AST Standards of Practice for Transfer of Care During Intraoperative Case Management by the Surgical Technologist

Introduction

The following Standards of Practice were researched and authored by the AST Education and Professional Standards Committee and have been approved by the AST Board of Directors. They are effective November 1, 2011.

AST developed the Standards of Practice to support healthcare facilities in the reinforcement of best practices related to the CST in the first scrub role transferring care during the intraoperative phase of the surgical procedure. The purpose of the Standards is to provide information that CSTs can use to develop and implement policies and procedures for the intraoperative transfer of care in the first scrub role. The Standards are presented with the understanding that it is the responsibility of the healthcare facility to develop, approve and establish policies and procedures for the intraoperative transfer of care for the CST in the first scrub role according to established health care facility protocols.

Rationale

The following are Standards of Practice relate to the intraoperative transfer of care by the first scrub CST. The goal is to provide a smooth transfer of care when a CST in the first scrub role is being relieved by another CST. There are specific actions, such as counts, that must be completed by the two CSTs in order to facilitate the transfer of care in an efficient, but thorough manner in order to minimize disruption of the surgical procedure. Accordingly, when the intraoperative transfer of care is properly performed, patient and surgical team safety is maintained.

Standard of Practice I

CSTs should properly complete the required steps for the intraoperative transfer of care to ensure patient safety.

1. The CST should be familiar with the healthcare facility policies and procedures for the intraoperative transfer of care specific to the first scrub role.
2. The intraoperative transfer of care involves the initial first scrub CST and the relief CST.
    A. The intraoperative transfer of care should be performed as efficiently and quietly as possible to avoid interrupting or interfering with the performance of the surgical procedure. [6] The initial CST should maintain vigilance of the sterile field while performing the transfer of care in order to continue to meet the needs of the surgeon and patient.
3. The following should be completed by the initial CST and relief CST during the intraoperative transfer of care.
    A. The initial CST should confirm the surgical procedure in progress, any incidental occurrences or variations that may affect the usual progression of the procedure.

B. A sponge, sharp and instrument count should be completed.
    (1) When performing the counts, the initial CST should bring specific items to the attention of the relief CST including, but not limited to, instruments and sharps that are off the sterile field; location of sharps and sharps container on the back table; number and type of sponges inside a body cavity; number and type of clamps inside the body cavity or attached to ties; location of frequently used instruments and specialty instruments.[1]
    (2) The relief CST must confirm the counts are correct with the surgeon, initial CST and circulator before the initial CST removes the gown and gloves ("breaks scrub") and leaves the OR.

C. When necessary, the initial CST should communicate the types of intraoperative stapling devices that are on the sterile field, number of times each stapler has been fired, location and number of used/spent stapling cartridges.

D. The initial CST should communicate the location, type(s) and size(s) of ties to the relief CST.

E. The initial CST should communicate the location and types of specimens that are still located on the sterile field or are off the sterile field.[3]

F. The initial CST should communicate the location(s) and type(s) of catheters (urinary or intraoperative).[4]

G. The initial CST should communicate the medication(s) and solution(s) that are on the sterile field to the relief CST by stating the location(s), name(s) and strength(s). Additionally, the two CSTs should verify the location of the medical labels on the containers as well as labels have correct written or printed information.
    (1) The amount of medication(s) and solution(s) that have been used up to the point of the intraoperative transfer of care should be communicated to the relief CST.
    (2) The identification of medication(s) and solution(s) to the relief CST should include location(s) of syringe(s), type and strength of medication in the syringe(s), location of label(s) on the syringes(s), and size of hypodermic needle(s).[2]

H. When A – G are completed, prior to leaving the OR the initial CST confirms with the surgical team that the first scrub duties are now being performed by the relief CST.

Competency Statements

Competency Statements	Measurable Criteria
1. Surgical technologists are knowledgeable of the intraoperative transfer of care specific to the first scrub role.	1. Educational standards as established by the *Core Curriculum for Surgical Technology* .[5]

2. Surgical technologists are knowledgeable of the techniques related to the intraoperative transfer of care that promote minimal disruption of the procedure. 3. Surgical technologists implement the techniques for intraoperative transfer of care in a manner that ensures the safety of the patient.	2. The subject of intraoperative transfer of care by the CST in the first scrub role is included in the didactic studies as a surgical technology student. 3. Students demonstrate knowledge of the principles of intraoperative transfer of care in the first scrub role during clinical rotation. 4. As practitioners, CSTs apply the principles of intraoperative transfer of care in the first scrub role. 5. CSTs complete continuing education to remain current in their knowledge of the procedures for completing intraoperative transfer of care in the first scrub role, as well as complete annual review of the policies and procedures of the health care facility.

References

1. Association of Surgical Technologists. Recommended standards of practice for counts.2006. http://www.ast.org/pdf/Standards_of_Practice/RSOP_Counts.pdf. Accessed November 21, 2011.

2. Association of Surgical Technologists. Recommended standards of practice for sharps safety and use of the neutral zone. 2006. http://www.ast.org/pdf/Standards_of_Practice/RSOP_Sharps_Safety_Neutral_Zone.pdf . Accessed November 21, 2011.

3. Association of Surgical Technologists. Recommended standards of practice for handling and care of surgical specimens. 2008. http://www.ast.org/pdf/Standards_of_Practice/RSOP_%20Handling_Care_Surgical_Specimens.pdf. Accessed November 21, 2011.

4. Association of Surgical Technologists. Recommended standards of practice for urinary catheterization. 2008. http://www.ast.org/pdf/Standards_of_Practice/RSOP_%20Urinary_Catheterization.pdf
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5. *Core Curriculum for Surgical Technology*. 6th ed. Association of Surgical Technologists. Littleton, CO; 2011.

6. Frey K, Ross T. eds. *Surgical Technology for the Surgical Technologist: A Positive Care Approach*. 3rd ed. Clifton Park, NY: Delmar Cengage Learning; 2008.