



Position Statement on Administration of Local Anesthesia by the CSA

The National Surgical Assistant Association supports the American College of Surgeons concept that, *ideally, the first assistant at the operating table should be a qualified surgeon or a resident in an approved surgical education program. Residents at appropriate levels of training should be provided with opportunities to assist and participate in operations. If such assistants are not available, other physicians who are experienced in assisting may participate.*

*It may be necessary to utilize Non-Physicians as first assistants. Surgeon's Assistants (SAs) or physician's assistants (PAs) with additional surgical training should meet national standards and be credentialed by the appropriate local authority. These individuals are not authorized to operate independently.**

If the hospital utilizes Non-Physician Surgical Assistants, the hospital should establish criteria, qualifications and a credentialing process to grant specific privileges to individual practitioners based on each individual practitioner's compliance with the privileging/credentialing criteria and in accordance with Federal and State laws and regulations. This would include significant surgical services tasks conducted by these practitioners while under the direction and supervision of an MD/DO.

Therefore, it is the position of the NSAA that individuals, who hold a valid credential of CSA, have the knowledge and experience to perform significant surgical tasks, and in addition, apply and remove splints/casts, place Foley catheters, IV's, and Arterial lines, administer local anesthesia, and other such procedures as requested and necessary based on each individual assistant's compliance with their privileging/credentialing criteria.

*** American College of Surgeons Statements on Principles**

- I. QUALIFICATIONS OF THE RESPONSIBLE SURGEON**
- G. Surgical assistants**

http://www.facs.org/fellows_info/statements/stonprin.html