

APPSA Position Statement On Staffing And Delegation Of Tasks For Peri-Operative Nurses

INTRODUCTION

APPSA endorses, the South African Nursing Council (SANC) board notice on the nursing standards for health establishments in South Africa (*SANC c, 2024*). The notice does not specify the Operating Room, however this department is seen as an area within a health establishment where peri-operative nursing care is provided.

APPSA further acknowledges that in the absence of regulated staffing norms in South Africa (*Abrahams & Brijball Parumasur, 2025; Denosa, 2012*) each healthcare facility should have a guideline available to determine minimum safe staffing and on-call needs. Considerations must include the qualifications and skills of available staff, as well as the individual need of each surgical patient, technological advances and procedural complexity. In addition, there should be a standardised protocol for delegation and supervision available to ensure safe surgical care (*AORN b, 2021; SANC c, 2024*).

Staffing plans should consider the need for extended shifts or extended working hours. Adequate rest periods should be allocated between shifts and on-call allocation. Nurse fatigue can lead to patient care errors and work-related injuries like needle-stick and musculo-skeletal injuries (*Nijkamp & Foran, 2021: 15; Rahmani et al, 2025*).

RATIONALE

Peri-operative nursing care is delivered in a fast-paced, pressurised environment, making this a complex care delivery unit. Peri-operative practitioners should be delegated to provide care within their scope of practice, experience and skill as well as allowed to apply the scientific nursing process in daily task allocation (*SANC a*).

RECOMMENDATIONS:

All areas of the Operating Room Department should be staffed to ensure safe patient care. The below is international and national best practice:

Reception area: At least one peri-operative practitioner who can take over from the pre-operative unit practitioner and confirm needed safety checks with the practitioner and the patient. The perioperative practitioner must be competent to observe patients for reaction to pre-medication and provide emergency care should this be needed.

Operating or procedure rooms: For each procedure three (3) peri-operative practitioners should be allocated in the three distinct roles: scrub, circulating and anaesthetic assistance roles. These roles should not be combined as this adds undue expectations and stress to the specific practitioner. An additional practitioner can be allocated when expert skill is needed for advanced technologies (such as robotic-assisted devices) or complex surgical or anaesthetic procedures (for example, multi-procedural cases or patient complexity) as well as high through-put theatre lists (*AORN, 2022: ACORN, 2024:3; Royal College of Nursing, 2012:11*).

The scrub role is mostly performed by a Professional Nurse Practitioner, or by an Enrolled Nurse (EN) who completed an additional course and was found competent in the scrub role. The EN can be allocated to less complex or diagnostic procedures. This role can also be allocated to a qualified operating room assistant (ORA).

The circulating and anaesthetic assistant roles can be allocated to any of the three (3) categories of nursing staff or ORA. Of note is the recommendation from the South African Society for Anaesthesiologist (SASA) that the anaesthetic assistant may not be allocated to perform other duties than that of an anaesthetic assistant peri-operatively. This has been done to ensure safe peri-anaesthetic care (SASA, 2022: 11). This is mainly due to new pharmacotherapeutics, the advances and complexity of anaesthesia and associated technology.

Recovery room: is mainly staffed with Professional Nurse Practitioners with the following ratios:

- One nurse practitioner to two patients (1:2) for uncomplicated extubated patients
- One nurse practitioner to each patient (1:1) for a patient who has not recovered protective reflexes yet
- Two nurse practitioners to one patient (2:1) for a critically- ill or complicated patient

REFERENCES:

