

Student Anaesthetic Technician Placement Handbook

Welcome to



Hospital is one of sites in the region. Facilities include operating rooms; an admission and day stay unit; an Intermediate Care Facility (ICF) and inpatient beds across wards.

Surgical specialties include but are not limited to: surgery.



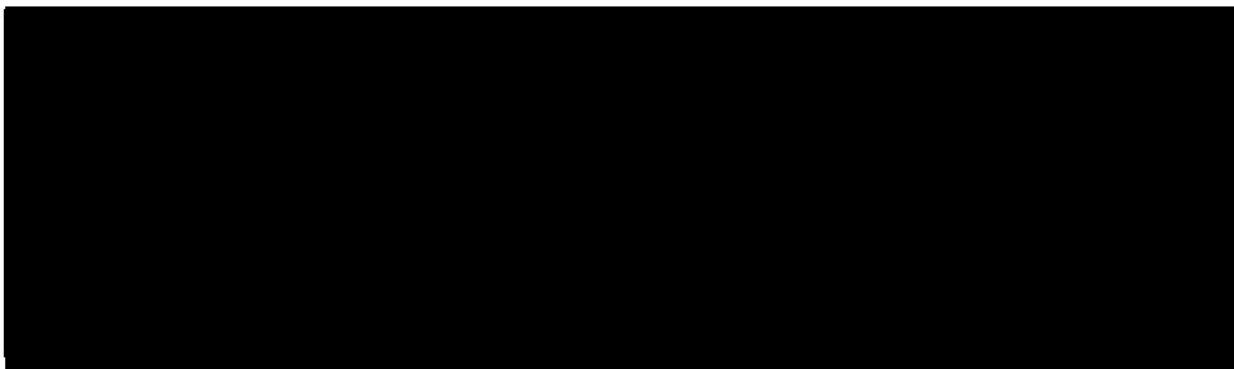
We hope that you enjoy your time with us.

Reception

Phone:



We are a values-based organisation; when working with our team we ask that you uphold our values:



Your Responsibilities:

It is expected that you will:

- Help us to help you have a great placement experience by letting us know what your learning needs are throughout
- Identify your learning objectives and maximise opportunities provided by us to optimise your clinical practice and theoretical knowledge during your placement
- Always seek guidance from another experienced staff member when faced with an unfamiliar situation
- **Wear your ID badge at all times** and introduce yourself to patients with your name and role, ie. "Student anaesthetic technician". Patients are usually very happy to support students learning, but occasionally you may find a patient declines to have students caring for them. This is very rare, but it is the patient's right to request this
- Comply with the policies and procedures of the hospital at all times by seeking clarity from supervisors

General Information:

On your first shift you will be orientated to the geography of the hospital and OR department. Staff lunch and change rooms are located upstairs and the OR tearoom is on the main level. A swipe card is required to access change rooms.

Supervisor (AT or RN):

You will always be supervised by an appropriately experienced anaesthetic technician, nurse, or other administrative staff member (eg. Reception staff). [REDACTED]
[REDACTED], however this may not always be possible due to rostering issues, but we will aim to provide this for you. Please ensure you communicate your learning objectives and scope of practice to your allocated supervisor.

Parking:

If street parking is available on arrival for morning shift please use it. Limited parking is available onsite at the back of the hospital. Please do not park at the front of the hospital as it is only 2 hour parking.

Fire:

You will be orientated to fire exits, the location of manual fire alarm call points and the OR emergency assembly point. Should a fire alarm sound please follow the instructions of staff. On your first day you will have a fire walkaround with the facilities manager.

Health and Safety:

You will be orientated to the [REDACTED] principles to maintain your safety in the work environment. Your responsibility to speak up if you are unfamiliar or uncomfortable is essential to ensure your safety as well as that of your colleagues.



Generally, OR lists start no later than 0800 hours with the Surgical Safety Checklist morning briefing. You will need to be ready in your OR to participate in this. Each day check the staff allocation board located in the Main OR corridor by the stairs leading up the change rooms; if you are in OR for the day, you will be allocated to an OR with a suitable supervisor.

Breaks:

Please liaise with your Team Leader/supervisor for morning tea/meal breaks; there are no set break times.

- Tea Break – 15 minutes
- Lunch Break – 30 minutes

Patient records / care planning:

██████ utilises an electronic patient record called Clinical Workstation or CWS, which might be unfamiliar to you. Patients will still have some paper records but once they enter our hospitals, patient information and care is primarily documented using a tablet, smart phone, or desktop computer. For your first placement, you will *not* have a log in to this functionality but will be able to view content with your supervisor. Familiarise yourself with the **Theatre dashboard** and location of key information needed to provide safe care eg. patient weight, booked procedure, ID details etc. Patients are checked into theatre using an electronic checklist called “the theatre check in” and intraoperative documentation is entered on the **Intraoperative record** on CWS.

