



Australian Government

Assessment Requirements for HLTANA006 Assist with clinical procedures used in anaesthesia

Release: 2

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Modification History

Release	Comments
Release 1	This version was released in <i>HLT Health Training Package release 2.0</i> and meets the requirements of the 2012 Standards for Training Packages. Significant changes to the elements and performance criteria. New evidence requirements for assessment, including volume and frequency requirements. Significant change to knowledge evidence.

Performance Evidence

The candidate must show evidence of the ability to complete tasks outlined in elements and performance criteria of this unit, manage tasks and manage contingencies in the context of the job role. There must be evidence that the candidate has:

- planned, prepared and assisted during induction, maintenance and completion of anaesthesia for each of the following for at least two lists each:
 - general surgery/gastro-intestinal – major laparotomy & minor surgery
 - ear, nose and throat surgery
 - gynaecological surgery - major & minor
 - obstetric surgery
 - orthopaedic surgery - major & minor
 - vascular surgery - major & minor
 - urological surgery - major & minor
 - ophthalmic surgery
 - paediatric – minor ear nose and throat (ENT), general & orthopaedic
 - remote site anaesthesia – radiology, electroconvulsive therapy (ECT), endoscopy
- provided assistance with each of the following procedures on at least 3 occasions, ensuring use of aseptic technique:
 - spinal
 - arterial line
 - central venous catheter
- provided assistance with each of the following procedures on at least 2 occasions, ensuring use of aseptic technique:

- local
- regional blocks including use of ultrasound
 - upper limb
 - lower limb
 - TAP block
- epidural/combined spinal-epidural
- caudal
- peripherally inserted central catheter
- midline catheter
- transoesophageal echocardiograph (TOE)
- blood patch
- intercostal drainage
- pain management procedures (e.g. chemical sympathectomy)
- vascular ‘cut downs’
- external pacing
- pulmonary artery catheter
- balloon pump
- intracranial pressure monitoring
- 12 lead ECG
- monitored physiological parameters with reference to standard values of normal physiological function for each client’s usual parameters

Knowledge Evidence

The candidate must be able to demonstrate essential knowledge required to effectively complete tasks outlined in elements and performance criteria of this unit, manage tasks and manage contingencies in the context of the work role. This includes knowledge of:

- legal and ethical considerations (national, state/territory) for clinical procedures, and how these are applied in organisations:
 - codes of practice
 - duty of care
 - infection prevention and control
 - informed consent
 - mandatory reporting
 - privacy, confidentiality and disclosure
 - records management and clinical documentation
 - rights and responsibilities of workers, employers and clients
 - work role boundaries – responsibilities and limitations
 - work health and safety (WHS)
- types of regional and invasive procedures, how they are performed, and the anaesthetic technician’s role, for the following:

- spinal
- epidural
- combined spinal-epidural
- caudal
- local
- regional blocks, including use of ultrasound
 - upper limb
 - lower limb
 - TAP block
- blood patch
- arterial line
- central venous catheter
- peripherally inserted central catheter (PICC)
- midline catheter
- transoesophageal echocardiograph (TOE)
- intercostal drainage
- pain management procedures
- vascular 'cut downs'
- external pacing
- pulmonary artery catheter
- balloon pump
- intracranial pressure monitoring
- cell salvage/autotransfusion
- 12 lead ECG
- spinal cord monitoring
- types of equipment used for regional and invasive procedures, including function and operating guidelines, use, indications and limitations, and criteria for withdrawal
- monitoring of and maintenance of stock levels perioperatively, including CO2 absorber, medications, fluids, consumables
- anatomy, physiology factors that impact regional and invasive procedures for different client groups
- pre-medications and their effects
- • types of surgery – emergency/urgent/elective/day case
- types of common surgical procedures, their classification and factors for planning, preparation and management of anaesthesia, including:
 - general surgery/gastro-intestinal – major laparotomy & minor
 - ear, nose and throat surgery
 - gynaecological surgery - major & minor
 - obstetric surgery
 - orthopaedic surgery - major & minor
 - vascular surgery - major & minor

- urological surgery - major & minor
- ophthalmic surgery
- paediatric – minor ENT, general & orthopaedic
- dental/faciomaxillary surgery
- cardiothoracic Surgery
- neurosurgery
- plastic/Reconstructive Surgery
- trauma/emergency surgery
- remote site anaesthesia - radiology, ECT/endoscopy
- indications for surgery and risk factors
- surgical approaches and duration of surgery
- position of clients for surgery
- common anaesthetic and surgical complications
- risk of anaesthetic technique for surgical procedure
- specialty medications required perioperatively
- expected blood loss for different types of surgery
- events during surgery that could affect anaesthesia, including:
 - massive blood loss
 - client repositioning
 - cross clamping and unclamping of aorta and other major blood vessels
 - orthopaedic bone cement syndrome
 - transurethral resection of the prostate (TURP) syndrome
 - application/release of tourniquet
 - tourniquet time
 - abdominal carbon dioxide insufflation
- co-existing diseases and their perioperative medical management
- age of the client and associated risks
- types of anaesthetic techniques and preference card systems
- intraoperative procedures, including:
 - nasogastric tube placement and suctioning
 - endotracheal tube suctioning
 - tracheostomy toileting
 - rapid infusion, blood transfusion & massive transfusion protocol
 - fluid balance-urine, gastric, blood loss & infusion
 - invasive/non-invasive clinical measurements
 - airway exchange
 - pain management techniques
 - invasive/non-invasive clinical measurement planning options
 - airway management planning options
- ancillary equipment choices

- pressure and nerve care
- normal range of motion for client
- thermal management
- prevention of thromboembolism
- patient emotional and physiological responses to surgery
- procedures for transfer of anaesthetised patient to intensive care or radiology and equipment used
- communication techniques within multidisciplinary team in operating theatre environment

Assessment Conditions

Skills must have been demonstrated in the workplace with the addition of simulations and scenarios where the full range of contexts and situations have not been provided in the workplace. The following conditions must be met for this unit:

- use of suitable facilities, equipment and resources, including those required by procedures nominated in the Performance Evidence
- modelling of industry operating conditions, including presence of situations requiring problem solving in non-routine situations

Assessors must satisfy the Standards for Registered Training Organisations (RTOs) 2015/AQTF mandatory competency requirements for assessors.

Links

Companion Volume implementation guides are found in VETNet -

<https://vetnet.gov.au/Pages/TrainingDocs.aspx?q=ced1390f-48d9-4ab0-bd50-b015e5485705>