1. Australian College of peri-operative Nurses (ACORN). 2024. Healthscope nurses and midwives 2024 ratio claims. Online. Available at: www.nswnma.asn.au. Accessed: 10/11/2025.
2. Association of peri-operative Registered Nurses (AORN a). 2021. Position statement on delegation in the peri-operative practice setting. Online. Available at: <https://www.aorn.org>. Accessed: 28/10/2025.
3. Association of peri-operative Registered Nurses (AORN b). 2021. Position statement on peri-operative safe staffing and on-call practices. Online. Available at: <https://www.aorn.org>. Accessed: 28/10/2025.
4. Department of Health (DoH). ND. The patients' rights charter. Online. Available at: <https://knowledgehub.health.gov.za/system/files/elibdownloads/2023-04/PATIENTS%252520RIGHTS%252520CHARTER%252520-%252520Eng.pdf>. Accessed: 28/7/2025.
5. Nijkamp, N. & Foran, P. 2021. The effects of staffing practices on safety and quality of peri-operative nursing care – an integrative review. *Journal of Peri-operative Nursing*, 34(1).
6. Rahmani, V.; Marsh, V.L.; Mamaghani, E. A.; Soleimani, A.; Alizadeh, M.; Zadi, O. & Aghazadeh, N. Mental fatigue of operating room nurses and its relationship with missed peri-operative nursing care: a descriptive-analytical study. Online. Available at: <https://pmc.ncbi.nlm.nih.gov/articles/PMC12265356/>. Accessed: 10/11/2025.
7. Royal College of Nursing. 2018. Mandatory Nurse Staffing Levels. Online. Available at: www.rcn.org.uk Accessed 10/11/2025.
8. South African Society for Anaesthesiologist (SASA). 2022. Practice guidelines. Online. Available at: <https://journals.co.za/doi/10.36303/SAJAA.2022.28.4.S1.2851>. Accessed 10/11/2025.
9. South African Nursing Council (SANC a). Competencies for a peri-operative nurse specialist. Online. Available at: <https://www.sanc.co.za/wp-content/uploads/2020/06/SANC-Competencies-Peri-operative-Nurse-Specialist.pdf>. Accessed: 28/7/2025.
10. South African Nursing Council (SANC b). 2022. Regulations regarding the scope of practice for nurses and midwives R2127. Online. Available at: <https://www.sanc.co.za>. Accessed: 28/7/2025.
11. South African Nursing Council (SANC c). 2024. Board notice 636 of 2024: Nursing practice standards for use in all health establishments in South Africa. Online. Available at: <https://www.sanc.co.za>. Accessed: 28/10/2025.

APPSA Position Statement On Surgical Assistance By Nurse Practitioners During Surgical Procedures

INTRODUCTION

APPSA endorses the importance of any healthcare facility/company written policies to guide perioperative practitioners in situations that may arise when requested to act as a surgical assistant. In addition, there should be clear guidelines on the escalation and support process and all surgical care practitioners should be made aware of these.

Surgical procedures are seen as any surgical or diagnostic intervention performed by a medical practitioner as part of the treatment plan. This includes endoscopic and interventional procedures.

APPSA acknowledge that some suppliers do offer CE-accredited courses to all healthcare practitioners. However, neither these providers nor their courses are approved by SANC and can thus not prevent disciplinary action, should harm occur to the surgical patient.

RATIONALE

Peri-operative practitioners working within South Africa may not act as a surgical assistant, first or second (SANC 1 & 2). Should a surgeon need support from the peri-operative practitioner for an additional unplanned assistance task, this task may not be for an extended period, nor should it interfere with the primary focussed nursing tasks of the peri-operative practitioner. This includes their performance of surgical counts, preparing for the next steps of the surgical procedure or supervising the circulating or anaesthetic nurse practitioner. The peri-operative practitioner must be allowed to leave the requested task at any time without catastrophic outcomes for the patient.

In a stat-emergency situation, they may assume the surgical assistant role only if there is no other medical practitioner on the premises of the facility available (Hall et al, 2014: 245; HPCSA, 2021) and they may not act in the scrub role at the same time.

