University Hospitals of Derby and Burton NHS Foundation Trust

TRUST POLICY FOR ASSISTANT THEATRE PRACTITIONERS IN THE OPERATING THEATRE

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Version / Amendment History	Version	Date	Author	Reason
	1	2023	Carly Moussa	new
Intended Recipients: Assistant Theatre Practitioners, Theatre Practitioners, Health Care Support Workers, Surgeons				
Training and Dissemination: Sent to departmental leads in the operating theatres at UHDB				
To be read in conjunction with: Swab, sharp and instrument policy, Theatre Policy, scrubbing, gowning and gloving guideline, protocol for medicines management and the assistant theatre practitioner (ATP)				
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Contact for Review	Carly Moussa Senior Clinical Educator for theatres UHDB			
Executive Lead Signature	Executive Chief Operating Officer			

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Introduction

Assistant theatre practitioners (ATP's) are an integral part of the perioperative team working alongside Surgeons, Anaesthetists and Registered Practitioners to ensure that every operative procedure is risk averse, and patients are provided with safe dignified and effective care (HEE, 2019). This policy will set out the principles and guidance relating to the ATP scope of practice and their undertaking of delegated tasks and interventions whilst working in the perioperative team.

Purposes and Outcomes

The purpose of this policy is to provide clear guidance on the role of the ATP in the operating theatres at the University Hospitals of Derby and Burton (UHDB), including the limitations to the role. The policy will also offer a clear process of supervision by the registered practitioner, whilst the ATP is working in their role. This will include the surgical procedures that the ATP cannot perform the scrub practitioner role for.

Definitions Used

Assistant Theatre Practitioner (ATP)
Operating Department Practitioner (ODP)
Registered Nurse (RN)
Theatre Practitioner (TP)

The role of the ATP at UHDB

At UHDB there are 54 operating theatres across 4 sites: Queens Hospital Burton, The Royal Derby Hospital, Sir Robert Peel at Tamworth, and Ilkeston Community Hospital. The ATP's employed at UHDB and those currently training undertake a foundation degree at one of the local universities and train on the job in their chosen speciality. The qualified ATP will then take a position as a band 4 practitioner.

Whilst working in their chosen speciality the ATP will work in both the scrub and circulating roles working within their scope of practice. Each ATP will have their own unique skill set which will inform their scope of practice and will vary between the specialities. When working in the position of scrub practitioner, the ATP will provide skilled assistance to the surgical team. This skilled assistance applies to the handling of the instrumentation and equipment required for the procedure and maintenance of the sterile field and additional tasks such as the care of surgical specimens and for some specialities urinary catheterisation.

The ATP will prepare the operating theatre for the surgical procedures on the sessions operating list. This will include collecting the required instrumentation and consumables for the cases. Whilst working alongside the members of the perioperative team, the ATP will ensure that all equipment and medical devices required for the surgery have been checked and are in working order prior to the start of operation.

The ATP role is not regulated via a professional body, but the trust does retain vicarious liability for the ATP acting within the trusts policies and protocols. The ATP will be expected to take part in the trust annual appraisal system and develop their role accordingly.

If the ATP requires further development, this will be discussed with their line manager and the theatre clinical education team.

Should the ATP move into a different speciality from that they were trained in, the ATP will require time working within a supernumerary capacity until they meet the competencies and objectives required to work safely within that speciality. A record of cases scrubbed for will be maintained by the ATP and the level of support required for the case. A judgement will be made through the theatre education team and the Mentor/Lead Practitioner for the ATP, as and when they have achieved the competence required to be removed from their supernumerary status.

Delegation

The registered practitioner, either Operating Department Practitioner (ODP) or Registered Nurse who is in charge of the operating theatre, will at the start of the operating list make a decision alongside the ATP as to which cases the ATP will scrub for. This will be determined by the complexity of the patient, looking at the patient morbidity, and the surgery being undertaken, along with the skills of the ATP and the skill-mix and qualified staffing ratios. The main consideration when delegating duties to the ATP is that the patient always remains safe, PCC (2020).

