Surgical Scrub, Gowning and Gloving

Competency Statement:

The nurse effectively completes a surgical scrub and dons the correct surgical gown and gloves

<table>
<thead>
<tr>
<th>Competency elements</th>
<th>Date</th>
<th>Signed</th>
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<tbody>
<tr>
<td>1. Discuss</td>
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<td>a. The rationale for the surgical scrub</td>
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<td>b. The expected outcomes of the surgical scrub</td>
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<td>c. The procedure for surgical scrub as per ACORN standards</td>
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<td>2. Demonstrate the correct preparation prior to the surgical scrub</td>
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<td>3. Select approved antiseptic scrub solution</td>
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<td>4. Perform a surgical scrub procedure according to the ACORN standards and guidelines</td>
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<td>a. First scrub of the day</td>
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<td>b. Subsequent scrubs</td>
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<td>5. Assess gown pack</td>
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<td>6. Demonstrate drying hands and arms</td>
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<td>7. Demonstrate donning a surgical gown</td>
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<td>8. Demonstrate the principles of standard precautions</td>
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<td>9. Demonstrate donning of sterile gloves by using closed gloving technique</td>
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<td>10. Discuss the reason and demonstrate how to turn the surgical gown with the circulating nurse</td>
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<td>11. Discuss the reason and demonstrate how to turn the surgical gown with a member of the scrub team</td>
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<td>12. State which areas of the gown are considered sterile</td>
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I, the undersigned, have demonstrated the necessary knowledge, skills, attitudes, values and/or abilities to be deemed competent in Surgical Scrub, Gowning and Gloving. I acknowledge that ongoing development and maintenance of competency is my responsibility and will be evidenced in my Professional Practice Portfolio.

Nurse
Name…………………………………Signature…………………………………Date …../…../………

Assessor (Preceptor or CNE/F)
Name…………………………………Signature…………………………………Date …../…../………
## Competency Feedback and Reflections

<table>
<thead>
<tr>
<th>Element number</th>
<th>Feedback and Reflections</th>
<th>Date</th>
<th>Assessor sign</th>
<th>Nurse sign</th>
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