Cell phone use:

Calls, texting, checking messages or other private cell phone use is not permitted in clinical areas and during work time. Private phone calls are to be made during break times only.

Smoking / vaping:

Is **NOT** permitted anywhere on the hospital site - this includes buildings and grounds.

Security:

Whilst there are cameras in various locations for security purposes, there is no on-site security at ██████. Students are responsible for their own security while at ██████.

Hazards:

Typical hazards to be aware of, but are not limited to:

- Biological hazards
- Vehicles moving round the site
- People moving around the site – high numbers of staff / patients / members of the public
- Power cables / electrical equipment
- Flammable and explosive gases
- Noise
- Heat
- Pressured vessels (e.g., steam boilers, medical gas cylinders, liquid oxygen tank)
- Chemicals
- General fumes and exhaust
- Fire
- Laser
- Radiation
- Formalin



Personal Protective Equipment (PPE) available for on-site use includes:

- Gloves – non-sterile exam, and sterile
- Masks - surgical, high filtration and visor
- Protective eyewear
- Disposable gowns
- Lead aprons for II (intraoperative imaging)

Surgical Safety Checks: are completed as part of our practice.

These include:

- **Briefing** (whole surgical team) – before operating list commences
- **Pre-regional block pause (PRBP)** before a regional block is commenced
- **'Sign in' to theatre** (Anaesthetist-led) – prior to anaesthetic induction
- **'Time out'** (Surgeon-led) – performed prior to skin incision
- **'Sign out'** (Circulating nurse-led)-performed during the closure of the skin
- **Debriefing** (whole team)- usually done at the end when the operating list is completed

Infection prevention and control

Hand hygiene:

We adhere to the “Five Moments of Hand Hygiene”. Use of gloves does not exclude the requirement for hand hygiene.

The '5 moments' for Hand Hygiene

- **Moment 1:** Before touching a patient
- **Moment 2:** Before a procedure
- **Moment 3:** After a procedure or body fluid exposure risk
- **Moment 4:** After touching a patient
- **Moment 5:** After touching a patient's surroundings

Standard of dress:

Staff working in the OR are required to change into [REDACTED] provided scrub clothing at the beginning of each duty before entering the OR suite. The attire provided includes scrubs, reusable, or disposable hats.

Footwear should be fluid resistant, have enclosed toes, low heels, and no holes in upper shoe; an ankle strap is recommended. Staff are responsible for providing and keeping their footwear clean.

All personnel entering semi-restricted or restricted areas should totally confine or remove all jewellery and watches. One wedding band may be worn by non-scrubbed personnel.

Fingernails are to be clean and short. No artificial nails or nail polish is to be worn.

Masks must be worn in restricted areas by the scrub team when sterile equipment is open or as required by IPC protocols.



Standard precautions:

All patients must be protected from transmission of infection. Infection status is not always known (staff and patients) and cannot be assumed. Strict hand hygiene, use of personal protective equipment and safe management of sharps, rubbish and linen is expected for all interactions with our patients.

Contact precautions:

For patients requiring contact precautions, gloves shall be worn if contact with the patient or environment needs to occur. Hand hygiene should occur before and after gloves are donned. An apron or gown is to be worn when it is anticipated that clothing will have substantial contact with the patient and / or their environmental surfaces.

Roles and Responsibilities in Theatre

Theatre Manager

- All OR staff report through to the Theatre Manager
- Overall responsible for ensuring the safe and efficient running of the theatre suite
- Overall responsible for the safety of our patients and staff
- Liaison with medical specialists and external providers regarding list requirements/bookings

Clinical Resource Nurse (CRN)

- Manages the day-to-day co-ordination of their operating room and staff allocations
- Liaises with medical specialists in matters relating to their lists
- Resource for staff for troubleshooting, managing incidents, emergencies

Surgical Assistant (3rd Nurse) / OR Check in Nurse:

- Plans individualised nursing care for patients in consultation with the theatre team
- Checks patient into theatre (a critical safety assessment to ensure the patient is appropriately prepared for their anaesthetic and surgery)
- Assists anaesthetic team during induction and emergence, as required
- Assists with positioning the patient
- Management of VTE, pressure area care and patient warming
- Supports the patient pre and post anaesthesia
- Assists surgeon with procedure under his / her direction
- Assists with safe transfer pre and post anaesthesia

Circulating Nurse:

- Plans individualised nursing care for patients in consultation with the theatre team
- Responsible for the running of the theatre / liaises with surgeon
- Coordinating surgical equipment to be available for the procedure
- Responsible for integrity of the sterile field / instruments / sundries
- Participates in count procedure with scrub nurse
- Responsible for completing patient care documentation and billing information
- Manages patient specimens if required
- Leads the 'Sign out' for surgical safety checklist
- Takes patient to PACU and provides a transfer of care handover to PACU Nurse



