



DIVISION SCOPE OF SERVICE

Division: CENTRAL/WEST TEXAS
DHP Classification: PRIVATELY EMPLOYED SCRUB
Name of Dependent Healthcare Professional (DHP):

<p>Privately Employed Scrub: The Privately Employed Scrub must have equivalent qualifications, competence and function in the same role as employed individuals performing the same or similar services at the facility, as defined by facility job description.</p>
<p>Definition of Care or Service: The Privately Employed Scrub functions as a member of the surgical team and may perform various duties to facilitate surgical cases. The Score of Service may include:</p> <ul style="list-style-type: none"> • Prepares and correctly transfers sterile instruments to the surgeon during a surgical procedure • Assists to monitor patient condition • Organizes sterile drapes and prepare sterile fluids • Receives surgical items after use and puts them where they will not contaminate a sterile instrument or surface • Ensures that the surgical field remains as sterile as possible during a procedure • Demonstrates Clinical and Service excellence behaviors to include code of HCA conduct core fundamentals in daily interactions with patients, families, co-workers and physicians
<p>Setting(s):</p> <ul style="list-style-type: none"> • Healthcare facilities including but not limited to hospitals, outpatient treatment facilities, imaging centers,\ and physician practices
<p>Supervision:</p> <ul style="list-style-type: none"> • Direct supervision by the physician <ul style="list-style-type: none"> ○ Indirect supervision by the surgical department director, site manager or designee
<p>Evaluator: Surgical department director in conjunction with supervising physician or designee</p>
<p>Qualifications:</p> <ul style="list-style-type: none"> • Completion of an accredited Certified Surgical Technician (CST) program OR • Appropriate licensure/certification in area of specialty (i.e. dental hygienist)
<p>State Requirements:</p> <ul style="list-style-type: none"> •
<p>Experience: The Privately Employed Scrub provides documentation that they have assisted with at least ____**procedures within the last 12 months</p> <p>** Note: Facility should establish a minimum experience standard</p>
<p>Competencies: The (Classification) will demonstrate:</p> <ul style="list-style-type: none"> • Provides a safe environment for patients <ul style="list-style-type: none"> ○ Uses at least two ways to identify patients before treating or performing a procedure ○ Labels containers used for blood and specimens in the presence of the patient ○ Labels all medications and solutions on and off the sterile field in perioperative and procedural settings ○ Participates in the pre-procedure process to verify the correct procedure, for the correct patient, at the correct site and involves the patient in the verification process when possible



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- Participates in a time-out immediately before starting an invasive procedure or making the incision
- Basic aseptic technique
 - Applies sterile attire including scrubbing, gowning and gloving
 - Uses sterile technique for scrubbing, gowning and gloving of other personnel
 - Organizes sterile drapes
 - Receives sterile equipment via circulating nurse using sterile technique
 - Assists with patient dressing application
- Effective communication and interpersonal skills
 - Coordinates case preparation
 - Transfers sterile instruments to surgeon accurately
 - Anticipates surgeon needs
 - Assists with care of instruments at end of case
 - Demonstrates working knowledge of anatomy and physiology
- Infection Prevention
 - Practices consistent hand hygiene
 - Uses personal protective equipment (PPE)
 - Complies with Isolation precautions
 - Required immunizations per DHP Division requirement

References:

Nursing Crib The Fastest Growing Nursing Community (2011): Duties of a Scrub Nurse; Retrieved from <http://nursingcrib.com/nursing-notes-reviewer/role-of-scrub-nurse/>

United States Department of Labor U.S. Bureau of Statistics (2011) Surgical Technician; Retrieved from www.bls.gov

DHP Printed Name: _____ **DHP Signature:** _____

Company/Vendor: _____ **Date:** _____