REFERENCES:

1. Association of Peri-operative Registered Nurses (AORN). 2018. Position statement of RN first assistants. Available at: <https://www.aorn.org/guidelines/clinical-resources/position-statements>. Accessed 21/1/2022.
2. Hall, S; Quick, J; Hall, A & Jones, A. 2014. Surgical assistance – who can help? *The Royal College of Surgeons of England Bulletin*, 96: 244 – 246.
3. Health Professions Council of South Africa (HPCSA 1). 2021. Guidelines for surgical. Available at: https://www.hpcsa.co.za/Uploads/MDb/Policy%20and%20Guidelines/Surgical_assistant_guideline.pdf Accessed 14/1/2022.
4. Health Professions Council of South Africa (HPCSA 2). ND. Available at: <https://www.hpcsa.co.za/?contentId=463&menuSubId=0&actionName=About%20Us> Accessed 14/1/2022.
5. South African Nursing Council (SANC 1). 2021. Position statement on the use of registered nurses and midwives as assistant surgeons. Available at: <https://www.sanc.co.za/> Accessed 14/1/2022.
6. South African Nursing Council (SANC 2). 2022. Regulations regarding the scope of practice for nurses and midwives (R2127).

APPSA Position Statement On Surgical Attire And Personal Protective Equipment (PPE)

INTRODUCTION

APPSA endorses the wearing of correct surgical attire and personal protective equipment (PPE) for all peri-operative practitioners providing direct patient care in South Africa. It is expected that each healthcare facility will provide peri-operative practitioners in their employment with updated guidelines on the components of surgical attire and PPE as well as an adequate supply of items.

APPSA acknowledges that in certain circumstances, privately-owned surgical attire can be worn, as well as laundered at home. This is, however, not promoted.

RATIONALE

To prevent possible surgical site infections (SSI), all peri-operative practitioners must wear clean, freshly-laundered surgical attire daily. Correct surgical attire and PPE provide an effective barrier against the spread of practitioner skin micro-organisms to the patient, while also protecting the practitioner against blood or bodily fluids from the patient (*AORN a, 2022; AORN b, 2022; Philips & Hornacky, 2021*).

Standards for surgical attire

Surgical attire should be constructed of tightly-woven, stain-resistant, durable, low-flammable and low-linting material such as microfibre-types of material.

Due to the impact of high-temperature laundering, the material of the surgical attire can disintegrate, therefore the components should be replaced often (or at least annually). **Note: Fleece material is not allowed. It may be warm, but it is highly flammable, can shed lint, accumulates dust and skin, and harbours moisture.**

Components of surgical attire/scrubs

- **Pants/skirt and short sleeve top:**
 - Must fit comfortably while preventing shafting that can increase skin shedding
- **Head covering:**
 - Can be disposable or of reusable material
 - Should fit securely to cover the scalp, hair and ears
 - Religious head coverings should be compliant with the uniform policy and loose ends tucked into the scrub top
- **Foot gear:**
 - Those stipulated exclusively for the operating room complex must be worn
 - Must be comfortable and supportive to minimise fatigue
 - The soles of foot gear should be resistant to punctures and be slip-proof for personal safety
 - Must be washed after use, or when visibly soiled. The material of the shoes should allow for automated washing at a high temperature, for example rubber shoes or polymer materials (polyurethane, polyvinyl chloride)
 - Should comply with the stipulations in the uniform policy of each healthcare facility

Note: Imitations of Crocs with endearments are not allowed. Due to the nature of the material, it can lead to slips and falls.

- **Long sleeve jackets:**
 - May not interfere with or prevent hand hygiene practices
 - The long sleeve jacket must be fastened to prevent flaps contaminating the sterile field
- **Overgown for leaving the Operating Room Complex:**
 - The wearer must wear a clean overgown every time the operating room complex is left and discard the overgown in the dirty linen receiver upon return
 - Only to use when leaving the operating room complex within the hospital building, including to visit a patient in the nursing unit. When leaving the hospital building, outside clothes must be worn
 - The overgown should cover the scrubs down to knee length
 - The overgown must be fastened to protect the integrity of the scrubs
- **Jewellery:**
 - A 'bare below the elbow' approach is advised to not interfere with hand hygiene practices or cause harm to the patient
 - Necklaces and chains are prohibited due to grating of the skin that can increase shedding
 - No handling earrings are allowed. Pierced ear studs must be covered by head gear
- **PPE:**
 - A full-front barrier apron to protect against liquid(s) and/or cleaning agent(s)
 - A single face mask should fit comfortable over the nose and mouth and should be worn when entering a restricted area
 - Eyewear and eye protection to protect the eyes of the direct care team
 - Non-sterile gloves when handling any item contaminated with blood or bodily fluids