Scrub Nurse:

- Plans individualised nursing care for patients in consultation with the theatre team
- Responsible for checking the setup for the operative procedure
- Responsible for ensuring the integrity of the sterile field and all instruments/sundries
- Leads surgical count procedure
- Manages specimens if required
- Participates in Surgical Safety checklist

Anaesthetic assistant:

In [REDACTED] hospitals (and other hospitals around NZ), our anaesthetic assistant teams are made up of both **anaesthetic technicians (AT)** and **anaesthetic nurses (RN-AA)**. The key responsibilities of the role are the same, irrespective of training pathway. ATs are responsible for adhering to the regulatory standards set by the Medical Sciences Council (MSC) and RNs, the New Zealand Nursing Council. Although broadly similar in overarching principles of safe practice, there are some key differences relating to expectations of roles for the different professions.

- Preparing a safe environment for the patient, including anaesthetic delivery devices, monitoring, airway equipment, emergency equipment, medications and IV fluid therapy
- Checking patients into theatre
- Liaising with anaesthetist in regards to airway plan
- Participates in Surgical Safety Checklist
- Assisting the anaesthetist with local, sedation, regional and general anaesthesia techniques – induction, maintenance, and emergence
- Assisting with patient positioning, pressure area care, patient warming
- Ensures anaesthetic trolleys are appropriately stocked at all times

Preadmission Nurse:

- Responsible for contacting all patients on the theatre list 2-3 days prior and informing them of their surgery details – starving times, medication reviews, patient assessments, dietary requirements.
- Communicates with Surgeon Rooms and Bookings departments to ensure patients are suitable and well for surgery.
- Organises multiple tests if required Preop
- Informs admitting RN about patient history and any issues/ extras to be done prior to surgery.

Admissions Nurse:

- Responsible for getting the patient ready for theatre on time and completing admission assessments.
- Greets patient at reception and takes them through to the appropriate theatre change room.
- Rapid Antigen Testing is commenced in changing room as per current Covid procedures.
- Responsible for getting patients changed into theatre attire, to encourage removal of jewelry and to proceed to waiting room when done.
- Responsible for admitting patient including patient admission assessment, allergies, conditions, and alerts.
- Responsible for extra activities such as pre-op testing – ECG's, BSL, shaving operative site, premedication.

PACU Nurse:

- Responsible for patient safety and care immediately postop
- Takes handover from Anaesthetist and Theatre for patient.
- Monitors patient in PACU – BP, HR, O2Sats, Temp, RR,
- Performs Head to toe assessments of patient, including ABC, Drains, Input, Output, Wound, Specific assessments (Neurovascular)
- Provides skilled nursing care in any emergency situations
- Responsible for patient pain management

Daystay Nurse:

- Responsible for patient care in day stay unit.
- Provides skilled nursing care with patient discharge education on wound care, specific instructions and Surgeon preferences.
- Provides post-operative appointments and discharge information to patients as per Surgeon requests.
- Provides refreshments to patient.
- Provides specialized equipment to patients – slings, crutches.
- Monitors patient in Day stay – BP, HR, RR, O2Sats, Temp
- Organises patients ride home and ensures they have care for 24hrs.



Ward Nurse:

- Responsible for patient care whilst in [REDACTED] overnight
- Provides refreshments for patients
- Provides skilled nursing care, ongoing patient assessment's, pain management to patients.
- Provides patient education around discharge planning, provides required equipment and education.
- Provides post-operative appointments and discharge information to patients as per Surgeon requests.
- Provides skilled nursing care in emergency situations.

BHSc Perioperative Practice - Student 2 placement guide

Ensure over duration of placement that all student's AUT learning outcomes are covered. Discuss with student regularly to ensure [REDACTED] is facilitating them to meet their learning needs. The student must always be supervised (AT, RN, SSD or Admin – as appropriate) during their placement.

20 th - 21 st Oct	THURSDAY 0700-1730	FRIDAY 0630-1700
WEEK AM ONE	Orientation to [REDACTED] by CNE 0700 Start time	Reception team and Pre-admission team 0630-1030 Reception
0700	Meet and greet key personnel. Change rooms, locker, orientation to OR with [REDACTED]	Observe how patients are admitted to, and discharged from the hospital /associated key administrative processes
0800	Hospital tour with [REDACTED]	Observe communication strategies, patient demeanour, types of queries patients have when being admitted & discharged
1000	Fire walkaround with Facilities Manager	
1100	H&S orientation with H&S Facilitator OR	1100-1500 Bookings Processing patient forms Receiving, reviewing, and adding theatre lists Discussing different contracts
1300	CNE to review AUT placement goals with student	
1400	PowerPoint presentations. Review [REDACTED] Handbook, goal setting and learning objectives for placement Surgical safety checklist overview with CNE. Introduction to policy and procedure. Why we check? Surgical Consent Asepsis Sterile technique Negligence	1500-1700 Reception Patient folder set up Workflow of Admin area Planning for next day admissions

