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| **Name:**  | **Position Title:** |

| **Element** | **Verification Method** | **Date Complete** |
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| Understands why preventing RSIs is important and understands their role in the process. |  |  |
| Verbalizes the roles of other team members in prevention of RSIs (eg, methodical wound exploration, anesthetic actions planned so that they prevent time pressure on the team). |  |  |
| Understands that perioperative team members are responsible for accounting for all items used in the patient, not just the items that are counted.  |  |  |
| Locates, reviews, and asks clarifying questions about the policy and procedure for preventing RSIs. |  |  |
| Verbalizes when a retained item is considered an RSI (eg, at skin closure). |  |  |
| Articulates the effect of distractions and interruptions on the counting process and methods to reduce their effect (eg, lowering music volume, creating a no-interruption zone, preventing counts during critical phases). |  |  |
| Advocates for minimal disruptions during the counting process by being prepared to count before the patient arrives in the room (when possible). |  |  |
| Supports clear communication through use of a visible count board. |  |  |
| Supports all team members’ requests for a count. |  |  |
| Counts at appropriate times (eg, initial, cavity closure, closing, final, permanent relief of a team member). |  |  |
| Counts in a standardized sequence (eg, order of the count board or sheet) in a logical progression (eg, from field to floor). |  |  |
| Fully separates, concurrently views, and audibly counts items (RN circulator and scrub person). |  |  |
| Counts items according to the number in the package on the initial count, when adding items to the field, and for all soft goods.  |  |  |
| Understands how maintaining an organized sterile field with minimal variation between individuals can facilitate the counting and accounting processes. |  |  |
| Recognizes why unnecessary items should be removed from the sterile field and the room before the patient arrives. |  |  |
| When items added to the sterile field are found to be packaged in an incorrect number or to have a defect, * removes the items from the room if they are identified before the patient enters the room and before they are added to the initial count or
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| * does not count the items, removes the items from the field, isolates the items from other counted items, and labels the items if they are identified after the patient is in the room.
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| Accounts for all soft goods, sharps, and miscellaneous items on the sterile field.  |  |  |
| Only uses radiopaque soft goods in the patient. |  |  |
| Uses a pocketed sponge holder system according to the manufacturer’s instructions for use to organize sponges, by type (eg, laparotomy, 4 x 4 sponges), one per pocket, and with the radiopaque marker visible. |  |  |
| Verbalizes common countable miscellaneous items and knows where to locate the list of countable miscellaneous items when there is a question about whether an item should be counted. |  |  |
| Clearly articulates the process for counting instruments for * + - procedures involving an open body cavity,
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| * + - minimally invasive procedures (eg, laparoscopic, robotic, endovascular), and
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| * + - minimally invasive procedures with a hand-assisted port.
 |  |  |
| Verbalizes what areas of the body have a body cavity.  |  |  |
| Clearly articulates when an instrument count may be waived.  |  |  |
| Understands when a cavity, closing, or final instrument count may overlap.  |  |  |
| Demonstrates the process for accounting for the separate pieces of assembled instruments (eg, Balfour retractor pieces). |  |  |
| Accounts for preparation sticks used in vaginal antisepsis. |  |  |
| Advocates against cutting or altering counted items, and offers alternatives (when available). |  |  |
| Listens for and participates in communication regarding items placed in the patient. |  |  |
| Records items placed in the patient on the count board during placement and removal. |  |  |
| Verifies the integrity of items (eg, instruments, instrument labels or tape, guidewires) before and after use in the patient. |  |  |
| Demonstrates or verbalizes how to handle counted items that are dropped or passed from the sterile field (eg, show to the scrub person, isolate the item, include the item in subsequent counts). |  |  |
| Understands why items cannot be subtracted from the count. |  |  |
| Recounts items being counted when the count is interrupted. |  |  |
| Advocates for patient safety by speaking up when there is a discrepancy or issue (eg, broken instrument or device). |  |  |
| Supports patient safety by notifying the team before using adjunct technology devices that use radiofrequency or radiofrequency identification. |  |  |
| Uses adjunct technology according to policy and the manufacturer’s instructions for use before final wound closure.  |  |  |
| Demonstrates the process for communicating and reconciling count discrepancies (ie, communicate with the team, suspend wound closure, perform a methodical wound exploration, search the area, recount, perform radiologic imaging). |  |  |
| Communicates the results of the final count only after all items used in the patient are removed.  |  |  |
| Provides clear communication on the outcome of counting processes during hand-over processes and the debriefing.  |  |  |
| Accounts for the items in use during breaks for the RN circulator or scrub person.  |  |  |
| Performs a complete count to account for all items when there is permanent relief of the RN circulator or scrub person. Not all items may be visible.  |  |  |
| Clearly documents activities taken to prevent RSIs. |  |  |
| Demonstrates or verbalizes the process for communicating and documenting the use of therapeutic packing on initial placement and when patients return to the OR with packing in place. |  |  |
| Demonstrates or verbalizes the process for communicating and documenting foam pieces used in patient dressings with negative-pressure wound therapy devices.  |  |  |
| Verbalizes why waste and linens are not removed from the room until the patient has left the room. |  |  |
| Supports education and quality improvement initiatives to prevent RSIs.  |  |  |
| Reports near misses, count discrepancies, and retained items per facility policy. |  |  |

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| **This section to be completed by Nurse Manager or Educator**:With consideration of the employee’s performance and competency assessment, this employee is competent to perform as a/an:**Job Role (RN/ST): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ in Perioperative Services YES or NO (not yet deemed competent)** |
| **Action Plan:** |
| **Employee Signature:** | **Date:** |
| **Nurse Manager or Educator Signature:** | **Date:** |

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| **Competency Verification Methods** |
| Demonstration | Case study | Peer review |
| Evidence of daily work | Exemplar | Self-assessment |
| Mock events (eg, simulation, survey) | Discussion or reflection group | Verbalization |
| Quality improvement monitoring (eg, audit) | Presentation | Review of written materials |
|  | Test or examination |  |

**Resources**

* AORN’s Perioperative Explications for the *ANA Code of Ethics for Nurses with Interpretive Statements.* AORN, Inc. <https://www.aorn.org/guidelines/clinical-resources/code-of-ethics>. Updated 2017. Accessed February 12, 2022.
* AORN Syntegrity ® Solution. AORN Syntegrity ® On-line Companion Guide; 2022.
* Guideline for prevention of unintentionally retained surgical items. In: *Guidelines for Perioperative Practice.* Denver, CO: AORN, Inc; 2022.
* Perioperative Nursing: Scope and Standards of Practice. AORN, Inc. <https://www.aorn.org/guidelines/clinical-resources/standards-of-practice>. Updated 2021. Accessed February 12, 2022.
* Wright D. *The Ultimate Guide to Competency Assessment in Health Care.* 3rd ed. Minneapolis, MN: Creative Health Care Management, Inc; 2012.