Note: Visibly soiled or contaminated scrubs should be replaced before a subsequent surgical procedure.

RECOMMENDATIONS FOR HOME LAUNDERING

Hospital-owned surgical attire should be laundered at the hospital's laundering facility under controlled conditions, and where the process can be validated. Self-owned surgical attire is laundered at home by the wearer. It is not possible to validate the home laundering process, therefore individuals should adhere to the recommendations below to prevent the spread of infection and potential harm to themselves or family members.

- The surgical attire should be covered during transport home and to the hospital. It is not advised that the wearer goes home in potentially contaminated surgical attire, nor comes to the hospital in surgical attire
- Keep contaminated, re-usable surgical attire separate from other clothing
- Wash re-usable surgical attire as the last load and on it's own (separate from other clothing)
- Immediately wash your hands after placing contaminated, re-usable surgical attire in the washing machine
- Do not place your hands or arms in the water while the surgical attire is being washed
- Wash the surgical attire for a minimum of 15 minutes at water temperatures of between 60°C and 69°C.

- Chlorine bleach should be added to the wash load. The specific amount is not indicated (*Sehulster 2015; Svetanoff et al. 2021*)
- Remove the surgical attire from the washing machine and clean the washing machine inside, especially the lid. This can prevent biofilm formation on the inside of the washing machine
- Tumble-dry the surgical attire for 25 minutes at the highest possible temperature after washing
- Iron the surgical attire after tumble-drying

Note: An employee who cannot launder surgical attire in a washing machine should notify the unit manager. Hand washing of contaminated surgical attire is not advised or supported.

REFERENCES.

1. Association of peri-operative Registered Nurses (AORN a). 2023. Laundering scrubs outside the home. *Periop briefing*, page 12.
2. Association of peri-operative Registered Nurses (AORN b). 2022. Wearing the right stuff. *Outpatient Surgery Magazine*. Online. Available at: Article | *Outpatient Surgery Magazine* (aorn.org). Accessed: 29/05/2023.
3. Association of peri-operative Registered Nurses (AORN c). 2022. Guideline for surgical attire. Online. Available at: <https://pdihc.com/wp-content/uploads/2019/10/AORN-Guideline-for-Surgical-Attire.pdf>. Accessed: 12/09/2024.
4. Association of Surgical Technologists (AST). 2017. Guidelines for Best Practices for Laundering Scrub Attire.
5. Beesoon, S., Sydora, B. C., Klassen, T., Baron, T., Robert, J., Khadaroo, R., White, J., Brindle, M., Barker, L., & Spruce, L. 2023. Does the type of surgical headwear worn in the OR matter? A review of evidence and opinion. *AORN Journal*, 118 (3): 157 – 168.
6. Hafiani, E.L., Cassier, P., Aho, S., Albaladejo, P., Beloeil, H., Boudotl, E., Carencio, P., Lallemand, F., Leroy, M.J., Muret, J., Tamames, C. & Garnier, M. 2022. Guidelines for clothing in the operating theatre. *Anaesthesia Critical Care & Pain Medicine*, 41. Online. Available at: <https://www.sciencedirect.com/science/article/pii/S2352556822000650>. Accessed: 12/09/2024.
7. Horn-Lodewyk, J., Wainwright, T., Lessing, K-C., Otto, D. & Fourie, J.H., 2023, 'Optimal home and hospital laundering of re-usable surgical scrubs: Systematic literature review'. *Health SA Gesondheid* 28(0), a2097. <https://doi.org/10.4102/hsag.v28i0.2097>
8. Martonicz, T.W. 2023. Optimal laundering of reusable surgical scrubs: A systematic literature review. *Infection Control Today*. Online. Available at: *Optimal Laundering of Reusable Surgical Scrubs: A Comprehensive Review* (infectioncontrolday.com). Accessed: 11/09/2024.
9. Philips, N. & Hornack, A. 2021. *Berry & Kohn's Operating room technique*. Elsevier: Missouri.

