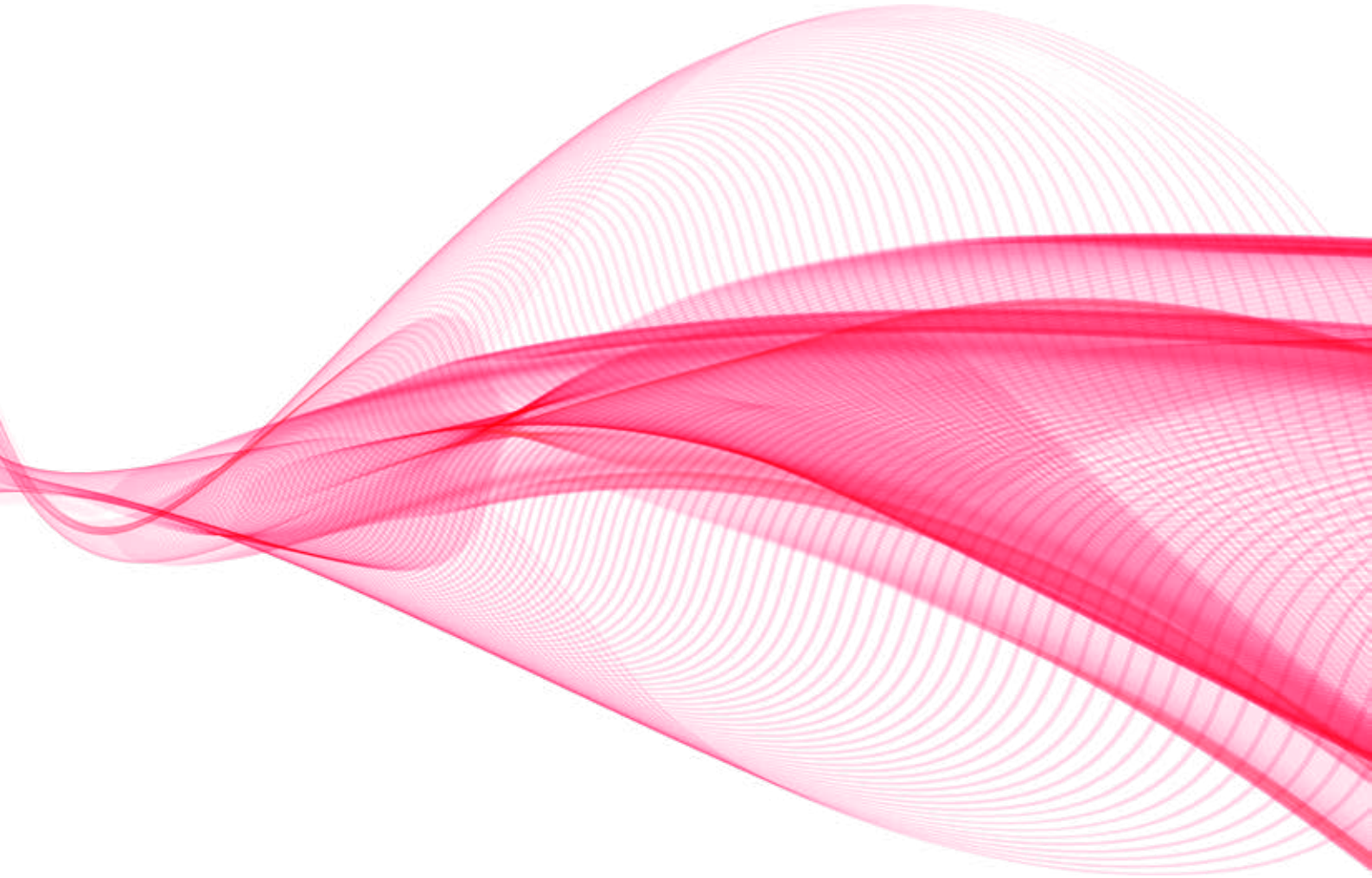
CODE OF PRACTICE

SOCIETY DOCUMENTS



The Society of Clinical Perfusion Scientists of Great Britain and Ireland

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Title: Code of Practice	
Scope: National	**Classification:** Guideline
Replaces: All previous versions of the Code of Practice	
To be read in conjunction with the following documents: 1. All other SCPS documentation 2. The DoH document "A Guide to Good Practice in Clinical Perfusion".	
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CODE OF PRACTICE

Code of Practice is defined as the common practice of any profession in the health care service which is generally agreed by the profession's practitioners as being the minimum standards to enhance the good standing and reputation of the profession's practitioners and moreover, to serve the interests of the society and above all to safeguard the interests of the patient. This Code of Practice document should be read in conjunction with the Department of Health publication; A Guide to Good Practice in Clinical Perfusion, July 2009. (Produced by the Department of Health, Gateway Reference 10286).