The ATP will work in a team consisting of an anaesthetic assistant (ODP/Anaesthetically trained RN), a scrub practitioner (ODP/RN) and a circulating practitioner (this could be a Healthcare assistant, ODP or RN). It is the registered practitioner acting in the scrub role that will be responsible for supervising the ATP when performing their duties. There may be times when the anaesthetic practitioner needs to support with the surgical counts, but at no point should this distract the anaesthetic practitioner from their main duties

It is important that the scrub practitioner working alongside the ATP is competent to scrub for the cases that have been delegated to the ATP. The registered practitioner must be sure that the person that they are delegating the activity too has the knowledge, skills, and competence to undertake the activity safely. The ATP is accountable for their action in law and are accountable to both the patient and the employer.

The ATP is trained to respond to a rapidly changing situation in surgery and to escalate to the theatre practitioner if the case becomes too complex for the ATP to manage. The ATP must not be scrubbed for cases that are deemed high risk.

The ATP when working on the weekend and out of hours, will not perform the scrub practitioner role in the emergency, trauma, or obstetric theatres due to the complexity of the patients at these times. The ATP can scrub at these times for elective surgeries such as those performed on the waiting list initiatives.

The ATP can scrub with a student (nurse/ODP) if the case is deemed suitable by the registered practitioner and there is a safe staffing level and skill mix within the team to accommodate this. At no point should the ATP feel pressured into scrubbing with a student. This needs to be clearly documented with the patients care plan. All swab, sharp and instrument checks, specimen checks and medicines checks must still occur with the registered practitioner performing the circulating role.

Medicines Management

All medicines that enter the sterile field must be checked by the registered practitioner supervising the ATP. These medicines must also be checked by the person administering the medication, for example the operating surgeon and then need to be documented in the patient's electronic care plan.

ATPs can receive, check, and prepare medication in routine use in their speciality, this includes local anaesthetics, radio-opaque solutions, irrigations and any medicine required for the surgery. The exception to this is controlled drugs (CD's), these must not be checked or passed into the sterile field when an ATP is performing the scrub practitioner role.

The ATP must never administer a medication directly to the patient.

The ATP when receiving the medication into the sterile field must adhere to ANTT and not touch any of the key parts and follow the trust sharp safety procedures.

All medicines entering the sterile field must be labelled with a sterile label.

Any medication used during the surgery must be handed over to the recovery practitioner after the procedure.

(Please also refer to the trust protocol for medicines management and the assistant theatre practitioner (ATP) which is available on Koha).

Checks during a surgical procedure.

When the ATP is performing the scrub practitioner role, all the swab, sharp and instrument checks must be performed with the supervising theatre practitioner. This is also the case when implants are used during a procedure or when there is a specimen.

The ATP is not trained or allowed to transfer the patient on oxygen, or with an airway device in situ to the post anaesthetic care unit. These patients must be accompanied to the recovery area by a registered ODP or nurse.

Supporting members of the perioperative team

The ATP will participate in all of the '5 steps to safer surgery' and will take an active role in the first step, the team briefing.

The ATP as part of their role within the perioperative team will be expected to help and develop action plans after an incident.

For those working in areas where the theatre area has a ward attached, the ATP, when trained will perform safe admission and timely discharge in line with the trust policies and procedures.

Surgical cases excluded from the ATP role.

As previously stated, the ATP will not perform the scrub practitioner role out of hours or at weekends in the emergency theatres. The ATP should also not scrub for cases where active resuscitation of the patient is being performed simultaneously with the surgical procedure.

The ATP is also excluded from scrubbing for any type of obstetric procedure, whether emergency or elective at both the Queen's Hospital Burton site and the Royal Derby Hospital site.

References

Theatre Education (2022). Protocol for medicines management and the assistant theatre practitioner. University Hospitals of Derby and Burton, POL-CL/2898-062/2018 MEDICINES - PHARMACY, DRUGS & THERAPEUTICS

The Perioperative Care Collaborative., (2020). The role of the Perioperative healthcare assistant in the surgical care team, position statement. Available from: The Perioperative Care Collaborative Position Statement - The Association for Perioperative Practice (afpp.org.uk). [Accessed 03.01.2023].