



JOHN C. LINCOLN NORTH MOUNTAIN HOSPITAL

ALLIED HEALTH PROFESSIONAL

PRACTICE GUIDELINES/POSITION SUMMARY

PRIVATE SCRUB / SURGICAL TECH

**QUALIFICATIONS**

- A. Current employment by member in good standing of the Medical Staff.
- B. Proof of current malpractice insurance in the amount of \$1,000,000

**DUTIES**

As outlined on the Private Scrub/Surgical Tech Checksheet

**OBSERVATION**

Responsibility of sponsoring physician.

**ORIENTATION SHEET**

Orientation sheet to be reviewed and signed at the time of initial appointment.

Revised: 6/01; 8/07

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**ORIENTATION SHEET**

- 1.0 You may park in any of the areas marked on the attached map.
- 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.

**I have read and understand the above information:**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

\_\_\_\_\_  
**Please print name**