



Scope of Practice for Non-Physician Certified Surgical Assistant

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

NSAA Position Statement



Education

The NSAA recommends that Surgical Assistants graduate from surgical assisting programs accredited through the Commission on Accreditation of Allied Health Education Programs (CAAHEP). CAAHEP is a recognized accreditation agency of the Council for Higher Education Accreditation (CHEA).

Credentials

The National Commission for the Certification of Surgical Assistants (NCCSA) confers the certification of Certified Surgical Assistant (CSA), the country's oldest surgical assisting certification. Initial certification as a CSA is based upon satisfactory performance on the national certifying examination following completion of an accredited program in surgical assisting or another pathway acceptable to the NCCSA. CSAs maintain their certification by earning 50 hours of approved continuing education in a two-year period or by successfully retaking the certifying examination at the conclusion of the two-year period.

The American College of Surgeons strongly supports adequate education and training of all surgical assistants, supports the accreditation of all surgical assisting educational programs, and supports examination for certification of all graduates of accredited surgical assistant educational programs.

Professional Organizations

The NSAA is the premier professional organization for the certified surgical assistant. The NSAA was formed in 1983 and currently represents the interests of over 1,500 certified surgical assistants. The NSAA's primary purposes are to ensure that certified surgical assistants have the knowledge and skills to administer patient care of the highest quality.

Role of the Surgical Assistant

The NSAA has reviewed this job description to ensure that essential functions and basic duties have been included. This job description does not represent an inclusive list of all duties encompassed in this position such as all functions, responsibilities, skills, and abilities.

- I. Positioning the patient
 - a. The surgeon shall convey the exact position that will give the best exposure for the surgical procedure. The certified surgical assistant will carry out this order. Consideration will be given to the patient's comfort and safety.
 - b. Points of pressure shall be padded: elbows, heels, knees, eyes, face, and axillary region.
 - c. Circulation shall not be impaired. (A tourniquet may be required for some procedures.)
 - d. Nerve damage shall be guarded against.
 - e. The temperature of the patient should be discussed with the anesthesia personnel and methods employed to maintain the desired temperature range.



- f. The certified surgical assistant shall be familiar with common positions related to the surgical procedure and will be able to use the equipment necessary to provide the position. Competencies will include the following:
 - 1) Fracture tables
 - 2) Head stabilizers
 - 3) Body stabilizers
 - 4) C-arm extensions
 - 5) Any other equipment needed
 - g. Upon completion of the procedure, the patient shall be evaluated for any possible damage from positioning which will include assessment of the skin. The abnormal condition shall be reported to the surgeon and treatment and documentation shall be carried out.
- II. Providing visualization of the operative site by the following:
- a. Appropriate placement and securing of retractors with or without padding
 - b. Packing with sponges
 - c. Digital manipulation of tissue
 - d. Suctioning, irrigating, or sponging
 - e. Manipulation of suture materials (e.g., loops, tags, running sutures)
 - f. Proper use of body mechanics to prevent obstruction of the surgeon's view
- III. Utilizing appropriate techniques to assist with hemostasis
- a. Permanent
 - 1) Clamping and/or cauterizing vessels or tissue
 - 2) Tying and/or ligating clamped vessels or tissue
 - 3) Applying hemostatic clips
 - 4) Placing local hemostatic agents
 - b. Temporary
 - 1) Applying tourniquets and demonstrating awareness of the indications / contraindications for use with knowledge of side effects of extended use
 - 2) Applying vessel loops
 - 3) Applying non crushing clamps
 - 4) Applying direct digital pressure
- IV. Participating in volume replacement or auto transfusion techniques as appropriate
- V. Utilizing appropriate techniques to assist with closure of body planes
- a. Utilizing running or interrupted sutures with absorbable or non-absorbable material of wound layers, including muscle and fascia.
 - b. Utilizing subcuticular closure technique with or without adhesive skin closure strips
 - c. Closing skin with method per surgeon's directive (suture, staples, etc.)
 - d. Postoperative subcutaneous injection of local anesthetic per surgeon's directive
- VI. Selecting and applying appropriate wound dressings, including the following:
- a. Liquid or spray occlusive materials
 - b. Absorbent material affixed with tape or circumferential wrapping.
 - c. Immobilizing dressing (soft or rigid)
- VII. Providing assistance in securing drainage systems to tissue