APPSA Position Statement On Surgical Counts

INTRODUCTION

APPSA endorses the importance of written policies and procedures for surgical counting, and strict adherence to the above. APPSA supports and encourages all health facilities to develop and implement such a policy and procedure. Further in support of patient safety culture, APPSA recommends the implementation and on-going education of such programmes, and the investigation of all events of deviation.

RATIONALE

Ensuring patient safety requires a team approach, and the attention of all surgical team members. “The Safe Surgery Saves Lives” campaign implemented by the World Health Organisation (WHO), in 2009, as adopted by South Africa and APPSA, challenges us to improve safety standards that can be applied in all surgical procedures (*WHO, 2009*).

In South Africa the surgical team is obligated by the National Patients’ Rights Charter stipulated in the Constitution to ensure a safe environment (DoH). Nurses are furthermore regulated by the South African Nursing Council (SANC) in their scope of practice to establish and maintain an environment in which safe health care can be provided (*SANC b, 2022*).

The purpose of surgical counts is to protect the surgical patient from unintentional retention of surgical items that can remain behind after wound closure. Surgical items such as - but not limited to - all types of swabs (including throat packs), needles, surgical instruments and guidewires can remain behind without the intention to do so. Each member of the surgical team contributes to surgical counts during the surgical procedure (*AORN, 2021*).

It has been identified that the retention of any surgical item has led to significant patient harm, that includes delayed wound healing, sepsis and death. This can also lead to litigation against the individual surgical team member(s) or the hospital group.

A peri-operative practitioner thus act within her/his scope of practice and competency framework to (*SANC a; AORN, 2021; NatSSIPs, 2023: 47*):

- Assesses and identify the potential surgical items that can be retained per surgical procedure
- Develops a plan to prevent the retention of these identified surgical items
- Implement a surgical count procedure by preparing the needed items to perform the surgical counts, and performing the counts before, during and on closure of the procedure
- Informing the surgeon after each count of the outcome
- Documenting the outcome of the count in the patient records
- Calling for assistance should there be a miscount

REFERENCES:

1. Association of peri-operative Registered Nurses (AORN). 2021. Guideline essentials – retained surgical items. Online. Available at: https://www.aorn.org/docs/default-source/guideline-essentials-documents/retained-surgical-items/quickview_retainedsurgicalitems_622.pdf?sfvrsn=79ddaf9d_0. Accessed: 28/7/2025.

2. *Centre for Peri-operative Care. 2023. National Safety Standards for Invasive Procedures (NatSSIPs). London: CPOC.*
3. *Department of Health (DoH). ND. The patients' rights charter. Online. Available at: <https://knowledgehub.health.gov.za/system/files/elibdownloads/2023-04/PATIENTS%252520RIGHTS%252520CHARTER%252520-%252520Eng.pdf>. Accessed: 28/7/2025.*
4. *South African Nursing Council (SANC a). Competencies for a peri-operative nurse specialist. Online. Available at: <https://www.sanc.co.za/wp-content/uploads/2020/06/SANC-Competencies-Perioperative-Nurse-Specialist.pdf>. Accessed: 28/7/2025.*
5. *South African Nursing Council (SANC b). 2022. Regulations regarding the scope of practice for nurses and midwives R2127. Online. Available at: <https://www.sanc.co.za/>. Accessed: 28/7/2025.*
6. *World Health Organisation (WHO). 2009. Safe surgery save lives. Online. Available at: https://iris.who.int/bitstream/handle/10665/44185/9789241598552_eng.pdf?sequence=1. Accessed: 28/7/2025.*

APPSA Position Statement On Surgical Counts

INTRODUCTION

APPSA recommends that all healthcare facilities should have an occupational safety programme available to guide peri-operative practitioners in the prevention of sharp injuries and subsequent blood borne infection(s).

