term ‘support worker’ should be regarded as interchangeable with that of ‘auxiliary’ and ‘health care assistant’ (HCA).

INTRODUCTION AND GENERAL PRINCIPLES

The aim of this position statement by the Perioperative Care Collaborative (PCC) is to set out the principles and guidance relating to support workers in the scrub role. The PCC considers that both employers and registered practitioners are required to ensure that patient safety is paramount. This should be a primary consideration when delegating the scrub role to a support worker, which should also comply with the clinical governance frameworks.

The PCC is of the view that the minimum underpinning knowledge and competence that the support worker must demonstrate to perform the scrub role are in line with the Perioperative Care Support and the Perioperative Care Surgical Support units of the National Occupational Standards for Perioperative Care, and are assessed via National Qualification Frameworks. These awards have been developed by Skills for Health and are recognized in all four countries of the United Kingdom. The PCC suggests that training programmes developed in isolation by individual organisations lack independent external scrutiny via authorised quality assurance processes. This is regarded as inconsistent with standards for regulation and approval, which are fundamental in promoting quality care and public confidence. From this premise, the PCC does not accept that in-house programmes without validation or equivalence to national occupational standards are adequate for the training of support workers to fulfill the scrub role.

In addition, the PCC wishes to remind registered practitioners that they retain professional accountability for the appropriateness of the delegation of care when they delegate care to others including support workers. This professional accountability is clearly outlined in the guidance from the Health Professions Council (HPC) Standards of conduct, performance and ethics and the Nursing and Midwifery Council (NMC) Code of Professional Conduct: Standards for conduct, performance and ethics. It is important to note that when a registered practitioner delegates the scrub role to a support worker, this registered practitioner should be a member of the surgical operative team as a circulating practitioner. It is not appropriate to combine this responsibility with the role of the anaesthetic assistant. Where the scrub role is delegated within obstetric theatres it is not appropriate to consider the midwife to be the registered practitioner unless he/she is undertaking the circulating role only.
As stated previously, patient safety is paramount and, as such, the PCC is of the view that the responsibility for the overall management of the patient’s care lies with the registered practitioner who has delegated, and therefore suggests that support workers should only scrub for a defined basket of procedures as defined by the employer.

**PCC STANDARDS AND RECOMMENDED PRACTICE**

Support workers fulfilling the scrubbed role must be working towards or have completed a National Occupational Standard Scrub Specific Unit at N/SVQ Level 3, having first completed the essential N/SVQ Level 3 units to secure the Perioperative Care Award. The Perioperative Care Award is gained on successful completion of the Perioperative Care Support Units and the Perioperative Care Surgical Support Units.

**When a support worker is fulfilling the scrub role (directly supervised by a registered practitioner):**

- All swab, instrument and needle counts must be conducted with a registered practitioner, who is a member of the scrub team, as a second checker.

- A registered practitioner should be present in the immediate environment for the duration of the operative procedure, as part of the scrub team.

- A registered practitioner must ensure that the patient care record and other documentation have been completed satisfactorily by the support worker. In addition, where the registered practitioner is a nurse registered with the NMC, all records completed by the support worker must be countersigned by the registered practitioner, in accordance with the publication, *Guidelines for records and record keeping.*

As stated previously, the PCC considers that staff undertaking the scrub role require the ability to be aware of the potential for sudden change in the patient’s condition and/or procedure, and that the scrub practitioner is able to recognise such changes and to respond with an appropriate and rapid response. It is for this reason that the PCC recommends that principles of risk management are applied to determine the range of elective procedures for which support workers may perform the scrub role, and that such a risk assessment is undertaken by the registered practitioner on each occasion that the scrub role is delegated to the support worker. This risk assessment should be undertaken in relation to the registered practitioner’s professional accountability and is in addition to the departmental risk assessments that should already have been undertaken prior to this role being introduced.

It is recommended that employing organisations develop a departmental policy that details agreed operative procedures to be undertaken by support workers. Such a policy should be developed within a clinical governance and risk management framework to ensure that the identified procedures are appropriate. It is essential that this role is identified in the support worker’s individual job description/specification. Such actions will then ensure that the scrub role is clearly accepted as a mutually agreed activity of employment in relation to vicarious liability.

With the advent of Agenda for Change and the Knowledge and Skills Framework (KSF) all NHS employees will now have a personal development plan. This plan will be part of the annual appraisal as well as being subject to periodical review during the year. In addition, this development plan will be linked to the specific dimensions of the KSF as well as the specific role of the support worker and, as such, can be incorporated into a process for regularly monitoring the competency of staff.

The PCC welcomes the development of the support worker in the scrub role as contributing to the versatility of the perioperative team, enhancing the role of the support worker and contributing to both patient and service needs within a clinical governance framework.
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Bibliography

Department of Health 2004 Agenda for Change Final Agreement London DoH

Department of Health 2004 The NHS Knowledge and Skills Framework (NHS KSF) and the development review process London DoH

Health Professions Council 2003 Standards of conduct, performance and ethics London HPC

Nursing and Midwifery Council 2004 Code of Professional Conduct: Standards for conduct, performance and ethics London NMC

Nursing and Midwifery Council 2005 Guidelines for records and record keeping London NMC

Perioperative Care Support and Perioperative Care Surgical Support Units: information available from www.skillsforhealth.org.uk/frameworks

THE PERIOPERATIVE CARE COLLABORATIVE

The PCC was formed in October 2002 with a clear aim to explore perioperative issues and reach a consensus view on how they should be addressed.

Membership of the Collaborative is as follows:

- Association for Perioperative Practice
- Association of Operating Department Practitioners
- British Anaesthetic and Recovery Nurses Association
- British Association of Day Surgery
- Independent Health Care Advisory Services
- PROPRIUS: Forum for Perioperative Education
- Royal College of Nursing Perioperative and Surgical Nursing Forum
- Royal College of Surgeons of England

The Perioperative Care Collaborative has formulated the above guidance for all practitioners working in the perioperative environment.