

JOHN C. LINCOLN HOSPITAL – DEER VALLEY

ALLIED HEALTH ACTIVITY CHECKSHEET

PRIVATE SCRUB

SURGICAL TECH

Name: _____ New appointment Reappointment
Please Print Name privileges approved through _____

Employer: _____

Req	App	ACTIVITY
✓	✓	ROUTINE FUNCTIONS
		Manage equipment, instruments, and supplies in safe and cost effective manner
		Ask for assistance when unsure of operations
		Assume responsibility for equipment owned by employer
		Notify Circulating Nurse of equipment which is not functioning properly or is broken
		Assist with needle, sponge and instrumentation counts as indicated for surgical procedure required by O.R. policy
		Report solutions and medications administered in the sterile field
		Update surgeon's preference card when indicated
		Set up for case in timely, efficient manner
		Implement infection control procedures required for the O.R. including: attire, surgical scrub, aseptic techniques, isolation, contaminated cases and post case cleanup
		Contribute to positive, professional, and efficient interactions among the O.R. team
		Review nursing care plan with Circulating Nurse prior to case
		Communicate relevant information to the Circulating Nurse
		Exhibit calm, professional behavior
		Attend to the procedure, anticipating and responding to the surgeons needs
		Demonstrate concern and consideration for patient condition
		Respond immediately as requested or directed by the RN Circulating Nurse
		Document in patient record as required by departmental policy and procedures
		In emergency/danger situations, take actions to reduce the risk to the patient and as directed by the RN Circulating Nurse.

 Signature - Requesting Surgical Scrub/Tech _____
Date

Sponsoring Physician – As sponsoring physician of the applicant, I understand it is my responsibility to ensure that the applicant abides by the Medical Staff Bylaws, Rules and Regulations, and/or any policies and procedures established by the Hospital, and practices within the scope of his/her privileges.

 Name of Sponsoring Physician (Please Print) _____
Date

 Signature of Sponsoring Physician _____
Specialty of Sponsoring Physician

APPROVED BY:		DATE
Signature: Credentials Committee Chairman/Designee		
Signature: Department Chairman		
Date: _____ Medical Executive Committee Deer Valley		Date: _____ Network Board of Directors

JOHN C. LINCOLN HOSPITAL – DEER VALLEY
Phoenix, Arizona

ALLIED HEALTH PROFESSIONAL
PRACTICE GUIDELINES/POSITION SUMMARY

1. Personnel: **PRIVATE SCRUB PERSONNEL**
2. Responsible Department: Surgery
3. Qualifications: Current employment by member in good standing of the Medical Staff.
Proof of current malpractice insurance in the amount of \$1,000,000.
4. Observation: Responsibility of sponsoring physician.
5. Duties:
- a. Manages equipment, instruments, and supplies in safe and cost effective manner;
 - b. Asks for assistance when unsure of operations;
 - c. Assumes responsibility for equipment owned by employer;
 - d. Notifies circulating nurse of equipment which is not functioning properly or is broken;
 - e. Assists with needle, sponge and instrument counts as indicated for surgical procedure required by OR policy;
 - f. Reports solutions and medications administered in the sterile Field;
 - g. Updates surgeon's preference card when indicated;
 - h. Sets up for case in timely, efficient manner;
 - i. Implements infection control procedures required for the OR including: attire, surgical scrub, aseptic techniques, isolation, contaminated cases and post case cleanup;
 - j. Contributes to positive, professional, and efficient interactions among the OR team;
 - k. Reviews nursing care plan with circulating nurse prior to case;
 - l. Communicates relevant information to the circulating nurse;
 - m. Exhibits calm, professional behavior;
 - n. Demonstrates concern and consideration for patient Condition;
 - o. Attends to the procedure, anticipating and responding to the Surgeons needs;
 - p. Responds immediately as requested or directed by the RN Circulating Nurse;
 - q. Documents in patient record as required by departmental policy and procedures and;
 - q. In emergency/danger situations, takes actions to reduce the risk to the patient and as directed by the RN Circulating Nurse;

JOHN C. LINCOLN HOSPITAL – DEER VALEY

GENERAL INFORMATION

PRIVATE SCRUB PERSONNEL

This packet contains all the information you will need for obtaining privileges as a private scrub at John C. Lincoln Hospital – Deer Valley:

Application:

Complete and return to the Medical Staff Office. Please include malpractice insurance documentation in the amount of \$1,000,000.

Practice Guidelines/Position Summary:

Established policies regarding Private Scrub Personnel at John C. Lincoln Hospital-Deer Valley including qualifications, observation requirements and duties.

Observation:

Will be provided by hospital. Observers will return observation report forms to the Medical Staff Office.

Orientation Sheet:

Please read and sign and return to the Medical Staff Office.

Application Fee:

Non-refundable application fee of \$100.00 payable to John C. Lincoln Health Network and submitted to the Medical Staff Office.

1/98

Revised 1/30/01; 10/02

ORIENTATION SHEET

PRIVATE SCRUB PERSONNEL

- 1.0 You may park in any areas designated for employees. You may not park in any visitor or physician areas.
- 2.0 Please notify scheduling office if you will not be in attendance for a case your surgeon has scheduled.
 - 2.1 You will be responsible for maintaining the standards of patient care set in the department.
 - 2.2 You will be expected to maintain a professional decorum at all times.
- 3.0 A temporary locker will be provided.
- 4.0 Pant suit uniforms are provided by the hospital.
- 5.0 Sculptured nails and polished nails are not acceptable for scrub personnel.
- 6.0 Masks are to be worn for all cases.
- 7.0 Shoe covers are to be worn over street shoes.
- 8.0 Gowns are to be worn for all cases.
- 9.0 Goggles are provided for your use.
- 10.0 Aseptic technique will be maintained.
 - 10.1 A five-minute scrub is performed between all cases.
- 11.0 Quiet is required during induction.
- 12.0 A count will be performed for needles and sponges on all cases.
 - 12.1 Instrument counts will be performed as applicable.
 - 12.2 You will be accountable for all privately owned surgeon's instruments.
- 13.0 Preparation of the OR for your case begins at least 30 minutes prior to the scheduled time or when the room becomes available. You are expected to be available to assist with this preparation.
 - 13.1 You are expected to sign all records before leaving the department.
- 14.0 You will be expected to assist with case preparation and room turnover for "to follow" cases.
- 15.0 A staff nurse will be circulating for you and available to answer any questions you may have.
- 16.0 Please communicate with the supervisor regarding any problems that arise. All suggestions will be considered.

Welcome to our department. We appreciate your assistance and hope you will enjoy working with us.

I have read and understand the above information:

Signature

Date