RATIONALE

The fast-paced peri-operative care environment is a high-risk area for a sharp injuries, especially for novice practitioners. An occupational safety programme should include:

- Protocols to safely pass sharp items between practitioners, for example the hands-free technique when passing blades
- Immediate actions to take if an injury with a sharp item did occur
- Visible reporting guides to follow an injury
- Confidential counselling after exposure with access to treatment
- Regular audits to ensure compliance to the safety programme
- Proper investigation with feedback on the root cause and/or contributing factors that lead to the sharp injuries

REFERENCES:

1. *Thuch, M. 2024. How to protect yourself from sharp injuries. Online. Available at: <https://www.aorn.org/article/how-to-protect-yourself-from-sharp-injuries> Accessed: 11/12/2025.*
2. *Centers for Disease Control (CDC). 2024. Workbook for designing, implementing & evaluating a sharps injury prevention program. Online. Available at: <https://www.cdc.gov/infection-control/hcp/sharps-safety/program-workbook.html>. Accessed: 11/12/2025.*
3. *Kyle, E. 2024. Sharps safety. *AORN Journal*, 119:1.*

APPSA Position Statement On The Role Of The Peri-Operative Practitioner

INTRODUCTION

APPSA believes that peri-operative practitioners play an important part in surgical care, in that they prepare and provide supportive nursing care throughout the peri-operative journey of a surgical patient (SANC, 2022).

RATIONALE

As per the Patient's Rights Charter, every surgical patient has the right to a high standard of care, according to individual needs (DoH, ND). To meet the rights of the patient and to provide optimal peri-operative nursing care, each peri-operative practitioner should:

- Continuously update and maintain their existing knowledge and skill needed in a changing healthcare environment
- Ensure that individual CPD points are accumulated and provided to SANC to receive an annual licence to practice (SANC c, 2021)
- Ensure and strive to make use of critical thinking, sound clinical judgement and good communication skills in the provision of direct and indirect patient care

Note: Nurse practitioners must make certain that the CPD provider is approved by SANC. APPSA sees the registered peri-operative practitioner as an invaluable member of the team, the nursing team lead, and they should therefore be encouraged to develop and maintain such skills to facilitate optimal peri-operative patient care.

REFERENCES:

1. Department of Health (DoH). ND. The patients' rights charter. Online. Available at: <https://knowledgehub.health.gov.za/system/files/elibdownloads/2023-04/PATIENTS%252520RIGHTS%252520CHARTER%252520-%252520Eng.pdf>. Accessed: 28/7/2025.
2. South African Nursing Council (SANC a). Competencies for a perioperative nurse specialist. Online. Available at: <https://www.sanc.co.za/wp-content/uploads/2020/06/SANC-Competencies-Perioperative-Nurse-Specialist.pdf>. Accessed: 28/7/2025.
3. South African Nursing Council (SANC b). 2022. Regulations regarding the scope of practice for nurses and midwives R2127. Online. Available at: <https://www.sanc.co.za/>. Accessed: 28/7/2025.
4. South African Nursing Council (SANC c). 2021. Continuing professional development framework for nurses and midwives in South Africa. Online. Available at: <https://www.sanc.co.za/>. Accessed: 11/12/2025.
5. World Health Organization (WHO). 2009. Safe surgery save lives. Online. Available at: https://iris.who.int/bitstream/handle/10665/44185/9789241598552_eng.pdf?sequence=1. Accessed: 28/7/2025.