The major objective is to give guidance on good practice to employers and each clinical perfusion scientist. Every hospital must have standard operating procedures for clinical perfusion scientists who are involved in the application of perfusion techniques. All clinical perfusion scientists must have agreed job descriptions and personal development plans.

1. The Code of Practice requires that local rules and protocols set out clearly and precisely; all procedures in force in the establishment that are carried out by clinical perfusion scientists.

2. The clinical perfusion scientist must use best practice methods and techniques in order to promote and safeguard the well-being and interests of patients.

3. All perfusion techniques must be carried out or supervised by a clinical perfusion scientist who holds full registration with the College of Clinical Perfusion Scientists of GB & Ireland.

4. Employers and Perfusion service managers must ensure an adequate number of staff is available to cover all areas of responsibility and all procedures undertaken by clinical perfusion scientists.

5. Employers and Perfusion service managers must ensure compliance with the European Working Time Directive ensuring that both emergency and day to day rotas are compliant.

6. The minimum safe number of Accredited clinical perfusion scientists to cover operating theatres is deemed as N+1 where N equals the number of operating theatres in use at any given time on a single site, e.g. if three operating theatres are concurrently in use then the minimum safe number of Accredited clinical perfusion

scientists to cover this level of activity is deemed to be four. Trainees must not be included in the minimum safe number.

7. Care must be taken at all times to minimize risks and in circumstances where multiple procedures are taking place simultaneously, additional clinical perfusion scientists must be available.

8. Individual sites, buildings and specialties must be staffed independently.

9. With respect to staffing levels, risk assessments must be undertaken to identify the potential problems associated with all activity delivered by the clinical perfusion department.

10. Actions to mitigate risks must be recorded, fulfilled and understood by employers and the clinical perfusion scientist.

11. Clinical perfusion scientists with a management component written into their job description must be given protected time to fulfil their job role.

12. On-call rotas should not have an average ratio of greater than 1 in 3.

13. Support should be made available for on-call clinical perfusion scientists undertaking emergency procedures.

14. The clinical perfusion scientist must select equipment and consumables based on best practice, clinical judgment and according to local protocols to ensure the health and safety of its staff and patients.

15. A clinical perfusion scientist must administer drugs in strict accordance with local guidelines developed in conjunction with the Trusts Medicines Policy and administered cognitive of the Patient Specific Directives referred to in: A Guide to Good Practice in Clinical Perfusion, July 2009. (Produced by the Department of Health, Gateway Reference 10286).

16. The clinical perfusion scientist will respect confidential information obtained in the course of professional practice.

17. A clinical perfusion scientist must work, co-operate with and respect other members of the team. He/she must also recognize and respect their particular contribution within the health care team.

18. Protocols for each routine and emergency procedure must be prepared by a clinical perfusion scientist who holds full registration with the College of Clinical Perfusion Scientists of GB & Ireland.

19. Protocols, records and checklists must be reviewed annually.

20. Each clinical perfusion scientist must practice emergency procedures at least annually.

21. A detailed clinical perfusion record must be maintained for each procedure performed to include relevant patient data and equipment used. Relevant perfusion data should be recorded at regular intervals as defined by local protocols and in accordance with the Recommendations for Standards of Monitoring during Cardiopulmonary Bypass. Appropriate checklists must be used at all times.

22. Records must be kept of any repairs and maintenance of all clinical perfusion equipment and accessories.

23. Records must be kept of any faulty equipment and components.

24. Records must be kept of all incidents, accidents and failures of equipment and/or components and should be reported to the MHRA and the Safety Committee.

25. The clinical perfusion scientist must observe Health & Safety at Work requirements in accordance with national and local regulations.

26. The clinical perfusion scientist must inform their line manager and/or relevant organization should they feel unable to carry out their normal duties through such circumstances as illness, exhaustion or the effects of medication.

27. Each Trust must have in place a quality management system written by the Chief Perfusionist and agreed with the Trust Board. The quality management systems main aim is to improve the quality of the service delivered by developing reflective practice at both departmental and individual practitioner level.