25th – 26th Oct	TUESDAY 0630-1700	WEDNESDAY 0630-1700
WEEK TWO	<p>Full Day in Admissions Day Stay Unit 0630 Start time</p> <p><i>Observe at least 2 patients being admitted and assessed by nursing team, especially</i></p> <ul style="list-style-type: none"> • ID checks • Clinical assessment • Consent processes • Baseline monitoring • Patient orientation to DSU <p><i>Transfer to theatre processes</i></p>	<p>Follow a patient through their surgical journey from Admissions DSU to OR, PACU and back to Ward 0630 Start</p> <p><i>Start in Admissions DSU– observe admission process</i></p> <p><i>Observe AT handover and patient check-in</i></p> <p><i>Accompany patient to OR and observe theatre check-in and surgical safety checklist</i></p> <p><i>Observe surgery and transfer of patient to Post Anaesthetic Care Unit</i></p> <p><i>Observe routine cares of patient in PACU</i> <i>Observe PACU to Ward Handover and accompany patient to ward</i></p> <p><i>Observe Return to Ward cares</i> <i>Observe shift handover</i></p>

3 rd -4 th Nov	THURSDAY 0630-1700	FRIDAY 0730-1800
WEEK THREE	<p>SSD Decontamination Area with SSD Preceptor and in OR with Orderlies 0630 Start time</p> <p><i>Cleaning and preparing the decontamination area for the day ahead</i></p> <p><i>PPE use in Decontamination Washers</i></p> <p><i>Detergents</i></p> <p><i>Workflow of SSD technicians</i></p> <p><i>Policies of note with SSD Manager</i></p> <p><i>Observe 1st cases out of ORs, how washers are loaded, how instrumentation is decontaminated</i></p> <p>Orderly Duties in OR 1300-1700</p> <p><i>Patient transfers</i></p> <p><i>Turning rooms around</i></p> <p><i>Orderly duties</i></p>	<p>Full day with PACU nursing team 0730 Start time</p> <p><i>Patient monitoring and assessment - LOC, airway, breathing, circulation</i></p> <p><i>Removal of LMAs</i></p> <p><i>Communication with patients regaining consciousness / confused / disorientated patients</i></p> <p><i>Observe routine patient cares</i></p> <p><i>Discharge processes</i></p>

7th-8th Nov	MONDAY 0630-1700	TUESDAY 0730-1800
WEEK FOUR	<p>Packing Area SSD 0630 Start time</p> <p><i>Introduction to packing area Introduction to sets and putting together in Discuss packing and wrapping required for the items they are used for Putting away instrumentation in compactor rooms</i></p> <p>Orderly Duties in OR 1300-1700</p> <p><i>Patient transfers Turning rooms around Cleaning and rubbish removal Stocking up if required Orderly duties</i></p>	<p>Full day in theatre with RN 0730 Start time</p> <p><i>Observe perioperative journey of patient and theatre set up for specific cases. Observe theatre check-in patient processes – how the team works together to provide safe nursing care to patient undergoing surgery.</i></p> <p><i>Surgical safety checklist, take part in the briefing, sign in, time out, sign out</i></p> <p><i>Observing Clinical handover to PACU</i></p>

15th- 17th Nov	TUESDAY 0730-1800	WEDNESDAY 0700-1730	THURSDAY 0700-1730
WEEK FIVE	<p>Full day in theatre with RN 0730 Start time</p> <p><i>Theatre set up with nursing team Surgical safety checklist, briefing of list with surgical team Checking of set ups with supervisor/ preceptor Next day set ups to be completed Observing / assisting with patient safe positioning, 3rd Nurse duties with preceptor</i></p> <p><i>Observe manual handling hazards in theatres – patients and equipment</i></p>	<p>All day in theatre with AT 0700 Start time</p> <p><i>Preparing for airway management based on list requirements Briefing with surgical team CWS Fluids Barcode scanning</i></p> <p><i>Observing airway management – preoxygenation, bag mask ventilation, observe insertion of LMAs</i></p>	<p>All day in theatre with AT 0700 Start time</p> <p><i>Observe machine check with AT Preparing for airway management based on list requirements CWS Fluids Barcode scanning</i></p> <p><i>Assisting if appropriate with airway management – preoxygenation, bag mask ventilation, observe insertion of LMAs. Supervision required for direct patient care</i></p>



